Electronically Delivered

August 7, 2026

Licensee
Hillcrest Terrace
1507 East 41st Street
Hibbing, MN 55746

RE: Project Number(s) SL39299016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 15, 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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. 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 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.

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39299	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST TERRACE	1507 EAST 41ST STREET HIBBING, MN 55746

(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	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL39299016-0 On July 13, 2026, through July, 15, 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 42 resident(s); 42 receiving services under the Assisted Living Facility license.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: 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. 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). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated July 14, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of	0 800		

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0 800	Continued From page 2 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. 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. 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). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated July 14, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
01910 SS=D	144G.71 Subd. 22 Disposition of medications	01910		

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01910	Continued From page 3 (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of the medications for one of one resident (R1) upon discharge. 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).	01910		

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	39299	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST TERRACE	1507 EAST 41ST STREET HIBBING, MN 55746

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01910	Continued From page 4 The findings include: During the entrance conference on July 13, 2026, at 11:06 a.m., clinical nurse specialist (CNS)-C, and registered nurse (RN)-B stated the licensee provided medication management to residents at the facility. The licensee's Discharged or Deceased Resident Roster: State Evaluations dated from February 1, 2026, through July 13, 2026, indicated R1 was admitted to the assisted living facility on October 13, 2025, and was discharged on May 11, 2026. R1 diagnoses included other specified schizophrenia spectrum and other psychotic disorders. R1's Medication Administration Record dated May 2026, indicated R1 received the following medications: -Allopurinol (anti-gout) 1 milligram (mg) daily -Levothyroxine (hormone replacer) 25 micrograms (mcg) daily -Meloxicam (anti- inflammatory) 7.5 mg daily -Propranolol (anti- high blood pressure) 10 mg twice daily -Vitamin D3 (vitamin replacement) 25 mcg daily -Escitalopram Oxalate (for dementia) 10 mg twice daily -Invega Sust 234 mg/1.5 milliliters (mls) injection every twenty-eight days R1's discharge summary dated May 11, 2026, indicated R1 was discharged to an apartment complex, and all medications were sent with R1 to manage independently. R1's record lacked documentation for the disposition of the above noted medications to	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39299	A. BUILDING: _____ B. WING _____	07/15/2026

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HILLCREST TERRACE	1507 EAST 41ST STREET HIBBING, MN 55746

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01910	Continued From page 5 include the medications, prescription number as applicable, quantity to whom the medications were given, date of disposition, and signatures of releasing staff and receiving recipient. On July 15, 2026, at 10.32 a.m., CNS-C stated the licensee used the electronic medical record (Residex) when releasing medications which included all required content for medication disposition, however, CNS-C stated the licensee did not document the prescription numbers for R1's medications. CNS-C further stated they were unaware of the requirement to include prescription number and required signatures. The licensee's Medication Disposal policy dated July 8, 2026, indicated upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Hillcrest Terrace
1507 East 41st Street
Hibbing, MN 55746
St. Louis County
Parcel:

Phone: 218-263-3641
info@hillcrestrdc.com

License Info

License: 0041671
Rachel Haupt
Risk: N/A
License: -1
Expires on: 12/31/2023
CFPM: Cassie Matiatos
CFPM #: Pending; Exp:

Inspection Info

Report Number: F7983261121
Inspection Type: Full - Single
Date: 7/13/2026 Time: 10:50:00 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT:
SWEDISH MEATBALLS AND LIQUID EGGS STORED IN THE ARCTIC AIR DOUBLE-DOOR UPRIGHT REFRIGERATOR WERE 44 DEGREES F. LOWER AND MONITOR THE TEMPERATURE OF THE UNIT.
Comply By: 7/13/2026 Originally Issued On: 7/13/2026

Food & Beverage General Comment

1) Cassie Matiatos is scheduled to take the certified food protection managers course this month.

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 Duluth District Office inspection report number F7983261121 from 7/13/2026

Cassie Matiatos
Person in Charge

Gary Collyard,
Public Health Sanitarian 3
218-302-6147
gary.collyard@state.mn.us

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Temperature Observations/Recordings

Establishment Info

Hillcrest Terrace
Hibbing
County/Group: St. Louis County

Inspection Info

Report Number: F7983261121
Inspection Type: Full
Date: 7/13/2026
Time: 10:50:00 AM

Food Temperature: Product/Item/Unit: Swedish Meatballs**; Temperature Process:** Cold-Holding
Location: Arctic Air Double-Door Upright Refrigerator at 44 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Liquid Eggs**; Temperature Process:** Cold-Holding
Location: Arctic Air Double-Door Upright Refrigerator at 44 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: Foods Frozen**; Temperature Process:** Cold-Holding
Location: Maximum Double-Door Upright Freezer at 3 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Cheese**; Temperature Process:** Cold-Holding
Location: Arctic Air Single-Door Upright Refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Milk Dispenser at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cut Watermelon**; Temperature Process:** Cooling
Location: Arctic Air Double-Door Upright Refrigerator at 55 Degrees F.
Comment: Cooling for 2 hours and 40 minutes.
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Air**; Temperature Process:** Cold-Holding
Location: Turbo Air Single-Door Upright Refrigerator at 39 Degrees F.
Comment: Residents' refrigerator.
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Wash/Rinse Water**; Temperature Process:** Warewashing
Location: Warewashing Machine at 126 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Foods Frozen**; Temperature Process:** Cold-Holding
Location: Whirlpool Single-Door Upright Freezer at N/A Degrees F.
Comment: Located in the dry storage room.
Violation Issued?: No

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Sanitizer Observations/Recordings

Establishment Info

Hillcrest Terrace
Hibbing
County/Group: St. Louis County

Inspection Info

Report Number: F7983261121
Inspection Type: Full
Date: 7/13/2026
Time: 10:50:00 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Warewashing
Location: Warewashing Machine **Equal To** 100 PPM
Comment:
Violation Issued?: No

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Hillcrest Terrace
1507 East 41st Street
Hibbing, MN 55746
St. Louis County
Parcel:

Phone: 218-263-3641
info@hillcrestrdc.com

License Info

License: 0041671
Rachel Haupt
Risk: N/A
License: -1
Expires on: 12/31/2023
CFPM: Cassie Matiatos
CFPM #: Pending; Exp:

Inspection Info

Report Number: F7983261126
Inspection Type: Follow-up - Single
Date: 7/20/2026 Time: 11:10:00 AM
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.

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 Duluth District Office inspection report number F7983261126 from 7/20/2026

Holli Johnson
Manager

Gary Collyard,
Public Health Sanitarian 3
218-302-6147
gary.collyard@state.mn.us

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Temperature Observations/Recordings

Establishment Info

Hillcrest Terrace
Hibbing
County/Group: St. Louis County

Inspection Info

Report Number: F7983261126
Inspection Type: Follow-up
Date: 7/20/2026
Time: 11:10:00 AM

Food Temperature: Product/Item/Unit: Ranch Dressing**; Temperature Process:** Cold-Holding
Location: Arctic Air Double-Door Upright Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chicken Kiev**; Temperature Process:** Cold-Holding
Location: Arctic Air Double-Door Upright Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL39299016-0	**Date:** July 14, 2026
Facility Name: HILLCREST TERRACE	
Facility Address: 1507 EAST 41ST STREET; HIBBING, MN 55746	

☒ **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. Interior vertical shafts, including stairways, elevator hoistways, and service and utility shafts, that connect two of more stories of a building, shall be enclosed or protected. When openings are required to be protected, opening protectives shall be maintained self-closing. [Minn. Stat. 144G.45 subd. 2; MSFC 1103.4, 1103.4.1]

   Comments: Inside the sprinkler riser room/ mechanical room, the ceiling was damaged around the water main pipe, creating an opening directly into the facility attic/rafter space. In addition, multiple electrical penetrations through the fire-resistance-rated walls were observed that had not been fire-stopped or sealed with an approved fire-resistant material.

3. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

   Comments: The means of egress within Resident Room 247 was obstructed by the excessive accumulation of household items. A dresser, television stand, and other personal belongings significantly obstructed the primary access route through the room. The surveyor experienced difficulty entering the main living area because of the clutter. Additionally, the emergency escape and rescue window was obstructed by the resident's belongings, limiting its accessibility for emergency use.

4. Fire detection and alarm systems, emergency alarm systems, gas detection systems, fire-extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times and shall be replaced or repaired where defective. [Minn. Stat. 144G.45 subd. 2; MSFC 901.6]

   Comments: Multiple automatic sprinkler heads throughout the facility were observed with missing escutcheon plates. Missing escutcheons can compromise the integrity of fire-resistance-rated assemblies and may reduce the effectiveness of the automatic sprinkler system during a fire, increasing the risk of fire and smoke spread.

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

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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: Resident Room 244 contained an unidentified liquid covering much of the floor that staff could not identify. The liquid made the floor slippery and difficult to walk on. Multiple holes were observed in walls throughout the facility, including behind doors and in resident living areas.

   Resident Room 260 contained discarded soiled toilet paper and excessive amounts of food in various stages of mold growth and decomposition.