Electronically Delivered

June 12, 2026

Licensee
Golden Path Home Care Services LLC
2094 151st Lane Northwest
Andover, MN 55304

RE: Project Number(s) SL39726016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 13, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 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
	39726	A. BUILDING: _____ B. WING _____	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN PATH HOME CARE SERVICES LLC	2094 151ST LANE NORTHWEST ANDOVER, MN 55304

(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: SL39726016-0 On May 11, 2026, through May 13, 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 3 residents; 3 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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 is 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, Food and Beverage Establishment Inspection Report (FBEIR) dated May 12, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 810 SS=C	144G.45 Subd. 2 (b-f) Fire protection and physical environment (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. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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.	0 810		

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0 810	Continued From page 4 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 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 the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 13, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	0 810		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:	01060		

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01060	Continued From page 5 (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for	01060		

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01060	Continued From page 6 Long-Term Care of the emergency relocation for one of one resident (R2). 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). The findings include: R2 was admitted to the licensee on November 13, 2024, to receive assisted living services. R2's record indicated R2 was hospitalized on March 24, 2026, through March 30, 2026, for wound care. R2's record lacked a written notice provided to R2 including: -the name and contact information for the location to which the resident has been relocated and any new service provider -contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities -if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and -a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident	01060		

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01060	Continued From page 7 may submit an appeal. -notify Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. On May 13, 2026, at 10:23 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated she was aware of the requirement but had not provided written notice to R2 or notified the Office of the Ombudsman. The licensee's Discharge and Transfer of Residents policy dated August 1, 2021, indicated in the event of an emergency relocation, the facility will, as soon as possible, provide written notice of Emergency Relocation to the following: the resident, the resident's legal representatives, the resident's designated representatives, the resident's case manager and if the resident has been relocated and not returned to the facility within four days, the Office of Ombudsman for Long-Term Care. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident	01620		

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01620	Continued From page 8 executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective	01620		

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01620	Continued From page 9 resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure the registered nurse (RN) completed change of condition assessments for two of two residents (R1, R2). 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) 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 the residents). The findings include: R2 R2 was admitted on November 13, 2024, and began receiving assisted living services. R2 was hospitalized March 15, 2026, through March 20, 2026, and March 24, 2026, through March 30, 2026. R2's record lacked change of condition assessments for both hospitalizations. R3 R3 was admitted on April 9, 2026, and began receiving assisted living services. R3 was hospitalized April 28, 2026, through April 30, 2026. R2's record lacked a change of condition assessment for the hospitalization. On May 13, 2026, at 10:37 a.m. clinical nurse	01620		

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01620	Continued From page 10 supervisor/licensed assisted living director (CNS\LALD)-A stated she was familiar with the change of condition assessment requirements. She stated R2's change of condition assessments had been completed but never submitted in RTasks (electronic medical record). In addition, CNS\LALD-A stated R3 had a change of condition assessment opened, however, it was not marked as completed. The licensee's Assessment and Reassessment policy dated August 1, 2021, indicated ongoing resident monitoring must be conducted as needed based on changes in the needs of the resident and may be completed by other licensed nurses acting within their scope of licenses. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.	01640		

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01640	Continued From page 11 (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised and signed by the resident or resident representative to reflect the current services provided for two of two residents (R2, R3). 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 the residents). The findings include: R2 R2 was admitted on November 13, 2024, and began receiving assisted living services. R2's signed Service Plan dated November 11, 2024, did not indicate any services, treatment, or therapies were provided to the resident. R2's Service Recap Summary - Month, for May	01640		

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01640	Continued From page 12 2026, indicated R2 received assistance with bathing, transfers, safety checks, continence care, dressing, grooming, housekeeping and laundry, behavior management, vital sign monitoring, delegated clinic monitoring, medication set-up and administration, and therapeutic exercises. R3 R3 was admitted on April 9, 2026, and began receiving assisted living services. R3's signed Service Plan dated April 9, 2026, indicated R3 required assistance with activities, bathing, compression stockings, housekeeping and laundry, dressing, grooming, incontinence care, behavior management, oxygen, positioning/ repositioning, blood glucose monitoring, vital sign monitoring, urostomy bag change, medication administration, and wound care. R3's signed Service Plan dated April 9, 2026, lacked continuous positive airway pressure (CPAP) and oxygen therapies. On May 11, 2026, at 12:01 p.m., the surveyor observed unlicensed personnel (ULP)-C provide medication administration and blood glucose monitoring for R3. On May 13, 2026, at 10:30 a.m., clinical nurse supervisor/licensed assisted living director (CNS\LALD)-A stated R2's service plan dated November 11, 2024, was the most current service plan. CNS/LALD-A acknowledged CPAP and oxygen therapies were missing from R2's service plan. On May 13, 2026, at 10:34 a.m., CNS/LALD-A	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39726	A. BUILDING: _____ B. WING _____	05/13/2026

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01640	Continued From page 13 and administrator (A)-B stated they believed the Service Plan developed by the Department of Human Services (DHS) was all that was required. The licensee's Service Plan policy dated August 1, 2021, indicated an individualized service plan is implemented for all residents. Beginning with the date assisted living services are first provided, a service plan is developed for the resident based on an agreement with the resident/responsible party and on the assessed needs identified in the comprehensive assessment. The service plan will be finalized no later than 14 days after the date home care services are first provided, if not already completed. The service plan must be revised, if needed, based on resident review or reassessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication 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	01760		

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01760	Continued From page 14 with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medications were administered per prescriber orders for one of two residents (R3). 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). The findings include: R3 was admitted on April 9, 2026, and began receiving assisted living services. R3's diagnoses included spina bifida, type two diabetes mellitus with complication, adult bronchiectasis, anxiety, recurrent major depression disorder, overflow incontinence of urine, full incontinence of feces, and seizure disorder. R3's signed Service Plan dated April 9, 2026, indicated R3 required assistance with activities, bathing, compression stockings, housekeeping and laundry, dressing, grooming, incontinence care, behavior management, oxygen, positioning/ repositioning, blood glucose monitoring, vital sign monitoring, urostomy bag change, medication administration, and wound care.	01760		

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01760	Continued From page 15 R3's prescriber orders dated April 30, 2026, included an order for aspirin (antiplatelet) 81 milligrams (mg). Take one (1) tablet by mouth two (2) times daily with meal for six (6) weeks to prevent deep venous thrombosis. R3's Med Admin Summary - Month dated May 2026, lacked transcription of aspirin 81 mg. On May 13, 2026, at 10:25 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated she did not see the aspirin order on the hospital discharge orders dated April 30, 2026. She stated, "usually new orders come through pharmacy connect via RTasks (electronic medical record) and I complete them". CNS/LALD- A stated she was aware that it's her responsibility to ensure all medication orders are transcribed. The licensee's Prescriber's Order policy dated August 1, 2021, indicated the registered nurse is responsible for implementing medication and treatment orders or for delegating the orders to the appropriate paraprofessional. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written	01940		

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01940	Continued From page 16 statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a treatment or therapy management plan to include the required content for one of one resident (R3). 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	01940		

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01940	Continued From page 17 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: R3 was admitted on April 9, 2026, and began receiving assisted living services. R3's diagnoses included spina bifida, type two diabetes mellitus with complication, adult bronchiectasis, anxiety, recurrent major depression disorder, overflow incontinence of urine, full incontinence of feces, and seizure disorder. R3's signed Service Plan dated April 9, 2026, indicated R3 required assistance with activities, bathing, compression stockings, housekeeping and laundry, dressing, grooming, incontinence care, behavior management, oxygen, positioning/ repositioning, blood glucose monitoring, vital sign monitoring, urostomy bag change, medication administration, and wound care. R3's medical record included physician orders for daily use of continuous positive airway pressure (CPAP) and oxygen therapies. R3's Service Recap Summary - Month, for May 2026, lacked delegation of CPAP and oxygen therapies. On May 13, 2026, at 10:16 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated she was aware of the requirements regarding treatment and therapies but did not complete them all. She stated, "I am aware, staff usually contact me quite easily with any issues".	01940		

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01940	Continued From page 18 The licensee's Treatment and Therapy Management policy, dated August 1, 2021, indicated, the RN or licensed health professional is responsible for assessing and developing the treatment and/or therapy service plan for residents. The RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services, which addresses: --type of service to be provided -procedures for documenting treatments or therapies -procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions -identification of treatment or therapy tasks delegated to unlicensed personnel -procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=F	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment	01950		

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01950	Continued From page 19 or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for each resident treatment and documented those instructions in the resident's record for one of two residents (R3). 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 the residents). The findings include: R3 was admitted on April 9, 2026, and began receiving assisted living services. R3's diagnoses included spina bifida, type two diabetes mellitus with complication, adult bronchiectasis, anxiety, recurrent major	01950		

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01950	Continued From page 20 depression disorder, overflow incontinence of urine, full incontinence of feces, and seizure disorder. R3's signed Service Plan dated April 9, 2026, indicated R3 required assistance with activities, bathing, compression stockings, housekeeping and laundry, dressing, grooming, incontinence care, behavior management, oxygen, positioning/ repositioning, blood glucose monitoring, vital sign monitoring, urostomy bag change, medication administration, and wound care. R3's medical record included physician orders for daily use of continuous positive airway pressure (CPAP) and oxygen therapies. R3's Service Recap Summary - Month, for May 2026, lacked delegation of CPAP and oxygen therapies. On May 11, 2026, at 12:01 p.m., the surveyor observed unlicensed personnel (ULP)-C provide medication administration and blood glucose monitoring to R3. Surveyor asked ULP-C if she assists R3 with the CPAP that was located on R3's bedside table. ULP-C stated the resident doesn't like to wear the CPAP, but she does ask staff to turn it on and set the mask on her chest because the noise helps her sleep. ULP-C stated the resident does have oxygen but does not use it. On May 12, 2026, at 6:06 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated oxygen therapy is listed under CNS/LALD-A's task page in RTasks (electronic medical record), and staff call her if R3 requires oxygen.	01950		

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01950	Continued From page 21 On May 13, 2026, at 10:17 a.m., CNS/LALD-A stated R3 has not used oxygen therapy since being admitted to the facility. On May 13, 2026, at 10:27 a.m., CNS/LALD-A stated, "she puts the CPAP on her chest, the sound is comforting to her". She stated she failed to add the CPAP to R3's service plan. The licensee's Treatment and Therapy Management policy, dated August 1, 2021, indicated the RN or licensed health professional is responsible for assessing and developing the treatment and/or therapy service plan for residents. The RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services, which addresses: -type of service to be provided -procedures for documenting treatments or therapies -procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions -identification of treatment or therapy tasks delegated to unlicensed personnel -procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service No further information provided. TIME PERIOD OF CORRECTION: Seven (7) days	01950		
01970 SS=F	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or	01970		

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01970	Continued From page 22 electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for two of two residents (R2, R3) receiving treatments. 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 the residents). The findings include: R2 R2 was admitted on November 13, 2024, and began receiving assisted living services. R2's signed Service Plan dated November 11, 2024, did not indicate any services, treatment, or therapies were provided to the resident. R2's Service Recap Summary - Month, for May 2026, indicated R2 received assistance with bathing, transfers, safety checks, continence	01970		

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01970	Continued From page 23 care, dressing, grooming, housekeeping and laundry, behavior management, vital sign monitoring, delegated clinic monitoring, medication set-up and administration, and therapeutic exercises. R2's medical record lacked a physician order for therapeutic exercises twice daily. R3 R3 was admitted on April 9, 2026, and began receiving assisted living services. R3's signed Service Plan dated April 9, 2026, indicated R3 required assistance with activities, bathing, compression stockings, housekeeping and laundry, dressing, grooming, incontinence care, behavior management, oxygen, positioning/ repositioning, blood glucose monitoring, vital sign monitoring, urostomy bag change, medication administration, and wound care. R3's Service Recap Summary - Month, for May 2026, indicated R3 received assistance with oxygen, compression stockings, blood glucose monitoring, urostomy, and wound care. On May 11, 2026, at 12:01 p.m., the surveyor observed unlicensed personnel (ULP)-C provide medication administration and blood glucose monitoring for R3. On May 13, 2026, at 11:05 a.m., the surveyor observed ULP-C and ULP-F provide a bed bath, repositioning, and emptying of urine from the urostomy via an overnight drainage bag for R3. R3's medical record lacked a physician order for compression stockings, blood glucose	01970		

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01970	Continued From page 24 monitoring, and urostomy. On April 13, 2026, at 10:42 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated they did not have orders for R2's therapeutic exercises and R3's compression stockings, blood glucose monitoring, and urostomy. She stated she was aware orders were required but she had failed to obtain them from the providers. The licensee's Prescriber's policy dated August 1, 2021, indicated written orders from an authorized prescriber will be obtained for all medications and treatment with which the assisted living facility assists resident, including over the counter medications. Medication and treatment orders will be renewed at least every year or when changes occur. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable	02310		

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02310	Continued From page 25 health care and medical, or nursing standards with regards to safely storing oxygen for one of two residents (R3). 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). The findings include: On May 11, 2026, at 12:25 p.m., the surveyor observed one (1) unopened oxygen tank in the attached garage. The tank was not secured in racks or by chains to prevent them from falling over. On May 13, 2026, at 10:17 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated she was not aware that the oxygen tanks could not be stored unsecured in the garage. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), indicated a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen cylinders, they must be secured in racks or by chains to prevent them from falling over. No further information was provided.	02310		

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02310	Continued From page 26 TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

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

Establishment Info

Golden Path Home Care Services
2094 151ST LANE NW
Andover, MN 55304
Anoka County
Parcel:

Phone:

License Info

License: HFID 39726

Risk:
License:
Expires on:
CFPM: Linda Moraa Mongare
CFPM #: 30244; Exp: 4/20/2028

Inspection Info

Report Number: F7963261070
Inspection Type: Full - Single
Date: 5/12/2026 Time: 12:32:52 PM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: RAW SHELL EGGS STORED ABOVE READY TO EAT STRAWBERRIES IN REFRIGERATOR. CORRECTED ON SITE.
Comply By: Complied On Site Originally Issued On: 5/12/2026

New Order: 4-200 Equipment Design and Construction
4-201.11GMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: OBSERVED COOKED GR BEEF FROM PREVIOUS DAY THAT HAD BEEN COOLED IN REFRIGERATOR. DISCARD PRODUCT.
Comply By: 5/12/2026 Originally Issued On: 5/12/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: NO THERMOMETER AVAILABLE ON SITE TO CHECK COOK TEMPERATURES. PROVIDE AND USE.
Comply By: 5/12/2026 Originally Issued On: 5/12/2026

! **New Order: 7-200 Toxic Supplies and Applications**
7-204.11 *Priority Level: Priority 1 CFP#: 28*
MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.
COMMENT: CHLORINE SANITIZER SOLUTION TESTED ABOVE 100PPM. CORRECTED ON SITE.
Comply By: Complied On Site Originally Issued On: 5/12/2026

Food & Beverage General Comment

MET WIT ESTABLISHMENT REPRESENTATIVE LINDA MONGARE. MDH NURSE SURVEYOR LISA SCHWINTEK WAS NOT ON SITE DURING INSPECTION. DISCUSSED THE FOLLOWING-

-EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES
-PROPER USE OF SAME-DAY FOODSERVICE IN A RESIDENTIAL SETTING
-RULES FOR SERVING HIGHLY SUSCEPTIBLE POPULATIONS
-STORAGE OF RAW SHELL EGGS
-HOW TO MIX AND USE SANITIZER SOLUTION

THIS RESIDENCE USED A DISHWASHER TO WASH AND SANITIZE DISHES AND UTENSILS. PHYSICAL FACILITIES INCLUDE VINYL FLOORING, WOOD CABINETS, SOLID SURFACE COUNTERTOPS AND TEXTURED CEILING.

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 F7963261070 from 5/12/2026

Linda Mongare
RN Clinical Director

Peggy Spadafore,
Public Health Sanitarian Supervisor
651-201-3979
peggy.spadafore@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Golden Path Home Care Services
Andover
County/Group: Anoka County

Inspection Info

Report Number: F7963261070
Inspection Type: Full
Date: 5/12/2026
Time: 12:32:52 PM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:**
Location: REFRIGERATOR at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CKD GROUND MEAT**; Temperature Process:**
Location: REFRIGERATOR at 38 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

Golden Path Home Care Services
Andover
County/Group: Anoka County

Inspection Info

Report Number: F7963261070
Inspection Type: Full
Date: 5/12/2026
Time: 12:32:52 PM

Sanitizing Chemical: Product: Chlorine**; Sanitizing Process:**
Location: SANI TUB **Greater Than** 200 PPM
Comment:
Violation Issued?: Yes

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

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:**
Location: DISHWASHER RINSE **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL39726016	**Date:** 5/13/2026
Facility Name: Golden Path Home Care	
Facility Address: 2094 151st Lane NW, Andover, MN 55304	

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The licensee provided documents relating to resident safety during a fire but was unable to provide site-specific procedures for resident evacuation. Fire safety and evacuation plans should include specific fire protection procedures for residents.

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 provided documentation of staff training, which indicated that staff receive training once a year on the FSEP. Staff should receive training upon hire and at least twice a year thereafter.