Electronically Delivered

March 24, 2026

Licensee
Benedictine Living Community | Byron
551 Byron Main Court Northeast
Byron, MN 55920

RE: Project Number(s) SL32270016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 4, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. 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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32270	A. BUILDING: _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING COMMUNITY | BYRON	551 BYRON MAIN CT NE BYRON, MN 55920

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL32270016-0 On March 2, 2026, through March 4, 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 49 residents; 42 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 4, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to glove use and handwashing by one of six unlicensed personnel (ULP-E) during medication administration. 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).	0 510		

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0 510	Continued From page 4 The findings include: On March 2, 2026, at 1:00 p.m., the surveyor observed ULP-E enter R1's room, wash her hands, set up, administer R1's afternoon medications and documented the medication administration on the electronic medication administration record (eMAR) found on her phone. When ULP-E was finished, she exited R1's room and went directly to R9's room, referenced R9's eMAR on her phone, unlocked and opened R9's medication cabinet, and pulled out R9's medication pill box. ULP-E dispensed the pills and administered them with water to R9. ULP-E then documented the administration on her phone, exited R9's room and went directly to R10's room. Upon arrival at R10's room, ULP-E referenced the eMAR on her phone, unlocked and opened R10's medication drawer, set up and administered R10's afternoon pills. ULP-E failed to wash or sanitize her hands between resident contact and before or after medication administration for two of three residents (R9, R10). On March 4, 2026, at 12:00 p.m., clinical nurse supervisor (CNS)-B stated she expected all staff to wash/sanitize their hands between resident contact. She further stated the nursing team had been auditing the ULP for hand hygiene practice and would further train and re-evaluate staff. The licensee's Hand washing policy dated March 3, 2022, indicated handwashing is one of the best ways to protect residents, yourself, and other staff from getting sick through spread of infection. Handwashing should be done at minimal: a. Before and after direct contact with a client	0 510		

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0 510	Continued From page 5 b. If moving from a contaminated-body site to a clean-body site during client care c. After contact with environmental surfaces or equipment in the immediate vicinity of the client No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated	0 775		

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0 775	Continued From page 6 3/3/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and	01500		

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01500	Continued From page 7 procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of three employees (unlicensed personnel (ULP)-I). 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	01500		

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01500	Continued From page 8 limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-I began providing direct care services on January 30, 2024, under the licensee's assisted living with dementia care license. ULP-I's employee record lacked evidence that the employee had successfully completed annual training to include the following required topics: -infection control; and -principles of person-centered planning/service delivery On March 4, 2026, at 12:00 p.m., regional director of housing (RDH)-C stated she could not find further evidence that ULP-I had completed these required annual training topics. The licensee's Annual Training for Unlicensed Personnel policy dated May 18, 2022, indicated the following training elements MUST be included every 12 months to all staff who perform direct care services; - review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; and - principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person	01500		

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01500	Continued From page 9 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part	01620		

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01620	Continued From page 10 of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed an accurate assessment of residents condition/health status for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On March 2, 2026, at 11:00 a.m. during entrance	01620		

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01620	Continued From page 11 conference, clinical nurse supervisor (CNS)-B stated the registered nurses (RN) completed assessments at the time of admission, within 14 days following resident admission, and every 90 days. She further stated the RN completed comprehensive assessments for a resident's change in condition with resident changes, hospitalizations, and hospice enrollments. R2 was admitted to the facility on September 19, 2019, with diagnoses including congestive heart failure, chronic kidney disease, sleep apnea, and anxiety. On March 2, 2026, at 1:30 p.m., the surveyor observed unlicensed personnel (ULP)-F administer R2's afternoon medications. R2 was in her apartment in her recliner and utilizing oxygen via a nasal cannula from an oxygen concentrator (oxygen machine) set at 2 liters/minute. R2 stated she used oxygen when she felt short of breath, mostly while walking and during activity. R2 also stated she used CPAP (continuous positive airway pressure-a breathing unit used for sleep apnea) at night during sleep. ULP-F stated R2 was independent with her oxygen and CPAP management. R2's Service Plan dated February 12, 2026, included the services of standby assistance with dressing, assistance with bathing/showering, medication management/administration, hospice, and escorts to meals/activities. R2 was independent with oxygen and CPAP management. R2's progress note dated November 13, 2025, indicated order received per fax from [hospice name], Oxygen 2 liters/minute via nasal cannula as needed (PRN) during exercise and activity.	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32270	A. BUILDING: _____ B. WING _____	03/04/2026

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BENEDICTINE LIVING COMMUNITY | BYRON	551 BYRON MAIN CT NE BYRON, MN 55920

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01620	Continued From page 12 Orders initially, November 7, 2025, indicated oxygen continuously at 2 liters/minute. Resident uses only as needed at this time. R2's signed hospice provider's orders dated November 13, 2025, included Oxygen at 2 liters/minute as needed for shortness of breath. Hospice progress notes/orders dated January 26, 2026, indicated R2's CPAP had been in place since October 4, 2024. R2's Resident Evaluations (known as the RN Assessments) dated August 28, 2025, November 19, 2025, and February 12, 2026, were provided. The section labeled "Respiratory Function" included the statement, "Does the resident have any respiratory issues such as cough, shortness of breath, other: Identify in notes. Assess lung sounds during visit." This section was left blank (no indication of respiratory symptoms), none of the assessments provided indicated R2's use of CPAP, and the assessments dated November 19, 2025, and February 12, 2026, lacked an indication of R2's increased shortness of breath and her use of oxygen since November 7, 2025. On March 4, 2026, at 12:10 p.m., CNS-B stated even though R2 was independent with management of her oxygen and CPAP, the RN assessments should have indicated her reports of shortness of breath with exertion, the new use of oxygen, and her use of a CPAP for sleep apnea. The licensee's Initial and On-going Assessments of Residents policy dated April 24, 2024, indicated The RN will re-assess each resident on an on-going basis. At these re-assessments, the RN will: i. Review the resident's service plan	01620		

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01620	Continued From page 13 ii. Evaluate the resident's medication management services and the resident's medications iii. Evaluate the residents' treatments, if any iv. Communicate any new problems or concerns to the resident's physician or health care providers, and v. Update the service plan as necessary based on the residents' needs No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01750 SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (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 in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to specify in writing, specific instructions for as needed (PRN) medications and documented those instructions for two of five residents (R1, R2) for medication administration delegated to unlicensed personnel.	01750		

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01750	Continued From page 14 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the facility on April 25, 2024, with diagnoses to include depression, insomnia, shortness of breath and hypertension. R1's Service Plan dated December 19, 2025, included the service of medication management/administration. On March 2, 2026, at 1:00 p.m., the surveyor observed unlicensed personnel (ULP)-E prepare and administer R1's afternoon medications. R1's signed provider's orders dated April 18, 2025, indicated scheduled medications including one medication for sleep, one for edema/excess fluids, one for cholesterol, one for pain, two for hypertension, one inhaler, one for depression, two supplements, one topical medication for pain and one eye drop for dry eyes. R1's orders further indicated as needed (PRN) medications including one for diarrhea, one inhaler for shortness of breath, and three medications for constipation. R1's medication administration record (MAR) dated February 2026, included: -bisacodyl suppository, 10 milligrams (mg), give	01750		

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01750	Continued From page 15 one suppository rectally daily as needed for constipation; -MiraLAX, 17 grams (gm), give 17 gm orally once daily as needed for constipation; and -sennoside-docusate sodium, 8.6-50 mg twice daily as needed for constipation R2 R2 was admitted to the facility on September 9, 2019, with diagnoses including chronic kidney disease, congestive heart failure, sleep apnea, and anxiety. R2's Service Plan dated February 12, 2026, included the service of medication management/administration. On March 2, 2026, at 1:30 p.m., the surveyor observed ULP-F set up and administer R2's scheduled hydromorphone (used for pain and shortness of breath). R2's signed provider's orders dated August 8, 2025, indicated scheduled medication including one medication for mild pain, two for hypertension, three for heart disease, one for anxiety, one for depression, one for gastric reflux, one for nerve pain, one for significant pain/shortness of breath, one for diverticulitis (swelling of small bowel), one for thyroid, one supplement, and one topical pain medication. R2's orders further indicated PRN medications including one for significant pain/shortness of breath, one for diarrhea, one nasal spray for opioid overdose, one for sleep, one for mild pain, one for cough, one for agitation, delirium, nausea, three for constipation, one for excessive secretions, one topical pain patch, one for anxiety, one for chest pain, one topical powder for skin rash, one eye drop for dry eyes, and one	01750		

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01750	Continued From page 16 topical cream for skin rash. R2's MAR dated February 2026, included: -bisacodyl suppository, 10 mg, give one suppository rectally daily as needed for constipation; -MiraLAX, 17 gm, give 17 gm orally once daily as needed for constipation; and -sennoside 8.6 mg, one tablet twice daily as needed for constipation The licensee failed to provide written instruction for the ULP to understand which PRN medication for constipation should be used first and second/third for both R1 and R2. On March 4, 2026, at 12:15 p.m., clinical nurse supervisor (CNS)-B stated the ULP typically came to her or called the nurse for directions in what PRN medications to give. She stated she had not been writing specific instructions or indicated in writing that the ULP needed to contact nursing for individual instructions. The licensee's Medication Management policy 2.01 dated August 2, 2021, indicated the RN will develop and maintain a current individualized medication management record for each resident based on resident's assessment and include documentation of specific resident instructions relating to the administration of medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01890 SS=D	144G.71 Subd. 20 Prescription drugs	01890		

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01890	Continued From page 17 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to label a time sensitive medication with an opened date for two of eight residents (R5, R7) and failed to ensure stored medications bore a proper label for one of eight residents (R1) with medication administration. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: OPEN DATES R5 R5's Service Plan dated August 26, 2024, indicated he received services to include medication administration. R5's signed prescriber's order dated September 2, 2025, included latanoprost 0.005% eye drops (for glaucoma), give one drop to each eye daily. On March 3, 2026, at 7:25 a.m., the surveyor	01890		

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01890	Continued From page 18 observed unlicensed personnel (ULP)-I set up and administer R5's five morning medications. The surveyor observed R5's bottle of latanoprost in the medication drawer. The bottle lacked an open date. ULP-I stated she was not sure when the bottle was opened and confirmed that although the bottle had a proper label, it lacked an opened date. The licensee failed to ensure R5's bottle of eye drops included an open date. R7 R7's Service Plan dated October 3, 2025, indicated he received services including insulin pen set up and staff observation while self-administering the insulin. R7's signed prescriber's order dated January 7, 2026, indicated: - Lantus Solostar 100 units/milliliter (u/ml), give 14 units subcutaneous (under the skin), daily for diabetes; and - Lyumjev Kwik pen 100 u/ml, inject 8 units subcutaneously daily for diabetes On March 3, 2026, at 8:15 a.m., the surveyor observed ULP-E enter R7's apartment and prepare two insulin pens (Lantus and Lyumjev Kwik pen) for R7's self-administration. ULP-E cleansed the insulin pen tips, attached a new needle to each pen, dialed 2 units to prime the pens, and dialed to each appropriate dose. ULP-E then assisted R7 by wiping two areas on his abdomen, handed him each insulin pen (one at a time) and observed him to inject the insulin. The surveyor observed both pens and neither indicated an open date. ULP-E confirmed neither insulin pen contained an open date and stated she didn't work in the assisted living area often	01890		

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01890	Continued From page 19 (was mostly in memory care) and had not noticed the insulin pens lacked an opened date. The licensee failed to ensure all time sensitive medications indicated an open date. Latanoprost manufacturer's instructions dated August 2011, indicated to store the eye drops in a refrigerator until opened. Once opened, store at room temperature for up to six weeks. Lantus Solostar manufacturer's instructions dated 2022, indicated After 28 days, throw your opened Lantus pen away, even if it still has insulin in it. Lyumjev Kwik pen manufacturer's instructions dated June 2020, indicated for in use pens throw away the LYUMJEV Kwik Pen you are using after 28 days, even if it still has insulin left in it. PROPER LABEL R1 R1's Service Plan dated December 19, 2025, included the service of medication management/administration. R1's signed prescriber's order dated April 4, 2025, indicated diclofenac gel 1%, apply 2 grams (gm) to back three times daily. On March 2, 2026, at 1:00 p.m., the surveyor observed ULP-E prepare and administer R1's afternoon medications. R1's tube of diclofenac gel 1% along with the plastic dosing card were found in a clear zip lock bag in her medication drawer. Neither the bag nor the tube included a proper label (resident name, dose, or where to administer the medication). ULP-E noted there was not a label and stated the only way she would know how much to give was to look at the	01890		

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01890	Continued From page 20 electronic medication record (eMAR). ULP-E further stated she could not find the original box/packaging that likely included the proper label. The licensee failed to ensure R1's diclofenac gel bore a proper label. On March 4, 2026, at 12:10 p.m., clinical nurse supervisor (CNS)-B stated she was uncertain why R1's diclofenac gel was not maintained with the original box (containing a label) and would re-educate the ULP to ensure some kind of label was present on all medications to verify the rights of administration. She further stated the ULP were expected to write an open date on all time sensitive medications including insulin pens and time sensitive eye drops. The licensee's Storage of Medications policy dated August 1, 2024, indicated until the medication is set up for immediate or later administration by a nurse, the drug must be kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration date of time-dated drug, directions for use, resident's name, prescriber's name, date of issue and the name and address of the licensed pharmacy that issued the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Rochester District Office
Minnesota Department of Health
3425 40th Avenue NW, Suite 115
Rochester, MN 55901
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Benedictine Living Community
551 Byron Main Court NE
Byron, MN 55920
Olmsted County
Parcel:

Phone:

License Info

License: HFID 32270

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F7962261031
Inspection Type: Full - Single
Date: 3/4/2026 Time: 10:30:17 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 7
Total Priority 2 Orders: 7
Total Priority 3 Orders: 14
Delivery:

Previous Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.12B *Priority Level: Priority 3 CFP#: 43*
MN Rule 4626.0275B Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.
COMMENT:

MAIN KITCHEN: WHITE ICE SCOOP HANGING ON WALL IN WIRE HOLDER IS NOT PROTECTED FROM ENVIRONMENTAL CONTAMINATION, DOCUMENT WITH IMAGES OF PROTECTED ICE SCOOPS SENT WITH REPORT

3-4-26 MEMORY CARE, ASSISTED LIVING, INDEPENDENT LIVING: ICE SCOOPS NOT PROTECTED FROM ENVIRONMENTAL CONTAMINATION

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

Previous Order: 4-200 Equipment Design and Construction
4-204.112A *Priority Level: Priority 3 CFP#: 36*
MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.
COMMENT:

INDEPENDENT LIVING KITCHEN: THERMOMETER IN BACK CORNER OF UPRIGHT COOLER, MOVE TO WARMEST LOCATION

3/4/26 ALL REFRIGERATED UNITS IN FACILITY

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

Previous Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT:

INDEPENDENT LIVING: NO IRREVERSIBLE THERMOMETER FOR DISH WASHING MACHINE

3-4-26 MEMORY CARE, ASSISTED LIVING: NO IRREVERSIBLE THERMOMETER FOR DISH WASHING MACHINES

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

Previous Order: 4-400 Equipment Location and Installation
4-402.12A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0730A Install floor-mounted equipment sealed to the floor or on six inch legs.
COMMENT:

MAIN ENTRANCE SELF SERVE FOOD AND BEVERAGES: CABINET HAS HOLLOW ENCLOSED BASE

3-4-26 INDEPENDENT LIVING: DISH WASHING MACHINE DOES NOT HAVE GLIDES FOR MOVABILITY, MACHINES IN MEMORY CARE AND ASSISTED LIVING HAVE GLIDES

Comply By: 3/3/2027 Originally Issued On: 3/3/2026

Previous Order: 4-400 Equipment Location and Installation
4-402.12D *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0730D Install four inch legs on counter-mounted equipment that is not easily movable or not sealed to the table.
COMMENT:

MAIN KITCHEN: COFFEE MACHINE NOT ELEVATED ON 4 INCH LEGS OR SEALED TO THE COUNTER

Comply By: 6/3/2026 Originally Issued On: 3/3/2026

! **Previous Order: 4-500 Equipment Maintenance and Operation**
4-501.114A *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805A Use the approved sanitizer according to the rule and the EPA approved manufacturer's label.
COMMENT:

MAIN KITCHEN: SIGN WITH DIRECTIONS HOW TO USE SINK AND SURFACE SANITIZER AND DIRECTIONS GIVEN TO CHEF ARE NOT THE SAME, CONFER WITH SUPPLIER TO DETERMINE THE CORRECT DIRECTIONS, MAINTAIN THAT DOCUMENT ONSITE, REMOVE CONFLICTING DOCUMENTS

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

! **Previous Order: 4-500 Equipment Maintenance and Operation**
4-501.114B *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805B Discontinue using a sanitizer concentration that exceeds the EPA approved manufacturer's label amount.
COMMENT:

MAIN KITCHEN: SINKS AND SURFACE SANITIZER 1130 PPM, THREE COMPARTMENT SINK AND SPRAY BOTTLE

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

Previous Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT:

MAIN KITCHEN: TABLE UNDER COFFEE MACHINE DIRTY AND BROWN

Comply By: 3/3/2026 Originally Issued On: 3/3/2026

Previous Order: 4-600 Cleaning Equipment and Utensils
4-602.11E *Priority Level: Priority 3 CFP#: 16*
MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.
COMMENT:

MAIN KITCHEN: INTERIOR OF ICE MACHINE MOLDY

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

Previous Order: 4-900 Protecting Clean Items
4-903.12A *Priority Level: Priority 3 CFP#: 44*
MN Rule 4626.0960A Discontinue storage of food, clean equipment, linens, utensils, or single-service and single-use articles in locker rooms; toilet rooms; garbage rooms; mechanical rooms; under unshielded sewer lines; under leaking water lines or sources of condensation or moisture; under open stairwells; or under other sources of contamination.
COMMENT:

MAIN KITCHEN: SHELF WITH COFFEE CARAFES UNDER SEWER LINES

Comply By: 3/3/2026 Originally Issued On: 3/3/2026

! **Previous Order: 5-200A Plumbing: approved materials/design**
5-201.11A *Priority Level: Priority 1 CFP#: 51*
MN Rule 4626.1040A Provide a plumbing system that is designed, constructed, installed, and repaired with approved materials, equipment, and devices complying with chapter 4714 and Minnesota Statutes, sections 326B.43 to 326B.49.
COMMENT:

MAIN KITCHEN: NO GRATE ON FLOOR DRAIN SERVICING DISH WASHING MACHINE

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

Previous Order: 5-200A Plumbing: approved materials/design
5-203.11A *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1070A Provide at least 1 handwashing sink, or the number of handwashing sinks necessary to allow for the convenient use by employees during food preparation, food dispensing, and warewashing; and in or adjacent to toilet rooms.
COMMENT:

INDEPENDENT LIVING: NO HAND WASH SINK IN DISH WASH ROOM, REMOVED WHEN EYE WASH STATIONS INSTALLED, WILL USE HAND WASH SINK IN KITCHEN UNTIL HAND WASH SINK IN DISH ROOM IS INSTALLED

3-4-26 MEMORY CARE, ASSISTED LIVING: NO HAND WASH SINK IN DISH WASH ROOM, REMOVED WHEN EYE WASH STATIONS INSTALLED, WILL USE HAND WASH SINK IN KITCHEN UNTIL HAND WASH SINK IN DISH ROOM IS INSTALLED
Comply By: 9/3/2026 Originally Issued On: 3/3/2026

! **Previous Order: 5-200B Plumbing: cross connections**
5-203.14 *Priority Level: Priority 1 CFP#: 51*
MN Rule 4626.1085A Backflow prevention devices must be installed in accordance with chapter 4714.
COMMENT:

MAIN KITCHEN: CHEMICAL DISPENSER ATTACHED VIA HOSE TO THREADED MOP SINK FAUCET WITH ATMOSPHERIC BREAKER, DEPARTMENT OF LABOR AND INDUSTRY DIAGRAM OF MOP SINK CONNECTION EMAILED WITH REPORT

3-4-26 AND 2ND FLOOR HOUSE KEEPING ROOM: CONTROL VALVE DOWN STREAM OF FAUCET WITH ATMOSPHERIC BREAKER

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

! **Previous Order: 5-200B Plumbing: cross connections**
5-203.14A *Priority Level: Priority 1 CFP#: 51*
MN Rule 4626.1085A Water used under pressure in equipment in food and beverage establishments must be drained to a sanitary sewer through an air gap. Examples: refrigeration cooling water, water softener, and drained steam jacketed kettles.
COMMENT:

MAIN KITCHEN: ICE MACHINE DOES NOT HAVE ADEQUATE AIR GAP, AIR GAP DOCUMENT SENT WITH REPORT

3-4-26 2ND FLOOR MECHANICAL ROOM: WATER SOFTENER DISCHARGE LINE DOES NOT HAVE ADEQUATE AIR GAP MDH CROSS CONNECTIONS AND WATER SOFTENER DOCUMENT SENT WITH REPORT

Comply By: 3/17/2026 Originally Issued On: 3/3/2026

Previous Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT:

MAIN KITCHEN: DIRT AND DEBRIS UNDER ICE MACHINE

Comply By: 3/3/2026 Originally Issued On: 3/3/2026

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-305.11A *Priority Level: Priority 3 CFP#: 39*
MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.
COMMENT:

ASSISTED LIVING: FLY SWATTER IN CUPBOARD WITH FOOD AND SINGLE SERVICE STORAGE

REMOVED FROM KITCHEN

Comply By: Complied On Site *Originally Issued On: 3/4/2026*

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT:

MEMORY CARE: 73 DEGREE BUTTER PATS ON COUNTER

ASSISTED LIVING: UPRIGHT COOLER 45 BUTTER PAT, 49 SOUR CREAM, 43 HALF GALLON MILK

Comply By: 3/4/2026 *Originally Issued On: 3/4/2026*

New Order: 4-400 Equipment Location and Installation
4-402.11A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT:

INDEPENDENT LIVING, ASSISTED LIVING, MEMORY CARE: HAND WASH SINKS NOT SEALED TO COUNTER

Comply By: 3/17/2026 *Originally Issued On: 3/4/2026*

New Order: 4-500 Equipment Maintenance and Operation
4-501.110 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0785 Provide the proper wash water temperature for the warewashing machine as specified in rule and the manufacturer's data plate.
COMMENT:

ASSISTED LIVING: DISH WASHING MACHINE DATA PLATE 150 DEGREE MINIMUM WASH TEMPERATURE, THERMOMETER ON MACHINE 1ST RUN 131 DEGREE WASH TEMPERATURE, 2ND RUN 136 DEGREES

Comply By: 3/4/2026 *Originally Issued On: 3/4/2026*

New Order: 4-500 Equipment Maintenance and Operation
4-501.112A *Priority Level: Priority 2 CFP#: 16*
MN Rule 4626.0795A Maintain the temperature at the manifold of the hot water sanitizing rinse at a maximum temperature of 194 degrees F (90 degrees C) and no less than 165 degrees F (74 degrees C) for a single tank, stationary rack, single temperature machine or 180 degrees F (82 degrees C) for all other machines.
COMMENT:

MEMORY CARE: DISH WASHING MACHINE IN DISH WASHING ROOM 174 DEGREES 1ST RUN SANITIZING RINSE THERMOMETER ON MACHINE

ASSISTED LIVING: DISH WASHING MACHINE IN DISH WASHING ROOM 178 DEGREES 1ST RUN SANITIZING RINSE THERMOMETER ON MACHINE

Comply By: 3/4/2026 Originally Issued On: 3/4/2026

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT:

ASSISTED LIVING: MOP HEADS ON FLOOR AROUND DISH WASHING MACHINE FOR LEAK, GLIDE ON RIGHT SIDE OF MACHINE BENT

Comply By: 6/3/2026 Originally Issued On: 3/4/2026

! **New Order: 4-700 Sanitizing Equipment and Utensils**
4-703.11B *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.
COMMENT:

ASSISTED LIVING: DISH WASHING MACHINE 1ST RUN 156.8 DEGREES INSPECTOR IRREVERSIBLE THERMOMETER

Comply By: 3/4/2026 Originally Issued On: 3/4/2026

New Order: 4-900 Protecting Clean Items
4-904.13 *Priority Level: Priority 3 CFP#: 44*
MN Rule 4626.0975 Protect preset tableware from contamination by wrapping, covering or inverting. Remove exposed preset tableware that is unused when a customer is seated or clean and sanitize exposed preset tableware that is not removed when a customer is seated.
COMMENT:

MEMORY CARE: FOOD CONTACT SURFACE OF PRE-WRAPPED UTENSILS EXPOSED

Comply By: 3/4/2026 Originally Issued On: 3/4/2026

New Order: 5-200C Plumbing: Maintenance, fixture location
5-205.11AB *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.
COMMENT:

INDEPENDENT LIVING, ASSISTED LIVING, AND MEMORY CARE: HAND WASH SINKS ARE FOR HAND WASHING ONLY, NOT TO BE USED TO FILL WATER GLASSES OR AS A DUMP SINK

Comply By: 3/4/2026 Originally Issued On: 3/4/2026

New Order: 6-300 Physical Facility Numbers and Capacities
6-304.11A *Priority Level: Priority 3 CFP#: 56*
MN Rule 4626.1475A Provide sufficient mechanical tempered make-up air and exhaust ventilation to keep rooms free of grease, excessive heat, steam condensation, vapors, obnoxious or disagreeable odors, smoke, and fumes according to State Building and Mechanical codes.
COMMENT:

INDEPENDENT LIVING: DISH WASHING ROOM HOT AND MUGGY

Comply By: 6/3/2026 Originally Issued On: 3/4/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.111C *Priority Level: Priority 2 CFP#: 38*
MN Rule 4626.1565C Use approved trapping devices or other means of pest control when pests are found.
COMMENT:

ASSISTED LIVING: FLY SWATTER IN CUPBOARD WITH FOOD AND SINGLE SERVICE STORAGE IS NOT AN APPROVED PEST CONTROL DEVICE

REMOVED FROM KITCHEN

Comply By: Complied On Site Originally Issued On: 3/4/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.16 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1540 Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.
COMMENT:

2ND FLOOR HOUSE KEEPING ROOM: MOP NOT HUNG

Comply By: 3/4/2026 Originally Issued On: 3/4/2026

New Order: 7-100 Toxic Labeling
7-102.11 *Priority Level: Priority 2 CFP#: 28*
MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.
COMMENT:

2ND FLOOR HOUSE KEEPING ROOM: NO LABEL ON SPRAY BOTTLE

Comply By: 3/4/2026 Originally Issued On: 3/4/2026

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 Rochester District Office inspection report number F7962261031 from 3/4/2026

Establishment Representative

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Public Health Sanitarian 3
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DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL32270016-0	**Date:** 3/3/2026
Facility Name: BENEDICTINE LIVING COMMUNITY	
Facility Address: 551 BYRON MAIN CT NE, BYRON, MN 55920	

☒ **TAG IDENTIFICATION: 0775**

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

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. 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. Where a fuel burning appliance is located in a bedroom or its attached bathroom, carbon monoxide detection shall be installed within the bedroom. Carbon monoxide detection can be provided by carbon monoxide alarms installed in dwelling or sleeping units or a carbon monoxide detection system installed in the room or space that contains the fuel-burning appliance. [Minn. Stat. 144G.45 subd. 2; MSFC 915]

   Comments: Facility didn't have carbon monoxide alarms in 30 resident rooms or alarms connected to the fire alarm panel at the source of fuel fire appliances.