Electronically Delivered

December 15, 2025

Licensee
Baikah Homes LLC
2016 Yellowstone Trail
Brooklyn Park, MN 55444

RE: Project Number(s) SL40042016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 5, 2025, 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,

Renee L. Anderson

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40042	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAIKAH HOMES LLC	2016 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444

(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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: SL40042016-0 On November 4, 2025, through November 5, 2025, 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 five residents; five receiving services under the provider's Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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. 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 4, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 485 SS=F	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee did not require a resident to include and pay for meals in the resident contract. This had the potential to affect all five (5) residents. 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	0 485		

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0 485	Continued From page 4 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R5 was admitted to licensee's assisted living facility on June 17, 2024. R5's service plan dated June 17, 2024, indicated R5 received services which included assistance with medication administration, vital sign monitoring, nursing assessments, personal care services, and 24-hour customized living services. R5's record contained a Resident Contract for Assisted Living dated June 17, 2024. The assisted living contract included the following section, indicating the meal plan: "subject to the Resident's needs, [licensee] will provide the following services, which are included in the basic monthly fee: 1. Food Service: Three (3) meals/day are served in the dining area as planned and prepared by [licensee] staff at the following times: 8:00 AM Breakfast 12:00 PM Lunch 5:00 PM Dinner". The contract lacked any language offering the resident the opportunity to opt out of one or more meals. On November 4, 2025, at 1:35 p.m., licensed assisted living director (LALD)-A stated resident contracts lacked the opportunity to opt out of meals. LALD-A further stated licensee's residents paid their rent using their social security check monies, and the rent amount included 3 meals per day and snacks. In addition, LALD-A stated the blank contract provided to the surveyor was the same contract used for all residents.	0 485		

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0 485	Continued From page 5 The licensee lacked policies to include the new Assisted Living Licensure requirements, that went into effect August 1, 2021. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (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. (b) The facility must maintain written evidence of compliance with this subdivision. 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). The licensee failed to ensure screening for active TB (either a two-step tuberculin skin test (TST) or	0 660		

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0 660	Continued From page 6 blood test) were completed and documented for one of three employees (unlicensed personnel (ULP-D). 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: The facility TB risk assessment dated August 1, 2025, lacked the facility TB transmission risk level, and indicated the facility TB risk level was a non-applicable (N/A). ULP-D was hired May 19, 2025, and provided direct cares and services for residents of the facility. ULP-D's employee record included a TB history and symptom screening form completed, May 20, 2025, and a negative first-step TST, which was read on April 9, 2025. ULP-D's employee record lacked a second-step TST skin test or blood test. On November 5, 2025, at 12:25 p.m., licensed assisted living director (LALD)-A stated she was unaware ULP-D did not have a second-step TST in her employee file, so she never sent ULP-D for her second TST test or a blood test. LALD-A further stated licensee had planned on partnering with another facility, so all employees could receive the QuantiFERON-TB Gold Plus (blood test).	0 660		

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0 660	Continued From page 7 The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013 noted training was required at the time of hire and included: pathogenesis, signs symptoms, and the licensee's infection control plan. In addition, baseline screening for all health care workers (HCW) included a history and symptom screen and testing for the presence of TB infection. The regulations noted a blood test should include the date of the test. According to the regulations, if a HCW had documentation for latent TB, that documentation could be substituted for documentation of a previous positive TST or blood test. The licensee's Tuberculosis Screening/Prevention policy, dated August 1, 2021, indicated the licensee would observe the recommend precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH). Furthermore, the precautions would include the following elements: 1. Baseline TB screening upon hire to test for infection with M. tuberculosis, which would include an assessment for TB history and current TB symptoms, and either TST (2-step) Mantoux or TB blood test. 2. If the first-step TST was negative, the second-step TST would be administered 1-3 weeks after the first TST result was read. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		

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0 775	Continued From page 8	0 775		
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 and interview, the licensee failed to comply with the provisions of Minnesota State Fire Code under MN Rules chapter 7511. This deficient condition had the ability to affect all staff and residents 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: On November 4, 2025, at approximately 1:00 p.m., the surveyor toured the facility with registered nurse (RN)-B. During the tour, the surveyor observed the following: 1. Extension cords were present throughout the facility in the bedrooms, and outlets had 3-way plugs with extension cords. An approved surge protected power strip shall be used to prevent overloading of the electrical outlets. On November 4, 2025, RN-B acknowledged the	0 775		

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0 775	Continued From page 9 observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R5 was admitted to licensee's assisted living facility on June 17, 2024.	0 970		

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0 970	Continued From page 10 R5's service plan dated June 17, 2024, indicated R5 received services which included assistance with medication administration, vital sign monitoring, nursing assessments, personal care services, and 24-hour customized living services. R5's record contained a Resident Contract for Assisted Living dated June 17, 2024. The assisted living contract included the following section, waiving the licensee's liability for the health and safety or personal property of the resident: "Miscellaneous Provisions 1. Insurance Liability and Release. The resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages, and shall provide evidence of same by copies of binders or policies provided to [licensee] upon request. Furthermore, the resident acknowledges that [licensee] is not an insurer of the resident's person or property." On November 4, 2025, at 1:55 p.m., licensed assisted living director (LALD)-A stated the contract R5 signed was the contract licensee had been using for all the current residents. LALD-A further stated the current contract was the one the consultant sent to licensee; however, licensee was aware the contract needed to be updated, but did not have a chance to remove all of the liability language in the current contract. The licensee lacked policies to include the new Assisted Living Licensure requirements, that went into effect August 1, 2021. No further information was provided.	0 970		

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0 970	Continued From page 11 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter	01060		

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	40042	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAIKAH HOMES LLC	2016 YELLOWSTONE TRAIL BROOKLYN PARK, MN 55444

(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	Continued From page 12 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation for one of one resident (R5). 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: R5 was admitted to licensee's assisted living facility on June 17, 2024. R5's service plan dated June 17, 2024, indicated R5 received services which included assistance with medication administration, vital sign monitoring, nursing assessments, personal care services, and 24-hour customized living services. The licensee's current resident roster dated November 4, 2025, indicated R5 had been	01060		

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01060	Continued From page 13 hospitalized within the past three (3) months. R5's nursing summary dated September 3, 2025, indicated R5 was sent to the emergency room on September 3, 2025, at 11:45 a.m., for low blood pressure and weakness. The nursing progress note further indicated licensed assisted living director/clinical nurse supervisor (LALD)-A called the hospital to check on R5's status, and was informed R5 had been admitted to the hospital for a potential blood transfusion. R5's nursing summary dated September 8, 2025, indicated R5 was discharged from the hospital, back to the facility on September 8, 2025, five (5) days after transfer from the facility to the hospital. R5's nursing summary dated September 15, 2025, indicated R5 had been experiencing stomach and back pain which subsequentially ended in LALD-A summoning 911, and R5 was taken to the hospital. R5's nursing summary dated September 25, 2025, indicated R5 was discharged from the hospital, back to the facility on September 24, 2025, nine (9) days after transfer from the facility to the hospital. R5's record lacked evidence, for both hospitalizations, that R5 and their representative were provided a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date	01060		

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01060	Continued From page 14 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; - 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. Further, R5's record lacked evidence the notification was also provided to the Office of Ombudsman for Long-Term Care when R5 had not returned to the facility within four days. On November 5, 2025, at 11:30 a.m., LALD-A stated R5's medical record lacked the required documentation noted above. LALD-A further stated R5 was only out of the facility for four (4) days during her hospitalization on September 3, 2025. Moreover, LALD-A stated licensee was moving to a new software system which would trigger the licensee when a resident was out of the facility; therefore, a resident's record would be closed automatically when they were out of the facility. The licensee's Discharge and Transfer of Residents policy dated August 14, 2025, indicated residents discharged or transferred form licensee would have a coordinated process for discharge or transition to another provider/setting. Furthermore, in the event of an emergency relocation, licensee would as soon as possible, provide written notice of emergency relocation to the following: - the resident; - the resident's legal representative; - the resident's designated representative; - if the resident receives home and community-based services, the resident's case	01060		

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01060	Continued From page 15 manager; - if the resident had been relocated and not returned to facility within four (4) days, the Office of Ombudsman for Long-Term Care; and - notice of the right to appeal the decision under 144G.54. In addition, the written notice would include the following: - the reason for the relocation: and, - the name and contact information for the location to which the resident has been relocated and any new service provider. Moreover, a copy of the written plan would be provided to the resident, and with the resident's consent, the resident's representative and case manager. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
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	01620		

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01620	Continued From page 16 conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and	01620		

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01620	Continued From page 17 reassessment, not to exceed 90-calendar days from the last date of the assessment for one of two residents (R5). 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). The findings include: R5 was admitted to licensee's assisted living facility on June 17, 2024. R5's service plan dated June 17, 2024, indicated R5 received services which included assistance with medication administration, vital sign monitoring, nursing assessments, personal care services, and 24-hour customized living services. R5's record included a 90-day reassessment completed by the RN on April 1, 2025, and a 90-day reassessment completed on July 1, 2025, which was 91 days after the previous assessment. R5's next 90-day reassessment was completed on October 2, 2025, which was 93 days from the previous reassessment. On November 5, 2025, at 11:45 a.m., RN-B stated R5's reassessments had not been completed timely. RN-B further stated he had completed the reassessments; however, miscalculated the days in-between assessments. Moreover, RN-B stated licensee was planning on moving to another software system which would alert the nurse when assessments would be due.	01620		

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01620	Continued From page 18 The licensee's Assessment and Reassessment policy dated August 14, 2023, indicated an initial evaluation of all new residents receiving assisted living services would be completed by a registered nurse in order to develop a personalized service plan. Furthermore, the assessments would be revised regularly and as appropriate. Moreover, ongoing resident reassessments would be conducted by an RN and would not exceed 90 days from the last date of assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all prescription medications were stored in securely locked and substantially constructed compartments, according to the manafacture's directions, and only authorized personnel was permitted to have access for one of three resident R2. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01880		

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01880	Continued From page 19 safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R2 was admitted to licensee's assisted living facility on March 15, 2019. R2's service plan dated August 25, 2023, indicated R2 was receiving services including personal cares, nursing assessments, medication set-up, medication administration, and vital sign monitoring. R2's November 2025, medication administration record indicated R2 was receiving Ozempic (used to improve blood sugar control) 2 milligram/dose subcutaneously (under the skin) every week for 28-days and Ozempic was last administered by licensee's direct care staff on November 5, 2025. On November 4, 2025, at 2:20 p.m., surveyor observed one box of R2's Ozempic injectable medication located in the licensee's unlocked community refrigerator, on the main floor of the facility. On November 4, 2025, at 2:22 p.m., licensed assisted living director (LALD)-A stated R2's medication was stored in the community refrigerator. LALD-A further stated licensee was not aware medications could not be stored in a refrigerator without a lock on it. Moreover, LALD-A stated there was a refrigerator in the facility basement, with a lock on it, and she would take R2's medication and place it in the	01880		

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01880	Continued From page 20 refrigerator that had a lock on it. The licensee's Storage/Control of Medications policy, dated August 14, 2023, indicated that when licensee was providing storage of medications outside of the resident's private living space, all prescription drugs would be securely locked in substantially constructed compartments, according to manufacturer's directions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Baikah Homes LLC
2016 Yellow Stone Trail
Brooklyn Park, MN 55444
Hennepin County
Parcel:

Phone:

License Info

License: 0042976

Risk:
License: -1
Expires on: 12/31/2024
CFPM: Jinah Hindolo
CFPM #: 107457; Exp: 7/29/2027

Inspection Info

Report Number: F8041251156
Inspection Type: Full - Single
Date: 11/4/2025 Time: 12:15 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

! New Order: 3-500D Microbial Control: disposition of food
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: PACKAGE OF DELI MEAT IN THE REFRIGERATOR WAS OPENED AND DATE MARKED MORE THAN 7 DAYS AGO (10/25). DELI MEAT WAS DISCARDED BY PIC DURING INSPECTION. DATE MARKING REQUIREMENTS REVIEWED.
Comply By: 11/4/2025 Originally Issued On: 11/4/2025

Food & Beverage General Comment

Inspection was completed with the food service manager. Rhonda Makela was the lead Health Regulation Division Nurse Evaluator.

This establishment has a residential kitchen and food is prepared for same day service only. The kitchen has laminate cabinetry with a hollow base, laminate countertop and vinyl flooring. All found to be in good condition. Kitchen has a separate hand sink and a two basin sink. There is also a freezer and dry storage located in the basement.

Residential dish machine has a sanitizing cycle option and achieved a utensil surface temperature of at least 160F for sanitizing.

Discussed the following:
- Employee illness policy and logging requirements
- Reporting foodborne illness complaints to the health dept.
- Handwashing
- Date marking
-Glove-use and bare hand contact
- Proper food storage
-Vomit clean-up procedures
- Restrictions concerning serving a highly susceptible population

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 F8041251156 from 11/4/2025

Jinah Hindolo

Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Baikah Homes LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F8041251156
Inspection Type: Full
Date: 11/4/2025
Time: 12:15 PM

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