



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 21, 2026

Licensee
PARK POINT Inc.
9442 Trenton Lane North
Maple Grove, MN 55369

RE: Project Number(s) SL36220016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 1, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each

PARK POINT Inc.

April 21, 2026

Page 3

matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEpHVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor

State Evaluation Team

Email: Casey.DeVries@state.mn.us

Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL36220016-0</p> <p>On March 30, 2026, through April 1, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were five residents, one of whom was hospitalized. All five residents received services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services	0 485		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

0 485	<p>Continued From page 1</p> <p>(a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to pay for meals as a part of their assisted living package fee for three of three residents (R1, R2, R3).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on August 19, 2022, and began receiving assisted living</p>	0 485		
-------	---	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 485	<p>Continued From page 2</p> <p>services.</p> <p>R2 was admitted to the licensee on December 20, 2024, and began receiving assisted living services.</p> <p>R3 was admitted to the licensee on January 19, 2024, and began receiving assisted living services.</p> <p>R1, R2, and R3's Assisted Living Contract signed August 19, 2022, December 20, 2024, and January 19, 2024, respectively, included the following statement. "Subject to the Resident's needs, [the licensee] would provide the following services which are included in the basic monthly fee:</p> <p>1. Food Service: Three (3) meals/day are served in the dining area as planned and prepared by [the licensee] staff at the following times: 6:45 AM Breakfast 12:00 PM Lunch 6:00 PM Dinner".</p> <p>The contract included verbiage to require residents to pay for their meals as part of their assisted living package fee and lacked the option to opt out of the meal plan.</p> <p>On March 31, 2026, at 10:00 a.m., via telephone interview, licensed assisted living director (LALD)-D stated meals were a part of the resident's services but the residents did not pay for it. LALD-D stated all of the licensee's current residents were on waived services that covered the cost of meals. LALD-D stated the licensee had not had a resident who paid privately, and they did not have the option to opt out of a meal in the contract.</p>	0 485		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 485	Continued From page 3 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 680	<p>Continued From page 4</p> <p>content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's Emergency Preparedness Manual last reviewed May 29, 2025, lacked evidence of the following required content:</p> <ul style="list-style-type: none"> - quarterly review of the missing resident plan; and - roles under 1135 waiver declared by secretary. <p>On March 31, 2026, at 10:19 a.m., during a phone interview, licensed assisted living director (LALD)-D stated the licensee reviewed the missing resident plan annually. LALD-D stated they would have to look to see if the licensee's emergency plan addressed roles under 1135 waiver declared by secretary. The surveyor asked LALD-D to have a staff member show the surveyor where the EPP addressed waiver 1135. The surveyor did not receive evidence that the EPP addressed roles under 1125 waiver declared by secretary prior to the completion of the survey.</p> <p>The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance policy dated August 1, 2021, indicated it was the licensee's intent to have in place an effective and compliant EPP. The intent was the plan would be aligned</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 680	Continued From page 5 with the Centers for Medicare and Medicaid Services State Operation Manual Appendix Z. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 730	<p>Continued From page 6</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain all records of communications pertinent to the resident's services for one of three residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted to the licensee on January 19, 2024, and began receiving assisted living services.</p>	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 730	<p>Continued From page 7</p> <p>R3's Service Plan (Waiver) - Addendum to Contract signed February 6, 2026, indicated R3 received assistance with activities, appointments, bathing, behavior management, dressing, grooming, housekeeping, laundry, medication administration, vital sign monitoring, shopping, safety checks, and incontinent care.</p> <p>R3's progress note dated March 3, 2026, indicated R3 was sent to the hospital for suicidal ideations.</p> <p>On March 31, 2026, at 10:32 a.m., during a phone interview, licensed assisted living director (LALD)-D stated R3 was still hospitalized and they believed R3 had received an emergency relocation notice. LALD-D stated if someone was emergently relocated they knew they needed to provide an emergency relocation notice and after four days send the notice to the Office of Ombudsman for Long-Term Care (OOLTC). LALD-D stated they would look for the documents.</p> <p>On March 31, 2026, at 11:04 a.m., the surveyor received an emergency relocation notice for R3. The notice lacked evidence of the date it was provided to R3.</p> <p>On March 31, 2026, at 1:10 p.m., via email, licensed assisted living director (LALD)-D wrote, "I am unable to find the record of fax sent for [R3's] emergency relocation. Our staff member was tasked to send the notice."</p> <p>Although LALD-D stated R3 received an emergency relocation notice and OOLTC was notified within four days, R3's medical record lacked evidence of communication from the</p>	0 730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 730	<p>Continued From page 8</p> <p>licensee to R3 and OOLTC.</p> <p>The licensee's 2.38 Resident Record -Information and Content policy dated August 1, 2021, indicated the licensee would maintain appropriate and accurate records for each resident that was receiving assisted living services. In addition, the resident record must include all records of communications pertinent to the resident's services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to</p>	0 775		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 775	Continued From page 9 affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 31, 2026 for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 780	<p>Continued From page 10</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 31, 2026 for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 780		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including</p>	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 800	<p>Continued From page 11</p> <p>walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 31, 2026 for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	Continued From page 12	0 810		
0 810 SS=F	<p>144G.45 Subd. 2 (b-f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p> </p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 810	<p>Continued From page 13</p> <p>review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 31, 2026 for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 810		
0 910 SS=C	<p>144G.50 Subd. 2 (a-b) Contract information</p> <p>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility.</p> <p>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:</p> <p>(1) the facility and contracted service provider when applicable;</p> <p>(2) the licensee of the facility;</p> <p>(3) the managing agent of the facility, if</p>	0 910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 910	<p>Continued From page 14</p> <p>applicable; and (4) the authorized agent for the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for three of three residents (R1, R2, R3).</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee had a Health Facility identification number (HFID#) of 36220.</p> <p>R1 R1 was admitted to the licensee on August 19, 2022, and began receiving assisted living services.</p> <p>R1's Assisted Living Contract signed August 19, 2022, included the assisted living license number of 403353. The contract lacked the licensee's HFID# number of 36220.</p> <p>R2 R2 was admitted to the licensee on December 20, 2024, and began receiving assisted living services.</p> <p>R2's Assisted Living Contract signed December 20, 2024, included the assisted living license</p>	0 910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 910	<p>Continued From page 15</p> <p>number of 403353. The contract lacked the licensee's HFID# of 36220.</p> <p>R3 R3 was admitted to the licensee on January 19, 2024, and began receiving assisted living services.</p> <p>R3's Assisted Living Contract signed January 19, 2024, included the assisted living license number of 403353. The contract lacked the licensee's HFID# of 36220.</p> <p>On March 31, 2026, at 10:00 a.m., the surveyor inquired if the licensee reissued the facility contract to the residents who currently resided in the facility when they updated the contract to include the licensee's HFID# 36220. Via phone interview, licensed assisted living director (LALD)-D stated they did not recall reissuing or sending an addendum to the contract when they updated the licensee's contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 910		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 970	<p>Continued From page 16</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure assisted living contracts did not include language waiving the licensee's liability for health, safety, or personal property of a resident for three of three residents (R1, R2, R3).</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on August 19, 2022, and began receiving assisted living services.</p> <p>R2 was admitted to the licensee on December 20, 2024, and began receiving assisted living services.</p> <p>R3 was admitted to the licensee on January 19, 2024, and began receiving assisted living services.</p> <p>R1, R2, and R3's Assisted Living Contract signed August 19, 2022, December 20, 2024, and January 19, 2024, respectively, included the following sections that included language that waived the licensee's liability: - Miscellaneous Provisions section read, "The resident agrees that [the licensee] will not be liable to the resident for any personal injury or property damage (including, without limitation,</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 970	<p>Continued From page 17</p> <p>damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of [the licensee] or its employees or agents. The resident hereby releases [the licensee] from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of [the licensee] or its employees or agents.";</p> <p>- Indemnification section read, "[the licensee] shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [the licensee] harmless from any claims or damages unless caused solely by negligence of [the licensee]."</p> <p>On March 31, 2026, 10:00 a.m., during a telephone interview, licensed assisted living director (LALD)-D stated they knew the contract could not contain language waiving liability. LALD-D stated after a previous survey they updated the section in the contract titled liability to remove the language that waived liability. LALD-D stated it was an oversight that the other sections listed above contained language that waived liability and were not removed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	<p>Continued From page 18</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to administer medications as prescribed for one of three residents (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the licensee on August 19, 2022, and began receiving assisted living services.</p> <p>R1's diagnoses included Parkinson's, asthma, anxiety, depression, diabetic neuropathy, left</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	<p>Continued From page 19</p> <p>buttock abscess, meth and heroin use, type 2 diabetes.</p> <p>R1's Service Plan (Waiver) - Addendum to Contract signed February 6, 2026, indicated R1 received assistance with activities, appointments, bathing, behavior management, compression stockings, dressing, mobility, exercise, grooming, housekeeping, laundry, medication administration, blood glucose monitoring, vital sign monitoring, safety checks, shopping, wound care, and toileting.</p> <p>R1's Provider Orders signed February 5, 2026, included the following:</p> <ul style="list-style-type: none"> - insulin lispro sliding scale. Inject sliding scale subcutaneously three times per day before meals. For blood sugar 151 - 200 2 units(u), 201 - 250 4 u, 251 - 300 6 u, 301 - 350 8 u, 351 - 400 10 u, 401 - 500 12 u, more than 501 14 u and call the provider.; and - insulin lispro inject 8 u subcutaneously before meals three times per day. <p>On March 31, 2026, at 11:49 a.m., the surveyor observed unlicensed personnel (ULP)-A check R1's blood glucose with use of a Libre sensor (needleless device to monitor blood glucose). R1's blood glucose was 251. The surveyor observed R1 sitting at the table beginning to eat lunch. ULP-A documented the blood glucose in the electronic medical record (EMAR) and then stated they would administer R1's insulin after R1 was done eating. ULP-A stated they would let the surveyor know when they were going to administer the insulin to R1.</p> <p>On March 31, 2026, at 12:03 p.m., the surveyor observed R1 at the dining room table. R1's food plate was nearly empty. The surveyor observed</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	<p>Continued From page 20</p> <p>ULP-A administer 14 u of insulin lispro (8 u scheduled dose combined with 6 u sliding scale due to a blood glucose of 251). The insulin was administered after the prescribed time to administer.</p> <p>On March 31, 2026, at 12:19 p.m., ULP-A stated R1 had to eat prior to administration of insulin. ULP-A stated the insulin would help balance R1's blood sugars and they needed to ensure R1 ate. ULP-A stated if R1 did not eat they would not be able to give the insulin. ULP-A stated they were trained to give R1 insulin after they ate. ULP-A stated R1 had behaviors and chose not to eat at times.</p> <p>On March 31, 2026, at 12:27 p.m., clinical nurse supervisor (CNS)-C stated ULP were trained on the importance of blood glucose monitoring, signs and symptoms of hyperglycemia and hypoglycemia (high and low blood glucose,) and when to hold insulin if resident refuses to eat. CNS-C stated that in order for ULP to hold the resident's insulin they would contact the nurse, and the nurse would give the instructions to hold the insulin. CNS-C stated ULP were trained to check residents' blood glucose before lunch and when the food was ready to serve, they would administer the insulin. The surveyor inquired if ULP were trained to not administer insulin until after the resident ate. CNS-C stated the licensee's residents had mental health issues and some of the residents had a tendency not to eat so ULP might wait to administer insulin to make sure the resident eats to ensure the resident's blood glucose level would not get too low. CNS-C stated when working with mental health, resident's medication administration might not always "go by the book" because it could lead to adverse effects.</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01760	<p>Continued From page 21</p> <p>The licensee's 7.22 Medication & Treatment Record - Documentation & Refusal dated August 1, 2021, indicated if medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01890 SS=E	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to discard expired medication for one of five residents (R2). In addition, the licensee failed to date label time sensitive medication with the date when opened for one of five residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	<p>Continued From page 22</p> <p>than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>EXPIRED MEDICATION On March 30, 2026, at 9:27 a.m., the surveyor observed the licensee's medication cabinet and medication refrigerator and observed the following expired medications: - R2's nicotine gum 4 milligrams (mg) to discard after December 18, 2025; and - R2's vivitrol 380 mg vial to discard after December 18, 2025.</p> <p>On March 31, 2026, at 10:44 a.m., unlicensed personnel (ULP)-A stated if they noticed an expired medication they would call the nurse. ULP-A stated expired medications were disposed of by the nurse.</p> <p>On March 31, 2026, at 11:09 a.m., clinical nurse supervisor (CNS)-C stated they reviewed the medication cabinet and medication refrigerator periodically for expired medications. CNS-C stated in January the pharmacy would exchange the as needed (PRN) medications that were in the facility with new PRN medications to ensure the medication would not expire since the medications were used less frequently. CNS-C stated it was an oversight the two medications listed above were not disposed of. CNS-C stated they last audited for expired medications in January, and they believed they focused more on the medication cabinet than the medication refrigerator for expired medications.</p> <p>The licensee's 7.23 Medication Disposal policy dated August 1, 2021, indicated the licensee</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	<p>Continued From page 23</p> <p>would dispose of expired medications according to the accepted practices of the Minnesota Board of Pharmacy and the labels from the containers would be destroyed.</p> <p>TIME SENSITIVE MEDICATION On March 30, 2026, at 9:27 a.m., the surveyor observed the licensee's medication cabinet and medication refrigerator and observed the following time sensitive medications opened without a date open label: - R3's olopatadine hydrochloride (HCL) 0.1 percent (%).</p> <p>On March 31, 2026, at 10:44 a.m., ULP-A stated eye drops were supposed to be labeled with the date they were opened because the nurse wanted to know when the eye drop was opened. ULP-A stated they did not know why the eye drop listed above was not labeled. The surveyor inquired how they would know if the eye drop was ok to use. ULP-A stated they would not use the eye drops if they were expired, and they used the expiration date on the box of the eye drop. The surveyor explained to the ULP the significance of dating eye drops when opened for time sensitive medications.</p> <p>On March 31, 2026, at 11:09 a.m., CNS-C stated ULP were trained to label an eye drop once opened. CNS-C stated the label on the eye drop assisted them to know when the eye drop would expire. CNS-C stated they did not know why R3's eye drop was not labeled once opened.</p> <p>The manufacturer's instructions for olopatadine hydrochloride HCL 0.1 % dated December 2025 indicated they eye drop should be discarded four weeks after it has been opened.</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2026
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	<p>Continued From page 24</p> <p>The licensee's 7.13 Medications - Prescription Drugs & Prohibition policy dated August 1, 2021, indicated a prescription drug must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		



Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

Park Point Inc
9442 Trenton Lane North
Maple Grove, MN 55369
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36220

Risk:
License:
Expires on:
CFPM: ELVIS EHIGIATOR OSAGIE
CFPM #: FM15444; Exp: 09/21/2028

Inspection Info

Report Number: F8087261067
Inspection Type: Full - Single
Date: 3/31/2026 Time: 3:15:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF HRD NURSE EVALUATOR.

THE FOLLOWING OBSERVATIONS WERE MADE:

CEILING: PAINTED, SMOOTH, APPEARS TO BE DURABLE - COMPLIANT

FLOORS: PLANK/LAMINATE - NON-COMPLIANT

COUNTERTOPS: LAMINATE - NON COMPLIANT

CABINETS: WOOD - NON COMPLIANT

REFRIGERATOR/FREEZER: FRIGIDARE

DISHWASHER: GE

STOVE/RANGE: GE

HAND WASHING SINK: YES - LEFT SIDE OF 2-BIN CERAMIC KITCHEN SINK

NON COMPLIANT COUNTERTOP, FLOOR, AND CABINETS ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE OPTION. COLOR CHANGING TEMPERATURE STICKERS USED TO ENSURE UTENSIL SURFACE TEMPERATURES REACH 165.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES.

INSPECTION REPORT EMAILED TO FACILITY AND HRD NURSE SURVEYOR ASHLEY CREWS.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F8087261067 from 3/31/2026

John Boettcher

ELVIS EHIGIATOR OSAGIE
MANAGER

John Boettcher,
Public Health Sanitarian 3
651-201-5076
john.boettcher@state.mn.us



Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Page: 1

Establishment Info

Park Point Inc
Maple Grove
County/Group: Hennepin County

Inspection Info

Report Number: F8087261067
Inspection Type: Full
Date: 3/31/2026
Time: 3:15:00 PM

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

Location: Upright Freezer at -8 Degrees F.

Comment: BASEMENT

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

Location: Upright Freezer at 7 Degrees F.

Comment: KITCHEN

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

Location: Upright Cooler at 41 Degrees F.

Comment: KITCHEN

Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUR CREAM; Temperature Process: Cold-Holding

Location: Upright Cooler at 41 Degrees F.

Comment: KITCHEN

Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEAT; Temperature Process: Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment: KITCHEN

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; Temperature Process: Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment: KITCHEN

Violation Issued?: No

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL36220016-0	Date: 3/31/2026
Facility Name: PARK POINT INC	
Facility Address: 9442 TRENTON LANE NORTH MAPLE GROVE, MN 55369	

TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

Comments: Lamps and chargers were using a Non-UL approved extension cords in resident rooms 1 and 2.

TAG IDENTIFICATION: 0780

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Smoke alarms shall be interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

Comments: The hallway smoke detector was not interconnected with the remainder of the facility

TAG IDENTIFICATION: 0800

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

Comments: The guardrail on the rear exterior stairs was rusted and broken.

The flooring in the kitchen was delaminating and a trip hazard.

An unidentified smoke alarm was "chirping" during the tour, indicating a low battery.

TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

Comments: The provided FSEP was from a third-party provider and had not been updated to the specific facility.

2. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans (FSEP) upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

Comments: The licensee stated that staff training was done by a third party and not on the licensee's written FSEP.