Electronically Delivered

November 18, 2025

Licensee
Harmony Gardens
1440 County Road C East
Maplewood, MN 55109

RE: Project Number(s) SL39485016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 4, 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
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

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39485	A. BUILDING: _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY GARDENS	1440 COUNTY ROAD C EAST MAPLEWOOD, MN 55109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL39485016-0 On November 3, 2025, through November 4, 2025, 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 108 residents; 72 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 3, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24	0 480		

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0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
01290 SS=D	144G.60 Subdivision 1 Background studies required (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. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for one of three staff (unlicensed personnel (ULP)-F). 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	01290		

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01290	Continued From page 4 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 licensee's health identification number (HFID) was 39485. ULP-F was hired October 8, 2025, to provide direct services. On November 4, 2025, at 7:53 a.m., the surveyor observed ULP-F provide personal hygiene cares (brushing hair) to R3 in their room located in the secured memory care unit of the assisted living facility. ULP-F's record included a NETStudy 2.0 (a web-based system used for submitting background study requests to the Department of Human Services (DHS)) background clearance letter affiliated to HFID 492. HFID 492 was a transitional care unit (TCU) that was owned and operated by the same organization that owned and operated HFID 39485. ULP-F's record lacked a NETStudy 2.0 background study affiliated to HFID 39485. On November 4, 2025, at 10:43 a.m., human resource associate (HRA)-H stated they were responsible for the background studies for all employees. HRA-H stated background studies were conducted prior to staff being allowed to provide direct care services to residents. HRA-H stated each employee was required to have a background study affiliated to the HFID in which they were providing care. The surveyor observed	01290		

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01290	Continued From page 5 HRA-H review the licensee's NETStudy 2.0 roster for HFID 39485 and HRA-H stated ULP-F was not on that roster. The surveyor observed HRA-H review the NETStudy 2.0 roster for HFID 492 and HRA-H stated ULP-F was located on that roster. HRA-H stated it was an error for ULP-F not having a NETStudy 2.0 background check affiliated to HFID 39485. On November 4, 2025, at 10:53 a.m. licensed assisted living director (LALD)-D stated obtaining a NETStudy 2.0 background study was part of the hiring process for all staff. LALD-D stated staff could not provide direct care services without a cleared background study. LALD-D stated ULP-F's background study should have been affiliated to HFID 39485. LALD-D stated staff performed internal audits on background studies but that may not have occurred as ULP-F was hired in October 2025. LALD-D stated it was important to ensure ULP-F's background study was affiliated to HFID 39485. LALD-D stated they would have to perform an internal investigation to determine the cause of the situation but was likely human error. The licensee's Content of Employee Records-Assisted Living indicated a background check would be completed as required under statute 144G.057. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all	01880		

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01880	Continued From page 6 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 store prescription medication securely to permit only authorized personnel to have access. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On November 4, 2025, at 8:18 a.m., the surveyor observed the secured memory care unit of the assisted living facility consisted of a large open common area with three main sections: a kitchen and counter, a dining area, and living room area. Along the wall in the dining area was a medication cart. The surveyor observed ULP-F remove medication cards from the drawer and place medications into the medication cup for R4. ULP-F returned the medication cards back into the medication cart. There were several ambulatory residents sitting at a dining table near the medication cart. Without securing the medications in the medication cup, and with no staff in the vicinity to the medication cart, ULP-F	01880		

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01880	Continued From page 7 walked from the medication cart through the dining area to the kitchen area which was approximately 50 feet (') away. ULP-F had their back turned facing the wall in the kitchen and was unable to see the medications. On November 4, 2025, at 8:21 a.m., the surveyor observed ULP-F return to the medication cart, pick up the medications and walk into R4's room to administer the medications. On November 4, 2025, at 8:39 a.m., ULP-F stated they were trained to secure all the medications in the cart and were trained not leave the medications unsecured. ULP-F stated they did not take their eyes off the medications. On November 4, 2025, at 11:02 a.m., clinical nurse supervisor (CNS)-C stated staff were trained to place medications into a medication cup and not to leave the medications unsecured. CNS-C stated that was a "huge" safety risk as anyone could have taken the medications. CNS-C stated ULP-F should have secured the medications by placing them back into the medication cart or by bringing the medications with them. The licensee's Medication Administration policy with a revised date of October 20, 2025 indicated medications should be stored in locked cabinets or locked carts. 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

HARMONY GARDENS
1440 COUNTY ROAD C EAST
Maplewood, MN 55109
Ramsey County
Parcel:

Phone:
kris.almsted@cassialife.org

License Info

License: HFID 39485

Risk:
License:
Expires on:
CFPM: Brian Schaeffer
CFPM #: 13737; Exp: 2/11/2026

Inspection Info

Report Number: F1031251168
Inspection Type: Full - Single
Date: 11/3/2025 Time: 11am
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 4-400 Equipment Location and Installation
4-402.11A *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.
COMMENT:
1. SILICONE HAS BLACK SUBSTANCE ON/AROUND SOIL TABLE IN MAIN KITCHEN AND SKILLED NURSING KITCHEN.
REMOVE SILICONE, CLEAN AREA, AND RESILICONE WITH 100% SILICONE.

2. MEMORY CARE KITCHEN STAINLESS TABLES AND SINKS ARE NOT ATTACHED TO WALLS WITH SILICONE.
SILICONE ALL TABLES AND SINKS TO WALLS USING 100% SILICONE.

ENSURE THAT SILICONE IS PROPERLY APPLIED SO SILICIONE IS NOT SMEARED ON WALLS OR EQUIPMENT.
Comply By: 11/24/2025 Originally Issued On: 11/3/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11A *Priority Level: Priority 2 CFP#: 16*
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
COMMENT:
CAN OPENER AND 2 KNIVES IN PREP AREA FOUND WITH FOOD BUILDUP ON BLADE.
ALL ITEMS SENT TO DISH FOR CLEANING.
CHECK CAN OPENER FOR BLADE DEBRIS PRIOR TO USE AND CLEAN CAN OPENER AFTER USE DAILY.
Comply By: Complied On Site Originally Issued On: 11/3/2025

Food & Beverage General Comment

Establishment has full commercial kitchen with multiple areas:
1. Main Kitchen
2. Rose Dining*
3. Lily Dining*
4. Germanium Dining*
5. Memory Care Kitchen
6. Memory Care Front Area
7. Care Suites Dining*
*Have hand washing and refrigeration.

Discussed all violations with PIC.

Discussed
1. Cooling and reheating
2. Pasteurized eggs and no undercooked meats
3. Illness and illness log
4. Pests
5. US Foods (distributor)

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 F1031251168 from 11/3/2025

Brian Schaeffer
Exec. Chef

Chris Foster, REHS/RS
Public Health Sanitarian 3
651-201-4728
chris.j.foster@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

HARMONY GARDENS
Maplewood
County/Group: Ramsey County

Inspection Info

Report Number: F1031251168
Inspection Type: Full
Date: 11/3/2025
Time: 11am

Equipment Temperature: Product/Item/Unit: Ambient**; Temperature Process:** Ambient Air
Location: CresCor Warmer at 198 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Broccoli Cheese **; Temperature Process:** Hot-Holding
Location: Soup Warmer at 161 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: 1-Door Cooler 1 at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cole Slaw**; Temperature Process:** Cold-Holding
Location: 1-Door Cooler 2 at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Walleye**; Temperature Process:** Cooking
Location: Flattop at 180 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Burger**; Temperature Process:** Cold-Holding
Location: Under Griddle Table Drawer Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tomatoes; Sliced**; Temperature Process:** Cold-Holding
Location: Prep Cooler (top) at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tuna Salad**; Temperature Process:** Cold-Holding
Location: Prep Cooler (bottom) at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Ground Beef**; Temperature Process:** Hot-Holding
Location: Steam Table at 171 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** CK Noodle Soup**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Gravy**; Temperature Process:** Hot-Holding
Location: CresCor Warmer (skilled nursing) at 135 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Sour Cream**; Temperature Process:** Cold-Holding
Location: 2-Door Cooler (skilled nursing) at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Ground Beef**; Temperature Process:** Hot-Holding
Location: Steam Table (skilled nursing) at 168 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Ham**; Temperature Process:** Cold-Holding
Location: Prep Cooler (top) (skilled nursing) at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Egg Salad**; Temperature Process:** Cold-Holding
Location: Prep Cooler (bottom) (skilled nursing) at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient**; Temperature Process:** Ambient Air
Location: Refrigerator (rose dining) at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient**; Temperature Process:** Ambient Air
Location: Refrigerator (lily dining) at 37 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient**; Temperature Process:** Ambient Air
Location: Refrigerator (germanium dining) at 39 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient **; Temperature Process:** Ambient Air
Location: 1-Door Cooler (memory care) at 34 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient**; Temperature Process:** Ambient Air
Location: CresCor Warmer (memory care) at 150 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient**; Temperature Process:** Ambient Air
Location: Refrigerator (mem care front) at 36 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** Ambient**; Temperature Process:** Ambient Air
Location: Refrigerator (care suites) at 36 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

HARMONY GARDENS
Maplewood
County/Group: Ramsey County

Inspection Info

Report Number: F1031251168
Inspection Type: Full
Date: 11/3/2025
Time: 11am

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Main Kitchen **Equal To** 169.9 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: 3-Comp Sink **Equal To** 200 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen (skilled nursing) **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen (Memory Care) **Equal To** 164 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 200 PPM
Comment:
Violation Issued?: No