



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

May 27, 2026

Licensee  
Orchard Path  
5400 157th Street West  
Apple Valley, MN 55124

RE: Project Number(s) SL33804016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 23, 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.

#### **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 - 0250 - 144g.20 Subdivision 1 - Conditions - \$500.00**

**St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$1,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,500.00**. 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

Orchard Path  
May 27, 2026  
Page 3

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](mailto: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](mailto:Jodi.Johnson@state.mn.us)  
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>33804</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ORCHARD PATH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5400 157TH STREET WEST APPLE VALLEY, MN 55124</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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><b>INITIAL COMMENTS:</b></p> <p><b>SL33804016-0</b></p> <p>On April 20, 2026, through April 23, 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 79 residents; 79 receiving services under the Assisted Living with Dementia Care license.</p> <p>1290: An immediate correction order was issued on April 21, 2026, at a level 3/Widespread (I). The licensee took immediate action; however, the scope and level remain at I.</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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 250 SS=F	<p><b>144G.20 Subdivision 1 Conditions</b></p> <p>(a) The commissioner may refuse to grant a</p>	0 250		

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

Minnesota Department of Health

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0 250	<p>Continued From page 1</p> <p>provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or staff of an assisted living facility:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;</p> <p>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a resident;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;</p> <p>(6) denies representatives of the department access to any part of the facility's books, records, files, or staff;</p> <p>(7) interferes with or impedes a representative of the department in contacting the facility's residents;</p> <p>(8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1;</p> <p>(9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department;</p> <p>(10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;</p> <p>(11) refuses to initiate a background study under</p>	0 250		

Minnesota Department of Health

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0 250	<p>Continued From page 2</p> <p>section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to cooperate with a survey when the licensee denied representatives of the Minnesota Department of Health (MDH) access to the independent living resident roster, records, and facility living areas.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's assisted living with dementia care license effective August 1, 2025, indicated a capacity of 87 assisted living with dementia care residents.</p>	0 250		

Minnesota Department of Health

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0 250	<p>Continued From page 3</p> <p>During the entrance conference on April 20, 2026, at 11:56 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B provided a resident roster that identified the licensee had a current census of 79 residents (21 in memory care and 58 assisted living receiving services). LALD-A stated there were also independent living residents that resided in the building, but the roster did not include those residents. The surveyor requested LALD-A to provide a new roster to include all residents living at the facility, including the independent living residents.</p> <p>On April 20, 2026, at 2:10 p.m., the surveyor received an email from LALD-A noting the licensee had been in communication with MDH leadership regarding an innovation variance and was unable to provide a roster to include the independent living residents because of this pending issue.</p> <p>On April 22, 2026, at 12:30 p.m., the engineer surveyor interviewed regional engineering manager (REM)-H. The engineer surveyor explained the itinerary of the engineering survey process which included going into resident apartments throughout the licensed area. REM-H stated there was a physical fire barrier separation between residents receiving and not receiving services. REM-H stated the licensee would not be granting access to any independent resident apartments because the licensee did not consider those areas to be part of the licensed assisted living area.</p> <p>On April 22, 2026, at 1:31 p.m., LALD-A stated independent living residents receive the same contract as assisted living and memory care</p>	0 250		

Minnesota Department of Health

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0 250	<p>Continued From page 4</p> <p>residents, except the address was different. LALD-A stated independent living residents reside at 5400 157th St. West, Apple Valley, MN and the assisted living and memory care residents reside at 5430 157th St West, Apple Valley, MN. The surveyor again requested a current roster of the independent living residents residing at the facility.</p> <p>On April 22, 2026, at 3:19 p.m., the surveyor received another email from LALD-A noting she was unable to supply a resident roster for the independent living residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 250		
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p>	01290		

Minnesota Department of Health

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01290	<p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was current and eligible on NETStudy 2.0 (web-based system for submitting background study requests to the Department of Human Services (DHS)) with the assisted living license for one of 131 employees (human resource manager (HRM)-F). This had the potential to affect all residents residing in the facility. This resulted in an immediate correction order issued on April 21, 2026.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>HRM-F was hired on August 7, 2001, and had unsupervised contact with the licensee's residents.</p> <p>The licensee's NETStudy 2.0 roster did not include HRM-F.</p> <p>There was no current background study in NETStudy 2.0 for HRM-F.</p> <p>On April 21, 2026, at 2:40 p.m., HRM-F stated he was not aware he was not listed on the NETStudy roster. HRM-F stated all employees in the facility must have a background study clearance and be</p>	01290		

Minnesota Department of Health

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01290	<p>Continued From page 6</p> <p>affiliated with the NETStudy roster.</p> <p>On April 21, 2026, at 2:59 p.m., licensed assisted living director (LALD)-A stated HRM-F was lacking a background study clearance and indicated she was not sure how this happened. LALD-A stated all employees were required to have a cleared background check before performing duties at the facility.</p> <p>The licensee's Background Check policy dated August 14, 2023, indicated the licensee complies with applicable local, state and federal laws pertaining to background checks.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>On April 21, 2026, the licensee took immediate action; however, the scope and level remains at I.</p>	01290		
01540 SS=D	<p>144G.64 (a) (3) Training in Dementia, Mental Illness, and De-</p> <p>(3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1)</p>	01540		

Minnesota Department of Health

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01540	<p>Continued From page 7</p> <p>must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct care staff received the required two hours of initial training on mental illness and de-escalation topics for one of one new employee (unlicensed personnel (ULP)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D was hired on December 16, 2025, to provide direct care services to the licensee's residents.</p> <p>On April 21, 2026, at 12:31 p.m., the surveyor observed ULP-D independently prepare and administer medications to R2</p> <p>ULP-D's training transcript included a one hour</p>	01540		

Minnesota Department of Health

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01540	<p>Continued From page 8</p> <p>training titled, Introduction to Mental Health 100. ULP-D's employee record lacked evidence of completing the required two hours of mental illness and de-escalation training.</p> <p>On April 23, 2026, at 9:31 a.m., the surveyor received an email from licensed assisted living director (LALD)-A indicating ULP-D's second hour of mental illness and de-escalation training was covered by a training titled, "Observing and Reporting." LALD-A provided an attachment to the email with the content of the one hour training. The training covered the following:</p> <ul style="list-style-type: none"> <li>- Cognitive and Physical Changes</li> <li>- Environmental</li> <li>- SAFE De-escalation Training</li> <li>- Self-Harm</li> <li>- Bed Assistive Devices</li> <li>- Falls</li> <li>- Narcan (Naloxone) Protocol</li> <li>- 911 Emergency</li> <li>- Returning from Hospital</li> </ul> <p>The one hour training was not exclusive to training on mental illness; although, it did include de-escalation training.</p> <p>The licensee's Dementia, Mental Illness, De-Escalation and Behavioral Health Training policy revised June 1, 2025, indicated:</p> <ol style="list-style-type: none"> <li>1. Initial Orientation             <ol style="list-style-type: none"> <li>b) Training on topics related to mental illness and de-escalation</li> </ol> </li> <li>2. Employees who have not completed their initial dementia, mental illness, and behavioral health training, including de-escalation training, will not provide direct care independently.</li> </ol> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	01540		

Minnesota Department of Health

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01540	Continued From page 9  (21) days	01540		
01760 SS=D	<p><b>144G.71 Subd. 8 Documentation of administration of medication</b></p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of four unlicensed personnel (ULP-D) administered the correct medication as prescribed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>33804</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ORCHARD PATH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5400 157TH STREET WEST APPLE VALLEY, MN 55124</b>
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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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01760	<p>Continued From page 10</p> <p>R2's service plan dated January 22, 2026, noted services including medication administration.</p> <p>R2's prescriber orders dated December 8, 2025, included orders for: - Refresh Cell Gel (lubricating eye gel) 1% instill thin layer of ointment into both eyes four times a day.</p> <p>R2's medication administration record (MAR) dated April 1, 2026, through April 22, 2026, included the same order for Refresh Cell Gel 1% (VisGuard) instill thin layer of ointment into both eyes four times daily.</p> <p>On April 21, 2026, at 12:31 p.m., the surveyor observed ULP-D prepare and administer medications to R2. ULP-D administered R2's oral medications, applied gloves, and administered Refresh Cell Gel 1% one drop into both of R2's eyes. When interviewed at this time, ULP-D stated it was the correct medication because the label stated it was to be administered four times daily as noted on MAR. ULP-D further indicated a thin layer of ointment was interchangeable to one eye drop and did not recognize the order did not match the medication.</p> <p>On April 22, 2026, at 12:01 p.m., registered nurse (RN)-J observed R2's medication cabinet with the surveyor. RN-J stated the eye drops administered by ULP-D were incorrect as they had been discontinued and should have been removed from cupboard. RN-J stated the VisGuard label was incorrect and should have had a direction change sticker on it to match the order in the MAR, which may have prevented the medication error.</p> <p>On April 23, 2026, at 10:06 a.m., clinical nurse</p>	01760		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>33804</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2026</b>
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01760	<p>Continued From page 11</p> <p>supervisor (CNS)-B stated staff should administer medications as prescribed and ask the nurse if they have questions with the medication and/or order.</p> <p>The licensee's Administration of Medication by Resident Assistant policy dated August 1, 2021, noted medications always need to be administered according to the "6 Rights":</p> <ul style="list-style-type: none"> <li>b. Right medication</li> <li>g. Right form of drug</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01820 SS=D	<p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the prescriber orders for one of five residents (R2) was complete.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p>	01820		

Minnesota Department of Health

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01820	<p>Continued From page 12</p> <p>The findings include:</p> <p>R2's service plan dated January 22, 2026, noted services including medication administration.</p> <p>R2's prescriber orders dated January 12, 2026, included: - Voltaren gel (topical pain medication); apply twice daily to left hip.</p> <p>R2's medication administration record (MAR) dated April 1, 2026, through April 22, 2026, included: - diclofenac (generic name for Voltaren); apply thin layer of ointment to left hip area twice daily.</p> <p>R2's record lacked the following: -complete prescriber orders to include the medication dose for the Voltaren gel as noted above.</p> <p>On April 23, 2026, at 10:53 a.m., registered nurse (RN)-J stated R2's Voltaren gel as listed above did not include the dose. RN-J further stated she would need to clarify the order with the prescriber for the dosage.</p> <p>On April 23, 2026, at 11:35 a.m., clinical nurse supervisor (CNS)-B stated orders need to include the dosage and R2's order was incomplete.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		
01890 SS=D	144G.71 Subd. 20 Prescription drugs	01890		

Minnesota Department of Health

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01890	<p>Continued From page 13</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the prescription label matched the order for one of five residents (R2) observed during medication administration.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2's service plan dated January 22, 2026, noted services including medication administration.</p> <p>R2's prescriber orders dated December 8, 2025, included orders for: - Refresh Cell Gel (lubricating eye gel) 1% instill thin layer of ointment into both eyes four times a day.</p> <p>R2's medication administration record (MAR) dated April 1, 2026, through April 22, 2026, included the same order for Refresh Cell Gel 1%</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 14</p> <p>(VisGuard) instill thin layer of ointment into both eyes four times daily.</p> <p>On April 21, 2026, at 12:31 p.m., the surveyor observed unlicensed personnel (ULP)-D administer the incorrect medication (Refresh Cell Gel 1% eye drops) into both of R2's eyes, not the VisGuard ointment as ordered. The VisGuard eye ointment had a label that directed to apply a small amount to both eyes at bedtime. The Refresh Cell Gel eye drops had a label that directed to instill one drop into both eyes four times daily. When interviewed at this time, ULP-D stated the Refresh Cell Gel eye drops were the correct medication because the label stated it was to be administered four times daily as noted on MAR. ULP-D further indicated a thin layer of ointment was interchangeable to one eye drop and did not recognize the order form did not match the medication.</p> <p>On April 22, 2026, at 12:01 p.m., registered nurse (RN)-J observed R2's medication cabinet with the surveyor. RN-J stated the eye drops administered by ULP-D were incorrect as they had been discontinued and should have been removed from the cupboard. RN-J stated the VisGuard label was incorrect and should have had a direction change sticker on it to match the order in the MAR which may have prevented the medication error.</p> <p>On April 23, 2026, at 10:06 a.m., clinical nurse supervisor (CNS)-B stated staff should administer medications as prescribed and ask the nurse if they have questions with the medication and/or order. CNS-B further stated the prescription labels should match the current prescriber orders and MAR.</p>	01890		

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01890	Continued From page 15  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01890		



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

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Orchard Path  
5400 157TH STREET WEST  
Apple Valley, MN 55124  
Dakota County  
Parcel:  
  
Phone:

### License Info

License: HFID 33804  
  
Risk:  
License:  
Expires on:  
CFPM: Marideth V. Wilson  
CFPM #: CFPM-56174; Exp:  
02/12/2028

### Inspection Info

Report Number: F1005261115  
Inspection Type: Full - Single  
Date: 4/21/2026 Time: 10:00 AM  
Duration: minutes  
Announced Inspection: No  
**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

INSPECTION COMPLETED WITH CULINARY DIRECTOR AND REVIEWED WITH HRD NURSING EVALUATOR SUSAN KALIS.

REVIEWED SYMPTOMS OF FOODBORNE ILLNESSES AND THE REQUIREMENT TO MAINTAIN AN EMPLOYEE ILLNESS LOG OF THOSE INSTANCES WHEN EMPLOYEES ARE ILL WITH VOMITING OR DIARRHEA "AND" IMMEDIATELY EXCLUDE FROM THE FOOD ESTABLISHMENT ANY FOOD EMPLOYEE ILL WITH VOMITING OR DIARRHEA. EMPLOYEES MUST BE EXCLUDED FOR AT LEAST 24 HOURS AFTER LAST SYMPTOM.

**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 F1005261115 from 4/21/2026

DARCY BOGREN  
CULINARY DIRECTOR

Jessica Davis, REHS  
Public Health Sanitarian 3  
651-201-3961  
jessica.davis@state.mn.us