



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 5, 2026

Licensee

Caring Heart Assisted Living LLC
13223 Yukon Street Northwest
Minneapolis, MN 55448

RE: Project Number(s) SL41384015

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 April 2, 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,



Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41384	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEART ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13223 YUKON ST NW MINNEAPOLIS, MN 55448
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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>SL41384015-0</p> <p>On March 31, 2026, through April 2, 2026, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two (2) residents, both of whom were receiving services under the provider's 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 License 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 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 surveyors' 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>	
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control	0 660		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 660	<p>Continued From page 1</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 interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include baseline TB screening that included a two-step tuberculin skin test (TST) or other evidence of TB testing such as IGRA (Interferon Gamma Release Assay, a blood test) for one of three employees (unlicensed personnel (ULP)-D). This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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>	0 660		
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0 660	<p>Continued From page 2</p> <p>The findings include:</p> <p>The licensee's Facility TB Risk Assessment was completed on January 1, 2026, and indicated facility was a low TB risk setting.</p> <p>ULP-D was hired on February 18, 2026, and provided direct care and services to assisted living residents.</p> <p>ULP-D's personnel record included a negative chest x-ray reading dated September 9, 2025, which was greater than 90-days prior to hire date. ULP-D's personnel record lacked documentation of a positive TB test correlated to the chest x-ray, or a new baseline TB screening test completed upon hire. ULP-D's record further lacked documentation of TB history and symptom screening that included an assessment for TB vaccination, treatment history, and an assessment for current symptoms of active TB disease.</p> <p>On April 1, 2026, at 12:56 p.m., clinical nurse supervisor (CNS)-B stated she was unaware ULP-D had not filled out the TB history and symptom screen; however, she would have ULP-D complete the TB history and symptom screen today. CNS-B further stated she received a negative chest x-ray from ULP-D, and because it was negative, she was unaware any further action was required.</p> <p>On April 2, 2026, at 3:07 p.m., CNS-B stated via email that ULP-D was advised by a family member to not take the TB Mantoux skin test because he had previously received the Bacillus Calmette-Guerin (BCG) vaccine (a vaccine primarily used to protect infants and young</p>	0 660		
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0 660	<p>Continued From page 3</p> <p>children against severe forms of TB); therefore, ULP-D requested a chest x-ray only.</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines indicated, Baseline TB screening consists of three components:</p> <ol style="list-style-type: none"> 1. Assessing current symptoms of active TB disease; 2. Assessing TB history; and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA. <p>In addition, "An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the healthcare worker (HCW) starts working with patients." The guidance further indicated HCWwith a verbal (undocumented) history of a previous positive TB test should undergo the same screening procedures as HCWs without previous positive results.</p> <p>The MDH Assisted Living Resources and Frequently Asked Questions website updated April 16, 2026, included under Tuberculosis Screening, "Each facility must establish and maintain a comprehensive TB infection control program according to the most current tuberculosis infection control guidelines issued by the United States 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</p>	0 660		
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0 660	<p>Continued From page 4</p> <p>covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers."</p> <p>The licensee's undated Tuberculosis Screening policy indicated each employee or volunteer having direct contact with residents would have documentation of baseline health symptom screening prior to providing care to residents which would include, at a minimum, the health symptom screen, and TB skin testing via the Mantoux (skin test) method or IGRA (blood test). Furthermore, employees who had provided proof of a TB blood test or negative chest x-ray within 90-days of employment, would not be required to complete TB testing at the time of hire.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p> <p>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding</p>	0 680		

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0 680	<p>Continued From page 5</p> <p>missing residents.</p> <p>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post an emergency disaster plan prominently within the facility and failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On March 31, 2026, at 10:50 a.m., during a self-guided facility tour, surveyor noted licensee lacked a posting of the emergency disaster plan prominently within the facility.</p> <p>On March 31, 2026, at 12:50 p.m., surveyor</p>	0 680		

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0 680	<p>Continued From page 6</p> <p>reviewed licensee's EP plan. The licensee's undated EP plan lacked the following requirements:</p> <ul style="list-style-type: none"> - Must identify at risk population needs like maintaining independence, communication, transportation, supervision and medical care; - Must include a process for cooperation and collaboration with local, tribal, regional, State and Federal EP to maintain integrated response; - Must develop/implement EP P/P to address the following whether evacuated or shelter in place for staff/residents: alternate sources of energy to maintain temperatures to protect resident health/safety, safe/sanitary storage of provisions, emergency lighting, and sewage and waste disposal; - Must develop P/P system to track the location of on-duty staff and sheltered residents; - Policy and procedure with arrangement agreements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents; - Must develop a P/P to address the role of the facility under a waiver declared by the Secretary in accordance with section 1135 of the act, and; - Must develop a written communication plan and include the following: names/contact information: staff, entities providing services under agreement, residents' physicians, other facilities, volunteers, contact information for Federal, State, tribal, regional & local EP staff, State Licensing and Certification Agency, MN Office of Ombudsman for LTC, other sources of assistance, and a means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee. <p>On March 31, 2026, at approximately 1:30 p.m.,</p>	0 680		
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0 680	<p>Continued From page 7</p> <p>licensed assisted living director (LALD)-A stated the EP plan lacked the information noted above. LALD-A further stated he was unaware of all the content that was required in the EP plan.</p> <p>The licensee's undated Emergency Management policy indicated the licensee would have an identified plan in place to ensure the safety and well-being of resident's and employees during periods of an emergency or disaster that would disrupt services. Furthermore, licensee's EP policy indicated licensee would implement the Emergency Management Policy as soon as the facility became aware of the existence of an emergency.</p> <p>The licensee's undated Communications Plan for Emergency Preparedness indicated, the facility would establish and maintain a communication plan that complies with Federal, State, and local laws.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
01060 SS=F	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(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.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p>	01060		

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01060	<p>Continued From page 8</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(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</p> <p>(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.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(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.</p> <p>(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</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, and designated representative and failed to provide the</p>	01060		
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01060	<p>Continued From page 9</p> <p>notification to the Office of Ombudsman for Long-Term Care (OOLTC) when the resident did not return from the emergency relocation after four (4) days 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 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>R1's service plan-addendum to contract dated February 6, 2026, indicated R1 received services which included assistance with medication administration, housekeeping, laundry, transferring, dressing, grooming, bathing, hair care, behavior monitoring, and shopping.</p> <p>The licensee's current resident roster indicated R1 had been hospitalized within the past three (3) months.</p> <p>R1's progress note dated February 17, 2026, indicated R1 was taken to the clinic by a facility staff member for a follow-up appointment. R1 had labs drawn while at the clinic and returned to the facility. Two (2) hours later, a provider called the facility and instructed the licensee to send R1 to the hospital immediately, secondary to critical lab results.</p> <p>R1's hospital discharge summary dated February 24, 2026, indicated R1 was admitted to the</p>	01060		
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01060	<p>Continued From page 10</p> <p>hospital on February 17, 2026, for a urinary tract infection with toxic-metabolic encephalopathy, and discharged back to the facility on February 24, 2026.</p> <p>R1's record lacked documentation of an emergency relocation notification which included:</p> <ul style="list-style-type: none"> -the reason for the relocation; -the name and contact information for the location to which the resident had 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 was expected to return to the facility, or a statement that a return date was 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 may submit an appeal. <p>The notice must be delivered as soon as practicable to:</p> <ul style="list-style-type: none"> -the resident, legal representative, and designated representative and case manager if needed; -the Office of Ombudsman for Long-Term Care if the resident had been relocated and had not returned to the facility within four days. <p>On April 1, 2026, at 10:38 a.m., clinical nurse supervisor (CNS)-B indicated R1's medical record lacked the required documentation noted above and stated she was not aware of that process. CNS-B further stated R1 was admitted to the hospital on February 17, 2026, and returned to</p>	01060		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41384	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEART ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13223 YUKON ST NW MINNEAPOLIS, MN 55448
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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
01060	<p>Continued From page 11</p> <p>the facility on February 24, 2026; however, the only people CNS-B notified about R1's hospitalization was R1's family and R1's provider via telephone conversations.</p> <p>The licensee's undated Resident Records policy indicated resident records would be legal documents containing comprehensive, accurate, and organized information concerning the resident's health. Furthermore, resident records would contain pertinent past and current findings in accordance with accepted professional standards.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01060		
01770 SS=F	<p>144G.71 Subd. 9 Documentation of medication setup</p> <p>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure documentation of medication setup by the registered nurse (RN) included all the required content for two of two residents (R1, R2).</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>	01770		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41384	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEART ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13223 YUKON ST NW MINNEAPOLIS, MN 55448
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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
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01770	<p>Continued From page 12</p> <p>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 of the residents).</p> <p>The findings include:</p> <p>On March 31, 2026, at 10:15 a.m., during the entrance conference, clinical nurse supervisor (CNS)-B stated that the licensee provided medication management services which included weekly medication setup by the RN.</p> <p>R1 R1's plan of care dated January 27, 2026, indicated R1 would receive medication setup or monitoring by the nurse and medication would be administered by unlicensed personnel (ULP) as ordered by R1's physician.</p> <p>R2 R2's individualized medication management plan dated December 15, 2025, indicated facility nurse would setup R2's medications, and that medications that would be delegated to ULP's to administer would include oral, topical, optic (in the eye), rectal, subcutaneous (under the skin), and inhaled medications.</p> <p>On April 1, 2026, at 8:45 a.m., through 9:30 a.m., the surveyor observed CNS-B prepare and administer medications to R1 and R2. The oral medications were already set-up and retrieved from a pill organizer.</p> <p>R1 and R2's records lacked documentation of medication setup to include the following: - name of medication; - quantity of dose;</p>	01770		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41384	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEART ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13223 YUKON ST NW MINNEAPOLIS, MN 55448
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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
01770	<p>Continued From page 13</p> <ul style="list-style-type: none"> - times to be administered; - route of administration; and - name of person completing medication setup. <p>On April 1, 2026, at 9:45 a.m., CNS-B stated she was responsible for medication setup and was not aware of the required documentation for medication setup. CNS-B further stated that she does not document weekly medication setup; however, she would sign the MAR at the end of each month.</p> <p>The licensee's undated Medication Setup policy indicated the facility nurse would setup medications for residents as ordered by the physician/prescriber, and medications would be setup using a weekly med-planner or computerized dispensing system with verbal reminder capabilities. Furthermore, facility staff setting up medications would follow accepted standards of practice. Moreover, the nurse would clearly document what nursing tasks were performed, what was assessed, and the findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01770		



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

CARING HEART ASSISTED LIVING LLC
13223 YUKON STREET NW
Minneapolis, MN 55448
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41384

Risk:
License:
Expires on:
CFPM: Seray M Lansana
CFPM #: 55717; Exp: 01/10/2028

Inspection Info

Report Number: F1013261016
Inspection Type: Full - Single
Date: 3/31/2026 Time: 12:45 pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator R. Makela.

The establishment has a residential kitchen and serves food prepared on the same day. The kitchen has painted wood cabinets, tile floor, smooth painted walls, sealed stone counter top, and a smooth painted ceiling.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013261016 from 3/31/2026

Seray Lansana
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

CARING HEART ASSISTED LIVING LLC
Mineapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1013261016
Inspection Type: Full
Date: 3/31/2026
Time: 12:45 pm

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

Location: Refrigerator at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Refrigerator at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Freezer at 30 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

CARING HEART ASSISTED LIVING LLC
Mineapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1013261016
Inspection Type: Full
Date: 3/31/2026
Time: 12:45 pm

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

Location: Kitchen **Equal To** 165 Degrees F.

Comment:

Violation Issued?: No