



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 3, 2026

Licensee

Acacia Grove Assisted Living LLC
13416 Penn Avenue South
Burnsville, MN 55337

RE: Project Number(s) SL41034015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on May 12, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. 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

Per 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 residents/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 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 the Department of Health 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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2026
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NAME OF PROVIDER OR SUPPLIER ACACIA GROVE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13416 PENN AVENUE SOUTH BURNSVILLE, MN 55337
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(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>SL41034015-0</p> <p>On May 11, 2026, through May 12, 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 three residents; three receiving services under the Provisional 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>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>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.</p> <p>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.</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) 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).</p> <p>The findings include:</p> <p>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.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p>	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 630 SS=D	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of one resident (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) 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 on July 29, 2025, with diagnoses that included traumatic brain injury.</p>	0 630		

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0 630	<p>Continued From page 4</p> <p>R1's service plan dated October 1, 2025, indicated R1 received services to include bathing, dressing, walking, safety checks, behavior management, medication reminders and medication administration.</p> <p>R1's IAPP dated November 25, 2025, indicated R1 was not at risk to abuse other vulnerable adults. However, under behavior vulnerability it indicated R1 was easily agitated and became verbally aggressive towards others.</p> <p>R1's progress notes dated March 16, 2026, indicated R1 had ongoing behavioral concerns including increased agitation, verbal aggression, and occasional property destruction.</p> <p>On May 12, 2026, at 8:54 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A reviewed R1's IAPP and stated it should indicate R1 was at risk for abusing others due to his behaviors.</p> <p>The licensee's Vulnerable Adult policy dated April 11, 2025, indicated an individual abuse prevention plan shall be established for each vulnerable minor or adult for whom assisted living services are provided.</p> <ol style="list-style-type: none"> 1. The plan shall contain an individualized assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults 2. The plan shall contain the residents' risk of abusing other vulnerable adults 3. The plan shall contain statements of specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults 4. The plan will be implemented immediately and evaluated at each supervisory visit or more frequently, if necessary 	0 630		

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0 630	Continued From page 5 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included a two-step TST (tuberculin skin test) or other evidence of tuberculosis (TB) screening such as a blood test and failed to include documentation of a completed health history and symptom screening for two of two employees (unlicensed personnel (ULP)-B and ULP-D).</p>	0 660		

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0 660	<p>Continued From page 6</p> <p>This practice resulted in a level two violation (a violation that did no 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).</p> <p>The findings include:</p> <p>ULP-B ULP-B was hired on April 24, 2026, to provide direct care and services to the facility's residents.</p> <p>ULP-B's employee record contained a one-step TST dated January 30, 2026.</p> <p>ULP-B's employee record lacked evidence of the following: -TB history and symptom screening -Two-step TST or other evidence of TB screening such as a blood test.</p> <p>ULP-D ULP-D was hired on November 4, 2025, to provide direct care and services to the facility's residents.</p> <p>ULP-D's employee record contained a negative quantiferon test dated April 16, 2025; however, the blood test was not completed within 90 days of hire. ULP-D's employee record also lacked evidence of TB history and symptom screening.</p> <p>On May 12, 2026, at 9:47 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A stated all employees were sent to the local clinic to have baseline testing completed</p>	0 660		
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0 660	<p>Continued From page 7</p> <p>where she assumed the employees also completed a TB history and symptoms screening; however, the licensee did not obtain copies of the TB history and symptom screening for the employee records. ULP-B stated he thought the one-step TST met the requirements as required.</p> <p>The licensee's Tuberculosis Screening/Prevention policy dated April 11, 2025, indicated the following: -employees receive baseline TB screening upon hire to test for infection with M. tuberculosis. -baseline screening includes an assessment for TB history and current TB symptoms -the baseline test may be either TST (2-step) or BAMT</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 775 SS=E	<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, record review, and interview, 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</p>	0 775		

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0 775	<p>Continued From page 8</p> <p>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 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>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 775		
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:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) staff actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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</p>	0 810		

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0 810	<p>Continued From page 9</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, 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 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May</p>	0 810		
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0 810	Continued From page 10 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01530 SS=D	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if	01530		

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01530	<p>Continued From page 11</p> <p>issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (unlicensed personnel (ULP)-D received the required amount of dementia care training in the required time frame.</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>The licensee provided services under a Provisional Assisted Living license.</p> <p>ULP-D was hired on November 4, 2025, to provide direct care and services to the facility's residents.</p> <p>ULP-D's employee record contained evidence of</p>	01530		
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01530	<p>Continued From page 12</p> <p>completing 7.75 hours of dementia care training, not the required eight hours of training within 160 working hours of the employment start date.</p> <p>On May 12, 2026, at 9:35 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A stated ULP-D must not have completed one of the assigned dementia courses to meet the 8-hour training requirement.</p> <p>The licensee's Education on Dementia policy dated April 11, 2025, indicated direct care employees must have completed at least eight (8) hours of initial education with 160 working hours of the employment start date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01530		
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must implement and provide all</p>	01640		

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01640	<p>Continued From page 13</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a written service plan was signed and revised to reflect the current services provided for one of one resident (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 on July 29, 2025, with diagnoses that included traumatic brain injury.</p> <p>R1's service plan dated October 1, 2025, indicated R1 received services to include bathing, dressing, walking, safety checks, behavior management, medication reminders and medication administration. R1's service plan was not signed by the licensee.</p> <p>R1's medication administration record (MAR) dated May 2026, indicated the staff administered R1's medications once a day and as needed.</p>	01640		
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01640	<p>Continued From page 14</p> <p>On May 12, 2026, at 9:07 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A stated the staff administered R1's medications once a day, and did not have medication reminders. ALDIR/RN-A stated the licensee should have signed R1's service plan.</p> <p>The licensee's Service Plan policy dated April 11, 2025, indicated the following: -the service plan must be revised, if needed, based on resident review or reassessment -the initial service plan and any revisions are signed by a representative from the licensee and the resident or resident's representative, indicating agreement with the services to be provided</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		
01710 SS=D	<p>144G.71 Subd. 3 Individualized medication monitoring and reas</p> <p>A registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	01710		

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01710	<p>Continued From page 15</p> <p>licensee failed to ensure one of one resident (R1) who self-administered medications, was assessed for self-administration of medications.</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 on July 29, 2025, with diagnoses that included traumatic brain injury.</p> <p>R1's service plan dated October 1, 2025, indicated R1 received services to include medication administration.</p> <p>R1's medication administration record (MAR) dated May 2026, indicated R1 self-administered an Albuterol inhaler and Tretinoin cream.</p> <p>R1's individualized medication management plan dated November 25, 2025, under Self-Admin (administration) of Meds (medications), included the following:</p> <ul style="list-style-type: none"> -Med Self-Admin is not applicable: The resident does not self-administer medications. All medications are administered and documented by trained staff in accordance with the facility policy and medication management procedures -Can correctly read aloud or verbalize instructions on medication container? NO -Can verbalize what each medication is for and common side effects? NO 	01710		
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01710	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Can correctly state when medications are taken and proper dosage for each? NO -Can demonstrate opening medication containers correctly? Yes No, has been observed on multiple occasions needing assistance opening containers -Can correctly measure the appropriate amount of medication from container? NO -Can correctly state situations for administering "as needed" medications? YES -Can correctly administer topical ointments, creams or transdermal patches? YES -Can correctly administer eye drops or ointments? NO -Can correctly administer suppositories? YES -Can correctly administer inhalant medications? -Can correctly administer subcutaneous injections? NO -Can correctly administer oxygen? NO -In summary, may self-administer medication safely? No No, the resident cannot safely self-administer medications due to requiring assistance with medication management and setup, reminders for timely administration, and monitoring to ensure accuracy and adherence. The resident depends on staff to follow the seven rights of medication administration, maintain proper documentation and ensure medications are taken correctly and safely. <p>On May 12, 2026, at 9:09 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A reviewed R1's medication management plan and stated R1 was not able to self-administer any medications. The surveyor inquired about R1's MAR which indicated R1 could self-administer an albuterol inhaler and a topical cream. ALDIR/RN-A asked unlicensed personnel (ULP)-B if R1 self-administered the inhaler and topical cream which ULP-B replied R1 did. ALDIR/RN-A stated the clinical nurse</p>	01710		
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01710	<p>Continued From page 17</p> <p>supervisor (CNS) had completed R1's medication assessment prior to her starting at the facility. ALDIR/RN-A stated she would assess R1's ability to self-administer inhalers and topical creams and if appropriate, update R1's medication management plan to reflect this accurately.</p> <p>The licensee's Assessment of medications policy dated April 11, 2025, indicated prior to providing medication management services, the licensee will provide an assessment by a RN to determine what medication management services will be provided and how they will be implemented.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01710		
01730 SS=D	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <p>(1) a statement describing the medication management services that will be provided;</p> <p>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</p>	01730		

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01730	<p>Continued From page 18</p> <p>(3) documentation of specific resident instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an individualized medication management plan with the required content for one of one resident (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</p>	01730		
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01730	<p>Continued From page 19</p> <p>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 on July 29, 2025, with diagnoses that included traumatic brain injury.</p> <p>R1's service plan dated October 1, 2025, indicated R1 received services to include medication administration and medication reminders.</p> <p>R1's medication administration record (MAR) dated May 2026, indicated R1 self-administered an Albuterol inhaler and Tretinoin cream.</p> <p>R1's individualized medication management plan dated November 25, 2025, indicated the following:</p> <ul style="list-style-type: none"> -In summary, may self-administer medication safely? No No, the resident cannot safely self-administer medications due to requiring assistance with medication management and setup, reminders for timely administration, and monitoring to ensure accuracy and adherence. The resident depends on staff to follow the seven rights of medication administration, maintain proper documentation and ensure medications are taken correctly and safely. -Needs reminders to take medications, specify: Resident requires verbal reminders to take medications as prescribed. Staff will cue at scheduled times, document compliance, and notify the nurse/case manager of missed or refused doses -Needs help with medication administration, specify: Resident requires staff assistance with medication administration. Staff will prepare and 	01730		
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01730	<p>Continued From page 20</p> <p>provide medications as prescribed, ensuring the seven rights of medication are followed. All medication administration will be accurately documented, and any missed doses or refusals will be reported to the nurse</p> <p>-Secure storage of all other medications, specify: All non-controlled medications are stored in a locked medication cabinet accessible only to authorized staff. Medications are kept in their original labeled containers, organized by resident, and checked regularly to ensure accuracy, safety, and compliance with facility policies.</p> <p>R1's medication management plan lacked the following required content: -self-administration of inhalers and topical creams -storage of inhalers and topical creams (in R1's room) -accurate identification of medication management tasks that may be delegated to unlicensed personnel (does not have medication reminders as indicated in medication plan)</p> <p>On May 12, 2026, at 9:11 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A stated R1 did not receive medication reminders, the unlicensed personnel (ULP) administered medications once a day and as needed. ALDIR/RN-A stated R1 self-administered his albuterol inhaler and topical creams which were stored in R1's room. ALDIR/RN-A stated she would update R1's medication management plan to reflect that he stored some medications (inhaler and topical creams) in his room, he did not have medication reminders and that R1 self-administered inhalers and creams.</p> <p>The licensee's Assessment of medications policy dated April 11, 2025, indicated based on the</p>	01730		
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01730	<p>Continued From page 21</p> <p>results of the assessment, the RN will document and individualized medication management plan including the following elements:</p> <ul style="list-style-type: none"> -description of medication management services to be provided -description of medication storage based on resident need, preference, risk of diversion, and per manufacturer's direction -documentation procedures -procedures for verification that medications are administered as prescribed -procedures for monitoring medication use to prevent complications or adverse reactions -identification of person(s) responsible for monitoring medication supplies and ensuring refills are ordered in a timely manner -identification of medication management tasks delegated to unlicensed staff -procedures for notifying the registered nurse or licensed health profession regarding problems arising with medication management services <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730		
01750 SS=D	<p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <ul style="list-style-type: none"> (1) instructed the unlicensed personnel in the proper methods to administer the medications, 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 	01750		

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01750	<p>Continued From page 22</p> <p>in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for one of one resident (R1) whose medication administration was delegated to unlicensed personnel (ULP).</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 on July 29, 2025, with diagnoses that included traumatic brain injury.</p> <p>R1's service plan dated October 1, 2025, indicated R1 received services to include medication administration.</p> <p>On May 11, 2026, at 11:27 a.m., the surveyor observed the contents in R1's locked medication box which included one box of epinephrine which contained three epinephrine pens.</p> <p>R1's after visit summary (AVS) dated May 8, 2026, included the following medication: -Epinephrine 0.3 mg/0.3 milliliter (ml); inject 0.3</p>	01750		
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(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
01750	<p>Continued From page 23</p> <p>ml into the muscle once as needed for anaphylaxis</p> <p>The AVS did not include a prescriber signature.</p> <p>R1's medication administration record (MAR) did not include the epinephrine order.</p> <p>The licensee failed to have resident-specific instructions regarding the use of R1's epinephrine pen.</p> <p>On May 12, 2026, at 9:21 a.m., the surveyor inquired about R1's epinephrine pens and what anaphylaxis allergy indicated the use of the epinephrine pen. ULP-B stated R1 required the epinephrine pen if he had an allergic reaction; however, he was unsure of what type of reaction would indicate the administration. Assisted living director in residency/registered nurse (ALDIR/RN)-A stated R1 did not have any anaphylaxis allergies and was not aware he had an epinephrine pen. ULP-B stated he called the clinical nurse supervisor (CNS) who stated R1 had previously been given epinephrine in the emergency room for an unknown reaction and that is when the epinephrine pen was prescribed to R1. ALDIR/RN-A stated she would contact R1's primary care provider to obtain clarification on R1's allergies and if the epinephrine pen was required. ALDIR/RN-A stated if the epinephrine pen was needed, she would obtain resident specific instructions for the use of the pen so that staff had all the information needed for the order.</p> <p>The licensee's Medication Administration policy dated April 11, 2025, indicated all staff with responsibility for medication administration have access to information about the medication being administered, including but not limited to:</p>	01750		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2026
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NAME OF PROVIDER OR SUPPLIER ACACIA GROVE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13416 PENN AVENUE SOUTH BURNSVILLE, MN 55337
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01750	Continued From page 24 -purpose -dosage -route -frequency -instructions related to the medication and specific to the residents, as appropriate -side effects -resident allergies to medications No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and	01790		

Minnesota Department of Health

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01790	<p>Continued From page 25</p> <p>(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <ul style="list-style-type: none"> (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse</p>	01790		
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Minnesota Department of Health

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01790	<p>Continued From page 26</p> <p>(RN) completed training and competency for two unlicensed personnel (ULP-B and ULP-D) providing medications to residents for unplanned time away from home when the licensed nurse was not available.</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>ULP-B ULP-B was hired on April 24, 2026, to provide direct care and services to the facility's residents.</p> <p>ULP-B's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available.</p> <p>ULP-D ULP-D was hired on November 4, 2025, to provide direct care and services to the facility's residents.</p> <p>ULP-D's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available.</p> <p>On May 12, 2026, at 9:35 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A reviewed ULP-B and ULP-D's training documents and stated the licensee had not trained or competency tested any of the ULP</p>	01790		
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Minnesota Department of Health

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01790	<p>Continued From page 27</p> <p>for unplanned time away.</p> <p>The licensee's Medication Management Plan for Residents Away from Home policy dated April 11, 2025, indicated for unplanned times away from home for temporary periods when an adequate medication supply cannot be obtained from the pharmacy or set up by the RN in a timely manner, the RN may delegate to an ULP to provide the medications based on the following: -the RN has trained the ULP and determined the competency to follow procedures for giving medications to residents</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		
01820 SS=D	<p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the licensee managed for one of one resident (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</p>	01820		

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01820	<p>Continued From page 28</p> <p>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 on July 29, 2025, with diagnoses that included traumatic brain injury.</p> <p>R1's service plan dated October 1, 2025, indicated R1 received services to include medication administration.</p> <p>R1's medication administration record (MAR) dated May 2026, included the following medication: -latanoprost 0.005% eye drops; instill one drop into both eyes every day at bedtime (glaucoma) -montelukast 10 milligrams (mg); take one tablet by mouth at bedtime (asthma/allergies) -tretinoin cream 0.025%; apply topically at night **Self Admin** -albuterol Inhaler; inhale two puffs into lungs every four hours as needed for shortness of breath **Self Admin**</p> <p>R1's After Visit Summary (AVS) dated February 6, 2026, included the following medications: -latanoprost 0.005% eye drop solution; place one drop into both eyes daily at bedtime (glaucoma)</p> <p>R1's AVS dated May 8, 2026, included the following medications: -albuterol 90 micrograms (mcg); inhale two to four puffs into the lungs every four hours as needed for shortness of breath or wheezing -budesonide-formoterol inhaler 80-4.5 mcg; inhale two puffs into the lungs two times daily</p>	01820		
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01820	<p>Continued From page 29</p> <p>(asthma)</p> <ul style="list-style-type: none"> -clindamycin 1% lotion; apply topically two times daily (inflamed skin) -docusate sodium 100 mg; take one 100 mg by mouth two times daily -Epinephrine 0.3 mg/0.3 milliliter (ml); inject 0.3 ml into the muscle once as needed for anaphylaxis -fluticasone 50 mcg nasal spray; spray one spray into both nostrils daily (allergies) -montelukast 10 mg; take one tablet by mouth at bedtime (asthma) -Retin-A (tretinoin) 0.025% cream; apply topically - triamcinolone 55 mcg nasal spray; spray two sprays into both nostrils daily (allergies/asthma) <p>R1's AVS dated February 6, 2026, and May 8, 2026, did not include a prescriber signature.</p> <p>R1's record lacked signed prescriber orders for all medications.</p> <p>On May 11, 2026, at 1:53 p.m., assisted living director in residency/registered nurse (ALDIR/RN)-A stated the licensee used the AVS as prescriber orders for R1. ALDIR/RN reviewed R1's AVS dated February 6, 2026, and May 8, 2026, and stated neither AVS had prescriber signatures. The surveyor inquired on if the licensee used the AVS for prescriber orders, why all medications listed in the AVS were not transcribed onto R1's MAR. ALDIR/RN-A stated R1 had paranoia regarding medications because when he was little he was given unnecessary medications and so R1 did not want to take most of the medications listed on the AVS. ALDIR/RN-A stated she was the back up nurse and was not sure why the licensee didn't request orders to discontinue the medications that R1 declined to take. ALDIR/RN-A stated she would</p>	01820		
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01820	<p>Continued From page 30</p> <p>contact R1's primary care provider to reconcile his medication list and obtain signed prescriber orders.</p> <p>The licensee's Prescriber's Orders policy dated April 11, 2025, indicated written orders from an authorized prescriber will be obtained for all medications and treatments with which the assisted living facility assists residents, including over the counter medications. All orders must be signed and dated by the prescriber. If the prescriber omitted the date, the facility will date the order when received from the prescriber.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		
01890 SS=D	<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 ensure time sensitive medications had an opened date and a pharmacy label for one of one resident (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</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 31</p> <p>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 on July 29, 2025, with diagnoses that included traumatic brain injury.</p> <p>R1's service plan dated October 1, 2025, indicated R1 received services to include medication administration.</p> <p>R1's medication administration record (MAR) dated May 2026, included the following medication: -latanoprost 0.005% eye drops; instill one drop into both eyes every day at bedtime (glaucoma)</p> <p>On May 11, 2026, at 11:27 a.m., the surveyor observed the contents in R1's locked medication box which included two boxes of latanoprost eye drops. Both eye drops had been opened and used for R1. On the outside of each box it indicated "throw away any drug left after 6 weeks". The surveyor noted there was no open date on either box of eye drops.</p> <p>On May 12, 2026, at 9:34 a.m., assisted living director in residency/registered nurse (ALDIR/RN)-A stated R1's eye drops should have been dated when opened.</p> <p>The licensee's Storage/Control of Medications policy dated April 11, 2025, indicated the licensed nurse is responsible for dating time-sensitive medications when opened.</p>	01890		
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Minnesota Department of Health

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01890	<p>Continued From page 32</p> <p>Xalatan (latanoprost) directions for use dated August 2011, indicated once a bottle is opened for use, it may be stored at room temperature up to 77 degrees Fahrenheit for six weeks.</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	License Info	Inspection Info
Acacia Grove Assited Living LLC 13416 PENN AVENUE SOUTH Burnsville, MN 55337 Dakota County Parcel: Phone:	License: HFID 41034 Risk: License: Expires on: CFPM: CFPM #: ; Exp:	Report Number: F1018261091 Inspection Type: Full - Single Date: 5/12/2026 Time: 1:00:31 PM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 0</u> <u>Delivery:</u>

! 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 observed to be stored over ready to eat items in the refrigerator. Discussed proper stacking order with staff. Corrected on site.
 Comply By: *Complied On Site* Originally Issued On: 5/12/2026

Food & Beverage General Comment

Establishment is a residential home with residential cooking equipment.

Establishment currently has 3 residents.

Establishment does all same day service of foods.

Kitchen has a dishwasher with sanitizing function available, and a 2 compartment sink with basins for hand washing and food prep.


Walls are tiled and painted, floors are wood, ceiling is smooth painted, equipment is stainless steel, and cabinets are painted wood.

Discussed pest control, vomit clean up plans, and employee illness. Viewed illness log.

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 F1018261091 from 5/12/2026

Nasiib Mohamoud


 Rebecca Prestwood, REHS
 Public Health Sanitarian 3
 651-201-3777



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

Acacia Grove Assited Living LLC
Burnsville
County/Group: Dakota County

Inspection Info

Report Number: F1018261091
Inspection Type: Full
Date: 5/12/2026
Time: 1:00:31 PM

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

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

Page: 1

Establishment Info

Acacia Grove Assited Living LLC
Burnsville
County/Group: Dakota County

Inspection Info

Report Number: F1018261091
Inspection Type: Full
Date: 5/12/2026
Time: 1:00:31 PM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 166 Degrees F.

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL41034015-0	Date: May 11, 2026
Facility Name: Acacia Grove Assisted Living	
Facility Address: 13416 Penn Avenue South, Burnsville, MN 55337	

TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Pattern

TIME PERIOD OF CORRECTION: Two (2) 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. A means of egress shall be free from obstructions that would prevent its use. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

Comments: The egress window and window opening hardware were obstructed by the headboard attached to the bed in occupied resident bedroom four. The improper placement of furniture in front of an egress window would delay exiting in the event of a fire or similar emergency.

3. Extension cords and flexible cords shall not be a substitute for permanent wiring. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

Comments: Extension cords were used to supply power to personal electronics in occupied resident rooms two and four, creating a fire hazard.

4. In buildings that contain a fuel-burning appliance or fireplace, or attached private garage, carbon monoxide detection shall be installed in dwelling units within ten feet of bedrooms. [Minn. Stat. 144G.45 subd. 2; MSFC 915]

Comments: A carbon monoxide alarm was not installed within ten feet of resident bedrooms one, two, and three on the main floor. There was fuel fired equipment in the building and an attached garage.

TAG IDENTIFICATION: 0810

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include the location and number of resident rooms. [Minn. Stat. 144G.45 subd.2]

Comments: Numbers were posted at the doors for each resident room. The emergency evacuation floor plans displayed in the facility lacked these resident room number identifiers. Resident room number labels are required to be included on the evacuation floor plans and correspond with the numbers installed at the resident room doors to provide efficient communication for exiting in the event of a fire or similar emergency.

2. 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 licensee failed to develop the fire safety and evacuation plan (FSEP) with site specific employee actions relative to the facility's building layout and environmental risks. The FSEP included templates from a third party that inaccurately referenced pull fire alarms. Employee actions were limited to the RACE (Remove, Alarm, Confine, Extinguish/Evacuate) acronym.

3. 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 failed to develop site specific fire safety and evacuation instructions for residents. The resident evacuation instructions were limited to evacuating to the cul-du-sac.

4. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include 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. [Minn. Stat. 144G.45 subd.2]

Comments: Two residents had been identified with an evacuation status level requiring moderate staff assistance in the event of an evacuation. Individualized evacuation procedures for these residents were not included in the fire safety and evacuation plan.

5. Evacuation drills are required for employees 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. [Minn. Stat. 144G.45 subd.2]

Comments: The surveyor requested records for evacuation drills completed between July 2025 and May 2026, from the licensee. Fire drill logs were provided indicating evacuation drills had been completed in

August, September, November, and February. Evacuation drills had not been completed at a frequency of every other month. Additionally, the time or shift of the fire drill had not been recorded on the August, November, and February logs.