



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 20, 2026

Licensee

ReliaCare Home Health, Inc.

751 Sherburne Avenue

Saint Paul, MN 55104

RE: Project Number(s) SL33534016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 26, 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

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environmentt - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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

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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>

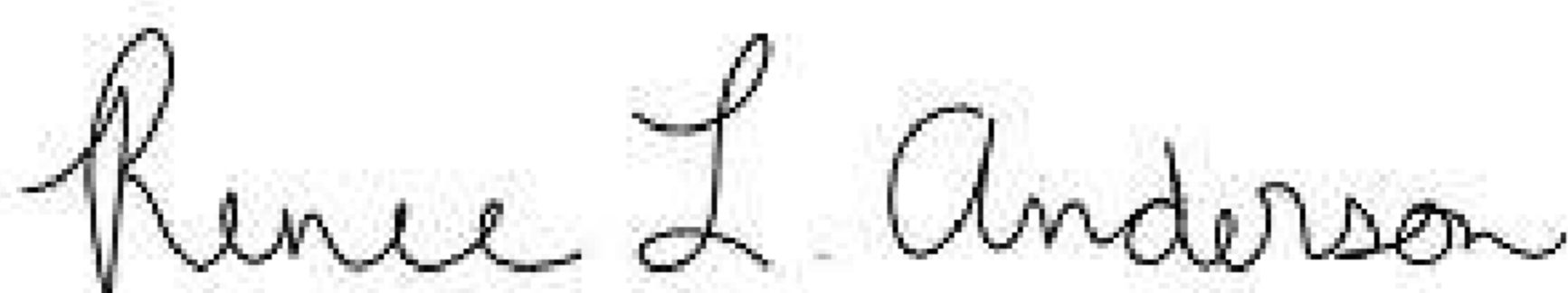
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms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

A handwritten signature in cursive script that reads "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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2026
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NAME OF PROVIDER OR SUPPLIER RELIACARE HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 SHERBURNE AVENUE SAINT PAUL, MN 55104
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL33534016-0</p> <p>On February 23, 2026, through February 26, 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 two residents; one on a leave of absence during survey and one resident receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 680	<p>Continued From page 1</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents receiving services under the assisted living license.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and</p>	0 680		
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0 680	<p>Continued From page 2</p> <p>is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On February 24, 2026, at 9:10 a.m., the surveyor requested the licensee's emergency preparedness plan for the facility.</p> <p>The licensee's emergency preparedness plan contained documentation of a Full-Scale Emergency Preparedness Exercise with the Minnesota (MN) Coalition dated September 16, 2025. The chosen hazard scenario was titled Shelter in Place due to community uprising. The documentation lacked a review of actions of staff or residents, and post exercise improvement plan.</p> <p>The licensee's plan, titled, "Emergency Preparedness in Assisted Living," dated as last reviewed on April 1, 2025, lacked the following required content:</p> <ul style="list-style-type: none"> -procedures for tracking evacuated residents and staff; -documentation of substinence needs for staff and residents; -a communication plan that included an arrangement with other facilities; and -emergency preparedness testing requirements. <p>On February 24, 2026, at 10:05 a.m., licensed assisted living director (LALD)-A stated the licensee only had a verbal arrangement with another provider in the event residents needed to be moved during an emergency or evacuation. LALD-A verbalized she was not aware the EPP lacked procedures for tracking residents and</p>	0 680		
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0 680	<p>Continued From page 3</p> <p>staff. LALD-A stated she would get a written agreement and update the EPP. Education provided. Also, LALD-A stated she planned to ensure the licensee's emergency training included the documentation of actions and response of staff and residents.</p> <p>The licensee's Emergency Preparedness policy dated August 1, 2021, indicated the licensee would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency. The policy further indicated that the EPP would be posted on each floor of the facility, and a disaster drill would be conducted and documented at least annually.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 680		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation, 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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a</p>	0 775		

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0 775	<p>Continued From page 4</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 25, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 775		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to</p>	0 780		

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0 780	<p>Continued From page 5</p> <p>operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 25, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 780		

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0 790	Continued From page 6	0 790		
0 790 SS=F	<p>144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment</p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 25, 2026, for the specific violations</p>	0 790		

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0 790	Continued From page 7 related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 800 SS=C	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Physical	0 800		

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0 800	Continued From page 8 Environment Inspection Report (PEIR) dated February 25, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is	0 810		

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0 810	<p>Continued From page 9</p> <p>not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, 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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 25, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal</p>	0 970		

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0 970	<p>Continued From page 10</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure assisted living contracts did not include language waiving the licensee's liability for health, safety, or personal property of a resident for one of one resident (R2).</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the residents 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).</p> <p>The findings include:</p> <p>R2 was admitted on February 18, 2022, with diagnoses including history of a stroke, post-traumatic stress disorder (PTSD), and depression.</p> <p>R2's signed Service Agreement dated February 18, 2026, indicated R2 received services including assistance with housekeeping, laundry, meals, safety checks, behavior management, and medication administration.</p> <p>R2's Assisted Living contract, dated February 18, 2022, included the following language indicating a waiver of licensee liability:</p>	0 970		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2026
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NAME OF PROVIDER OR SUPPLIER RELIACARE HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 SHERBURNE AVENUE SAINT PAUL, MN 55104
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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0 970	<p>Continued From page 11</p> <p>"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. The resident acknowledges that [Licensee] is not an insurer of the resident's person or property. The resident agrees that [Licensee] will not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of [Licensee] or its employees or agents. The resident hereby releases [Licensee] from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of [Licensee] or its employees or agents."</p> <p>On February 24, 2026, at 9:57 a.m., licensed assisted living director (LALD)-A stated she was not aware there was a waiver of liability in the contract. Also, LALD-A verbalized they used the same contract for all their locations and all residents. LALD-A verbalized she planned to have the contract updated and reviewed with all the residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2026
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NAME OF PROVIDER OR SUPPLIER RELIACARE HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 SHERBURNE AVENUE SAINT PAUL, MN 55104
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01820	Continued From page 12	01820		
01820 SS=F	<p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure there were current written or electronically recorded prescriptions as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility was managing for one of one resident (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 was admitted on February 18, 2022, with diagnoses including history of a stroke, post-traumatic stress disorder (PTSD), and depression.</p> <p>R2's signed Service Agreement dated February 18, 2026, indicated R2 received services including assistance with behavior management and medication administration.</p>	01820		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2026
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NAME OF PROVIDER OR SUPPLIER RELIACARE HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 SHERBURNE AVENUE SAINT PAUL, MN 55104
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01820	<p>Continued From page 13</p> <p>On February 24, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C assist R2 with medication administration.</p> <p>R2's medication administration record (MAR) for February 2026, indicated R2 was scheduled to take the following medications:</p> <ul style="list-style-type: none"> -amlodipine (for high blood pressure) 10 milligrams (mg), one tablet by mouth daily; -aspirin (a blood thinner) 81 mg, one tablet by mouth daily; -atorvastatin calcium (for high cholesterol) 80 mg, one tablet by mouth daily at bedtime; -Daily-Vite (a vitamin supplement) 400 micrograms (mcg), one tablet by mouth daily; -ezetimibe (for high cholesterol) 10 mg, one tablet by mouth daily; -fluoxetine hydrochloride (HCl, for depression) 40 mg, one tablet with a 20 mg tablet for total dose of 60 mg by mouth daily; -losartan potassium (for high blood pressure) functional class (F/C) 100 mg, one tablet by mouth daily; -naltrexone (for alcohol and opioid use disorders) HCl F/C 50 mg, one tablet by mouth daily; -polyethylene glycol (for constipation) 3350 17 grams (GM), dissolve in water, take by mouth daily; -prazosin (for high blood pressure) HCl 2 mg, one capsule by mouth daily at bedtime; and -quetiapine fumarate (an antipsychotic) 100 mg, one tablet with 50 mg tablet to equal 150 mg by mouth daily. <p>R2's records lacked current signed provider orders for the above-listed medications.</p> <p>On February 25, 2026, at 3:05 p.m., clinical nurse supervisor (CNS)-B, provided, via email, R2's medication prescriber orders, dated December</p>	01820		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2026
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NAME OF PROVIDER OR SUPPLIER RELIACARE HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 SHERBURNE AVENUE SAINT PAUL, MN 55104
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01820	<p>Continued From page 14</p> <p>30, 2025. The document lacked a manual or electronic signature of the prescriber.</p> <p>On February 26, 2026, at 8:06 a.m., CNS-B stated, via phone, she was aware of the signature requirements from the provider for all medications. CNS-B verbalized she sent, via email, the wrong ones over to the surveyor yesterday and planned to send the orders this morning.</p> <p>On February 26, 2026, at 9:04 a.m., CNS-B provided an email which indicated, "I will not start anything without a signature, but it appears that it was not with the rest of this document when it was scanned in. I have reached out for another signature this morning."</p> <p>On February 27, 2026, at 8:35 a.m., CNS-B provided, via email, R2's signed provider orders dated February 26, 2026 (completed during the survey).</p> <p>The licensee's 7.12 Medications - Prescribed, Not Prescribed & OTC (Over the Counter) policy, dated January 1, 2026, indicated, "[Licensee] requires a signed prescription for all medications the provider manages including over the counter and dietary supplements."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

Reliacare Home Health Inc
751 Sherburne Avenue
St Paul, MN 55104
Ramsey County
Parcel:

Phone:

License Info

License: HFID 33534

Risk:
License:
Expires on:
CFPM: David E. Youmans
CFPM #: 109334; Exp: 10/16/2027

Inspection Info

Report Number: F1021261059
Inspection Type: Full - Single
Date: 2/24/2026 Time: 11:27:03 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

All findings on this report were discussed with House Manager David Youmans.

This facility is a residential home and they currently have 1 client and the facility can have up to 5 clients.

Per conversation with kitchen staff, food is made for same-day service. No leftovers are kept.

Temperature indicator was on site showing that the dishwasher provides a utensil surface temperature of 160F or above.

The Certified Food Protection Manager (CFPM) certificate for David Youmans is shared between this facility and another residential establishment located on Thomas Avenue in St. Paul. CFPM certificates may only be shared between two residential establishments.

The kitchen has residential equipment, wood cabinets, laminate countertops, popcorn ceiling and painted drywall. Physical facility items will be monitored at future inspections.

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 F1021261059 from 2/24/2026

David Youmans
House Manager

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

Reliacare Home Health Inc
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1021261059
Inspection Type: Full
Date: 2/24/2026
Time: 11:27:03 AM

Equipment Temperature: Product/Item/Unit: Maytag Kitchen Refrigerator ; **Temperature Process:** Ambient Air

Location: Maytag Kitchen Refrigerator at 38 Degrees F.

Comment:

Violation Issued?: No

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

Location: Maytag Kitchen Refrigerator at 39 Degrees F.

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL33534016-0	Date: 2/25/2026
Facility Name: Reliacare Home Health Inc.	
Facility Address: 751 Sherburne Ave, St. Paul, MN 55104	

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. Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. [Minn. Stat. 144G.45 subd. 2; MSFC 604.4]

Comments:

An unapproved multiplug adapter was in use in the kitchen to power a microwave and other kitchen appliances. The multiplug adapter should be removed.

An unapproved multiplug adapter was in use to power a washer and dryer in the basement. The multiplug adapter should be removed.

3. Clothes dryers and their exhaust systems shall be cleaned as necessary to keep lint traps, exhaust ducts, and mechanical and heating components free from excessive lint accumulation. [Minn. Stat. 144G.45 subd. 2; MSFC 304.4]

Comments: The dryer ventilation plumbing was not properly attached to the clothes dryer in the basement. The disconnected plumbing allowed a significant amount of lint to build up behind the dryer which posed a fire hazard. Accumulated lint should be removed and dryer ventilation repaired and maintained in proper working order.

4. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its

presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

Comments: The rear door of the facility was designated as an emergency exit, but access to the door was obstructed by cloth and fabric sheets which had been hung over the door and been attached securely to the walls with tacks preventing ready access to the door in an emergency. During the survey the tacks and sheets of material were removed from the door. Means of egress should remain unobstructed to allow ready access for evacuation.

TAG IDENTIFICATION: 0780

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Listed single- and multiple-station smoke alarms complying with UL 217 shall be installed. [Minn. Stat. 144G.45 subd. 2; MSFC 907.2.10]

Comments: Many of the smoke alarm devices provided throughout the facility did not display any indication they were listed to underwriter laborites (UL) standards to comply with requirements. Licensee was unable to provide user manuals or UL listing information to the surveyor during the survey. The online user manual for the smoke alarm model provided did not indicate proper listing to UL standards. No further information was provided to the surveyor, and the requirements for smoke alarms could not be verified.

2. Smoke alarms shall be interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

Comments: Smoke alarms were not properly connected such that the activation of any smoke alarm would cause all other alarms to sound. None of the smoke alarms installed in the unoccupied 749 portion of the duplex were properly maintained as interconnected. There were at least two separate systems of smoke alarms in the occupied 751 side of the duplex, and smoke alarms were not properly interconnected. Smoke alarms must be properly interconnected and maintained in proper working order.

3. Single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests or exceed ten years from the date of manufacture. Smoke alarms shall be replaced with smoke alarms having the same type of power supply. [Minn. Stat. 144G.45 subd. 2; MSFC 1103.8.1]

Comments: A smoke alarm in the second-floor hallway of the occupied 751 side of the duplex was passed 10 years from manufacture and should be replaced. Many of the smoke alarms on the unoccupied 749 side of the duplex were inoperable or past 10 years from date of manufacture.

TAG IDENTIFICATION: 0790

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Portable fire extinguishers installed and maintained to MN State Fire Code. [Minn. Stat. 144G.45 subd.2]

Comments:

A sign was provided in the basement of occupied 751 side of the duplex indicating the location of an extinguisher, however no fire extinguisher was supplied in the area. The facility's fire safety and evacuation documents included instructions to utilize the basement extinguisher in an emergency. Fire extinguishers must be supplied and maintained where required and should be maintained in proper working order. The signage for the extinguisher was removed by facility staff during survey.

Extinguishers provided in the unoccupied 749 side of the duplex indicated a manufacture date of 2024 and no annual service tags were provided, nor were monthly staff inspections provided for extinguishers on this side of the duplex. All extinguishers must be maintained with current annual service tags and monthly visual inspections by facility staff.

TAG IDENTIFICATION: 0800

SCOPE/ SEVERITY: Level 1; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

Comments:

A junction box in the basement of the occupied 751 side of the duplex was uncovered with wires exposed. Electrical fixtures should be properly covered to avoid risk of shock.

The unit door to resident room 3 was damaged. The door should be repaired and maintained in proper condition.

The window frame on the egress window in resident room 5 was damaged, with loose nails and pieces of trim that were not properly attached to the wall.

The outlet cover was missing from the electrical outlet in resident room 5.

TAG IDENTIFICATION: 0810

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

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

Comments: The licensee failed to provide specific procedures for residents in the event of a fire or evacuation. The FSEP should include site specific information including fire protection procedures for residents.