



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

Electronically Delivered

September 23, 2026

Licensee  
Midwest Residential Inc  
140 Maple Island Road  
Burnsville, MN 55306

RE: Project Number(s) SL37477016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 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 . . ."

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.

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

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>37477</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/26/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIDWEST RESIDENTIAL INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>140 MAPLE ISLAND ROAD<br/>BURNSVILLE, MN 55306</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                     |
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| 0 000                                                              | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL37477016-0</p> <p>On August 24, 2026, through August 26, 2026,<br/>the Minnesota Department of Health conducted a<br/>full survey at the above provider and the following<br/>correction orders are issued. At the time of the<br/>survey, there were five residents; five receiving<br/>services under the Assisted Living Facility license.</p> | 0 000                                                                  | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the<br/>far-left column entitled "ID Prefix Tag." The<br/>state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                     |
| 0 775<br>SS=E                                                      | 144G.45 Subd. 2. (a) Fire protection and physical<br>environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 775                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                     |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 775                                                              | <p>Continued From page 1</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:<br/>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 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                                                                                          |                                                                                                                          |  |                                                     |
| 0 800<br>SS=A                                                      | <p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 800                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 0 800                                                              | <p>Continued From page 2</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>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 one violation (a violation that will cause only minimal impact on the resident and does not affect 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> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 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> | 0 800                                                                  |                                                                                                                          |  |                                                     |
| 01620<br>SS=D                                                      | <p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01620                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01620                                                              | <p>Continued From page 3</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in</p> | 01620                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01620                                                              | <p>Continued From page 4</p> <p>the needs of the resident and cannot exceed 90 calendar days from the date of the last review.<br/>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment not to exceed 90 calendar days from the last assessment, for one of one resident (R1).</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>R1's Service Plan dated June 20, 2024, identified services included dressing, grooming, toileting, bathing, oral hygiene, transfers, mobility, medication administration, oxygen, BIPAP (bilievel positive airway pressure) machine, housekeeping, and laundry.</p> <p>R1's last three assessments were requested. Assessments completed and signed by the RN dated January 15, 2026, April 1, 2026, and July</p> | 01620                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01620                                                              | Continued From page 5<br><br>16, 2026, were provided. 106 days had passed between the April 2026, and July 2026 assessments, thus exceeding 90 calendar days.<br><br>On August 26, 2026, at 11:43 a.m., clinical nurse supervisor (CNS)-C reviewed R1's record and stated the July 2026, comprehensive assessment had been completed late.<br><br>The licensee's 6.01 Assessments, Reviews & Monitoring policy dated August 1, 2021, indicated:<br>3. Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 01620                                                                                          |                                                                                                                          |  |                                                     |
| 01640<br>SS=D                                                      | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.<br>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for                                                                                                                                                                                        | 01640                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01640                                                              | <p>Continued From page 6</p> <p>Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.<br/>(c) The facility must implement and provide all services required by the current service plan.<br/>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.<br/>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of one resident (R1).</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>During the entrance conference on August 24, 2026, at 1:07 p.m., clinical nurse supervisor (CNS)-C stated the licensee provided treatment and therapy services to residents as prescribed.</p> <p>R1's diagnoses included chronic obstructive pulmonary disease (COPD), congestive heart failure, and generalized muscle weakness.</p> <p>R1's medication administration record (MAR)</p> | 01640                                                                  |                                                                                                                          |  |                                                     |

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| 01640                                                              | <p>Continued From page 7</p> <p>dated August 2026, included the following treatments/therapies:</p> <ul style="list-style-type: none"><li>- Compression stockings: assist to put compression stockings on both legs in the AM &amp; take off at night</li><li>- Left knee brace: assist to put left knee brace on in the morning and to take it off at night</li><li>- Seated ankle pumps: remind and encourage R1 to do 10 to 20 seated ankle pumps in the morning before she puts the Aircast boot on, and another 10-20 in the evening when she takes it off.</li></ul> <p>On August 25, 2026, at 8:40 a.m., the surveyor observed unlicensed personnel (ULP)-D and ULP-E providing morning cares for R1. R1's left knee was observed to already have the knee brace in place. R1 stated she wore the brace during the day and staff removed it at bedtime. ULP-D asked R1 if she wanted to wear her aircast boot; R1 refused stating she hadn't worn it in a long time. ULP-D then applied diclofenac gel to R1's knees bilaterally; afterwards, ULP-E then applied R1's bilateral compression stockings.</p> <p>R1's Service Plan dated June 20, 2024, identified services included dressing, grooming, toileting, bathing, oral hygiene, transfers, mobility, medication administration, oxygen, BIPAP (bilievel positive airway pressure) machine, housekeeping, and laundry. The service plan did not include the above treatments/therapy.</p> <p>On August 25, 2026, at 4:03 p.m., licensed assisted living director (LALD)-B and clinical nurse supervisor (CNS)-C reviewed R1's service plan and stated it did not include the above treatments/therapy.</p> <p>The licensee's 6.08 Service Plan policy dated August 1, 2021, indicated:</p> | 01640                                                                                          |                                                                                                                          |  |                                                     |

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| 01640                                                              | Continued From page 8<br><br>3. Service plans shall be revised, if needed, based on resident reassessments and monitoring.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01640                                                                                          |                                                                                                                          |  |                                                     |
| 01760<br>SS=D                                                      | 144G.71 Subd. 8 Documentation of administration of medication<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered, failed to removed a discontinued as needed (PRN) nebulizer treatment from the medication administration record (MAR), and failed to document a PRN medication following administration for one of one resident (R1).<br><br>This practice resulted in a level two violation (a | 01760                                                                                          |                                                                                                                          |  |                                                     |

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| 01760                                                              | <p>Continued From page 9</p> <p>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>R1's diagnoses included chronic obstructive pulmonary disease (COPD), congestive heart failure, and generalized muscle weakness.</p> <p>R1's Service Plan dated June 20, 2024, identified services included, medication administration.</p> <p>R1's MAR dated August 2026, included the following:</p> <ul style="list-style-type: none"><li>- acetaminophen 500 mg (milligrams) tab (tablet). Take 2 (two) tablets (1000 mg) by mouth three times daily (6AM, 12PM, and 6 PM)</li><li>- arformoterol neb (nebulizer) 15/2 ml (milliliters). Nebulize and inhale 1 (one) vial twice daily (6AM and 8PM)</li><li>- budesonide 0.5mg/2ml Nebulize and inhale 1 vial (2ml) by mouth once daily (6AM)</li><li>- lidocaine 5% patch Apply 1 patch to clean, dry, hairless skin once daily. Remove old patch before applying new patch. Patch may remain in place for up to 12 hours in a 24 hour period.</li><li>- Remove lidocaine patch. Remove lidocaine patch from resident's skin at bedtime.</li><li>- Systane 0.4/0.3% ophth sol (ophthalmic solution) Instill one drop in both eyes every 3 (three) hours while awake (6AM, 9AM, 12 pm, 3PM, 6PM, 9PM)</li><li>- torsemide tab 100 mg Take one and one-half tablets (150mg) by mouth every morning (6AM)</li></ul> | 01760                                                                                          |                                                                                                                          |  |                                                     |

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| 01760                                                              | <p>Continued From page 10</p> <p>- albuterol neb 0.083% Nebulize and inhale 1 vial by mouth every 4 (four) hours as needed for shortness of breath, wheezing or cough</p> <p>- diclofenac gel 1% Apply 4 grams topically to each knee and lower back four times daily as need for moderate pain</p> <p>- polyeth glyc pow (polythelene glycol powder-Miralax - a laxative) 3350 NF (National Formulary) Mix 17 GM (grams) in liquid and drink by mouth twice daily until patient is having regular, soft stools. Then reduce to once daily.</p> <p>- albuterol sulfate HFA (hydrofluoroalkane, which is a safe chemical spray used to push the medicine out of the inhaler) 90 mcg (micrograms) 8.5 G (grams) Inhale 1-2 puffs into the lungs every 4 hours as needed for shortness of breath, wheezing or cough.</p> <p>R1's August 2026, MAR further indicated R1's lidocaine 5% patch had been applied the morning of August 24, 2026, and removed the evening of August 24, 2026.</p> <p>On August 25, 2026, at 7:44 a.m. unlicensed personnel (ULP)-D was observed setting up R1's 8:00 a.m. medications for administration. ULP-D placed all of the oral medications into a medication cup. Once all 8:00 a.m. medications had been set-up, ULP-D then returned all of R1's medications to the locked medication cabinet on R1's assigned shelf, and re-locked the cabinet. ULP-D stated R1 preferred to take her medications at the kitchen table once she was up and dressed for the day.</p> <p>On August 25, 2026, at 8:40 a.m. ULP-D entered R1's room to assist ULP-E with morning cares. Upon entering the room, R1 stated she wanted her albuterol nebulizer before getting up and out of bed for the day. ULP-D exited R1's room then reviewed R1's MAR which included the PRN</p> | 01760                                                                                          |                                                                                                                          |  |                                                     |

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| 01760                                                              | <p>Continued From page 11</p> <p>albuterol nebulizer order. ULP-D unlocked the medication cabinet and was unable to find R1's albuterol nebulizer medication. ULP-D then re-locked the medication cabinet, went into the dining room, and unlocked the medication refrigerator. ULP-D removed R1's prescribed arformoterol nebulizer medication from the refrigerator and showed it to the surveyor. The surveyor explained to ULP-D that this was not the PRN albuterol nebulizer that was indicated in R1's MAR; ULP-D agreed. The surveyor asked ULP-D what time R1 was supposed to receive her aformoterol nebulizer; ULP-D stated 6:00 a.m. The surveyor then asked ULP-D if R1 had received the aformoterol nebulizer at 6:00 a.m.; ULP-D stated he wasn't sure as it didn't come up on the electronic MAR to be administered. House manager (HM)-H and ULP-D then checked the medication cabinet one more time to try to locate R1's PRN albuterol nebulizer medication. In the process, HM-H spilled the medication cup with all of R1's set-up 8:00 a.m. medications. HM-H picked up the medications, ULP-D stated the medications would need to be destroyed and he would need to re-setup R1's 8:00 a.m. medications. Licensed assisted living director (LALD)-B proceeded to call the pharmacy to inquire about R1's PRN albuterol nebulizer order. ULP-D then returned to R1's room to assist ULP-E with morning cares. R1 stated to ULP-D that she wanted her diclofenac gel for her knees and had already asked for it previously. ULP-D then exited the room and obtained R1's PRN diclofenac gel from the locked medication cabinet; ULP-D did not check R1's MAR for a current order. ULP-D then returned to R1's room and applied the diclofenac gel to R1's knees and lower back. Prior to applying the diclofenac gel to R1's lower back, ULP-D removed a lidocaine patch from R1's lower back. ULP-E applied R1's</p> | 01760                                                                                          |                                                                                                                          |  |                                                     |

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| 01760                                                              | <p>Continued From page 12</p> <p>compression stockings to R1's lower legs after ULP-D had applied R1's diclofenac gel. ULP's then assisted R1 with sitting up on the edge of the bed. R1 stated she also wanted her lidocaine patch applied to her lower back. ULP-D explained that the night shift had not removed her lidocaine patch last evening therefore he could not put on a new patch. R1 then stated to the surveyor that she needed to have the patch off for 12 hours before a new one could be applied. ULP-D and ULP-D then proceeded to toilet and weigh R1 prior to bringing her out to the dining area for her breakfast and medications.</p> <p>On August 25, 2026, at 9:13 a.m. LALD-B stated she had checked with the pharmacy and R1's PRN albuterol inhaler had been discontinued. LALD-B further stated she would check with the clinical nurse supervisor (CNS)-C on this. At 9:14 a.m., ULP-D was observed to re-setup R1's oral medications as the previously setup medications had been spilled. The medications included Miralax powder. ULP-D stated R1 frequently refused this medication and would wait to see if she would accept it prior to setup.</p> <p>On August 25, 2026, at 9:40 a.m. ULP-D brought R1 her setup scheduled morning medications to the dining room table where R1 was seated, and placed them on the table in front of her. The medications include oral medications, an inhaler, and nasal spray. ULP-D asked R1 if she would like to take her Miralax and she stated "yes". R1 further requested to take her PRN albuterol inhaler. ULP-D then exited the dining room to look up the order for R1's PRN albuterol inhaler and also to measure out the Miralax powder. R1 had not yet taken all of her oral medications, or her scheduled inhaler and nasal spray. The surveyor observed R1 take the medications while</p> | 01760                                                                                          |                                                                                                                          |  |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIDWEST RESIDENTIAL INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>140 MAPLE ISLAND ROAD<br/>BURNSVILLE, MN 55306</b>                           |  |                                                     |
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| 01760                                                              | <p>Continued From page 13</p> <p>ULP-D was in the living room area at the desk looking up the prn inhaler and measuring out the Miralax. ULP-D was not in visual sight of R1 when the resident administered her medications independently. ULP-D then returned to the dining room with R1's scheduled Miralax and set it on the table for R1 to drink. R1 again asked for her PRN albuterol inhaler; ULP-D stated he needed to call the nurse first. ULP-D then exited the dining room and placed a call to CNS-C before administering the PRN albuterol inhaler.</p> <p>On August 25, 2026, at 10:30 a.m. LALD-B stated she had spoken to ULP-G who had worked the night shift. ULP-G indicated she had not given R1 any her scheduled 6:00 a.m. medications including the arformoterol and budesonide nebulizer medications as was told by HM-H the surveyor wanted to observe these; this information was not relayed to the day staff. LALD-B then contacted CNS-C and was advised to administer R1's arformoterol and budesonide nebulizer medications. ULP-D was observed to administer the scheduled 6:00 a.m. arformoterol and budesonide at 10:45 a.m.</p> <p>On August 25, 2026, at approximately 11:10 a.m. ULP-D was observed completing the final documentation of all medication he had administered for R1 that morning; this did not include documentation of the PRN diclofenac gel administered to R1's knees and lower back. When ULP-D had completed his documentation, the surveyor asked about the diclofenac gel. ULP-D stated he had forgotten to document administration of R1's diclofenac gel.</p> <p>On August 25, 2026, at 2:52 p.m. CNS-C stated for whatever reason the night shift thought the surveyor wanted to see all the morning cares and</p> | 01760                                                                  |                                                                                                                          |  |                                                     |

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| 01760                                                              | <p>Continued From page 14</p> <p>medications for R1 and that was why they didn't administer R1's 6:00 a.m. medications. CNS-C stated had they consulted LALD-B or himself they would have advised them to go ahead and administer the medications as ordered. CNS-C stated the failure to remove R1's lidocaine patch the night before and failure to administer R1's 6:00 a.m. medications this morning would be considered medication errors.</p> <p>CNS-B further stated staff were trained and expected, to remain with the resident when administering medications until all medications had been consumed, and to document medication administered immediately following medication administration for each resident.</p> <p>The licensee's 7.22 Medication &amp; Treatment Record - Documentation &amp; Refusal policy effective August 1, 2021, indicated:</p> <p>1) The following must be documented in the resident's medication and/or treatment/therapy records after providing medication assistance or administration:</p> <ul style="list-style-type: none"><li>a. The date,</li><li>b. The time,</li><li>c. The quantity of dosage,</li><li>d. The method of administration of all prescribed legend and over-the-counter medications and or treatment/therapy</li><li>e. Signature and title of the authorized person who provided the assistance and/or administration of medications/treatment/therapy</li></ul> <p>2) If medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.</p> <p>3) Documentation of</p> | 01760                                                                  |                                                                                                                          |  |                                                     |

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| 01760                                                              | Continued From page 15<br><br>medication/treatment/therapy reminders,<br>medication/treatment/therapy assistance or<br>medication/treatment/therapy administration will<br>be completed by the person who performed the<br>task immediately after the medication<br>assistance/administration is completed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01760                                                                                          |                                                                                                                          |  |                                                     |
| 01820<br>SS=D                                                      | 144G.71 Subd. 13 Prescriptions<br><br>There must be a current written or electronically<br>recorded prescription as defined in section<br>151.01, subdivision 16a, for all prescribed<br>medications that the assisted living facility is<br>managing for the resident.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview and record<br>review, the licensee failed to ensure a current<br>written or electronically recorded prescription was<br>obtained for all medications the provider had<br>managed for one of one resident (R1).<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death), and<br>was issued at an isolated scope (when one or a<br>limited number of residents are affected or one or<br>a limited number of staff are involved, or the<br>situation has occurred only occasionally).<br><br>The findings include: | 01820                                                                                          |                                                                                                                          |  |                                                     |

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| 01820                                                              | <p>Continued From page 16</p> <p>R1's diagnoses included chronic obstructive pulmonary disease (COPD) and congestive heart failure.</p> <p>R1's Service Plan dated June 20, 2024, identified services included, medication administration.</p> <p>R1's Medication Administration Record (MAR) dated August 2026 included the following:<br/>- Calcium 600 + D High Potency 600-10 mg-mcg (milligrams-micrograms) tabs (tablets). NatureMade Calcium+D tablets. In bottle. Resident purchases OTC (over the counter). Take one table by mouth one to two times a day.<br/>- Vitamin C CHEW. VitaFusion Power C gummies. In bottle. Resident purchases OTC. Take three gummies by mouth once a day.</p> <p>On August 25, 2026, at 9:14 a.m. unlicensed personnel (ULP)-D was observed setting up and administering R1's morning medications including the calcium + D and vitamin C chewable gummies.</p> <p>R1's record did not include a current provider order for the above medications.</p> <p>On August 26, 2026, at 8:40 a.m. licensed assisted living director (LALD)-B stated the provider orders for R1's calcium + D and vitamin C gummies had expired. LALD-B further stated the licensee obtained provider order for all medications administered including OTC medications.</p> <p>The licensee's 7.12 Medications - Prescribed, Not Prescribed &amp; OTC policy effective August 1, 2021 indicated: [Licensee name] will determine whether the facility shall require a prescription for</p> | 01820                                                                                          |                                                                                                                          |  |                                                     |

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| 01820                                                              | Continued From page 17<br><br>all medications the provider manages. The facility will inform the resident whether the facility requires a prescription for all over the counter and dietary supplements before the facility agrees to manage those medications.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01820                                                                  |                                                                                                                          |  |                                                     |
| 01890<br>SS=D                                                      | 144G.71 Subd. 20 Prescription drugs<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label for one of one resident (R1) observed during medication administration.<br><br>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). | 01890                                                                  |                                                                                                                          |  |                                                     |

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| 01890                                                              | <p>Continued From page 18</p> <p>The findings include:</p> <p>R1's medication administration record (MAR) dated August 2026, included:</p> <ul style="list-style-type: none"><li>- Spiriva Respimat 2.5 mcg inhale two puffs into the lungs once daily</li></ul> <p>On August 25, 2026, at 7:44 a.m. unlicensed personnel (ULP)-D was observed setting up medications to administer for R1 including the Spiriva Respimat inhaler; the inhaler did not include a pharmacy label. When interviewed immediately following the observation, ULP-D stated the inhaler probably came with a label on the box, but could not locate the box the inhaler came in.</p> <p>On August 25, 2026, at 2:52 p.m. clinical nurse supervisor (CNS)-C stated the box the inhaler came in probably had the pharmacy label on it though it had not been saved.</p> <p>The 7.13 Medications - Prescription Drugs &amp; Prohibition policy dated August 1, 2021, indicated: When receives a prescription drug, prior to being set up for immediate or later administration, the prescription drug 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>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p> | 01890                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01940                                                              | Continued From page 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01940                                                                                          |                                                                                                                          |  |                                                        |
| 01940<br>SS=D                                                      | <p><b>144G.72 Subd. 3 Individualized treatment or therapy managemen</b></p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one</p> | 01940                                                                                          |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIDWEST RESIDENTIAL INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>140 MAPLE ISLAND ROAD<br/>BURNSVILLE, MN 55306</b> |                                                                                                                          |  |                                                        |
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| 01940                                                              | <p>Continued From page 20</p> <p>resident (R1).</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>During the entrance conference on August 24, 2026, at 1:07 p.m., clinical nurse supervisor (CNS)-C stated the licensee provided treatment management services to residents, including compression stockings and orthotic braces.</p> <p>R1's medication administration record (MAR) dated August 2026, included the following treatments/therapies:</p> <ul style="list-style-type: none"><li>- Compression stockings: assist to put compression stockings on both legs in the AM &amp; take off at night</li><li>- Left knee brace: assist to put left knee brace on in the morning and to take it off at night</li><li>- Seated ankle pumps: remind and encourage R1 to do 10 to 20 seated ankle pumps in the morning before she puts the Aircast boot on, and another 10-20 in the evening when she takes it off.</li></ul> <p>On August 25, 2026, at 8:40 a.m., the surveyor observed unlicensed personnel (ULP)-D and ULP-E providing morning cares for R1. R1's left knee was observed to already have the knee brace in place. R1 stated she wore the brace during the day and staff removed it at bedtime. ULP-D asked R1 if she wanted to wear her</p> | 01940                                                                                          |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| 01940                                                              | <p>Continued From page 21</p> <p>aircast boot; R1 refused stating she hadn't worn it in a long time. ULP-D then applied diclofenac gel to R1's knees bilaterally; afterwards, ULP-E then applied R1's bilateral compression stockings.</p> <p>R1's records lacked a treatment management plan to include the following required content:</p> <ul style="list-style-type: none"><li>- procedures for notifying a registered nurse when a problem arose with treatments or therapy services</li></ul> <p>On August 25, 2026, at 4:03 p.m., CNS-B reviewed R1's record and stated it did not include direction to staff on when to contact the RN when problems arose with the above treatments.</p> <p>The licensee's 7.05 Treatment &amp; Therapy Management Plan policy effective August 1, 0221, indicated:</p> <ol style="list-style-type: none"><li>1. [Licensee name] will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:<ul style="list-style-type: none"><li>d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services.</li></ul></li></ol> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01940                                                                                          |                                                                                                                          |  |                                                     |
| 01970<br>SS=D                                                      | <p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01970                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01970                                                              | <p>Continued From page 22</p> <p>description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of one resident (R1) receiving treatments.</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>R1's diagnoses included chronic obstructive pulmonary disease (COPD), congestive heart failure, and generalized muscle weakness.</p> <p>R1's medication administration record (MAR) dated August 2026, included the following treatments/therapies:</p> <ul style="list-style-type: none"><li>- Compression stockings: assist to put compression stockings on both legs in the AM &amp; take off at night</li><li>- Left knee brace: assist to put left knee brace on in the morning and to take it off at night</li><li>- Seated ankle pumps: remind and encourage R1 to do 10 to 20 seated ankle pumps in the morning</li></ul> | 01970                                                                  |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 01970                                                              | <p>Continued From page 23</p> <p>before she puts the Aircast boot on, and another 10-20 in the evening when she takes it off.</p> <p>On August 25, 2026, at 8:40 a.m., the surveyor observed unlicensed personnel (ULP)-D and ULP-E providing morning cares for R1. R1's left knee was observed to already have the knee brace in place. R1 stated she wore the brace during the day and staff removed it at bedtime. ULP-D asked R1 if she wanted to wear her aircast boot; R1 refused stating she hadn't worn it in a long time. ULP-D then applied diclofenac gel to R1's knees bilaterally; afterwards, ULP-E then applied R1's bilateral compression stockings.</p> <p>R1's medical record lacked evidence of a prescriber order for the above treatments/therapy.</p> <p>On August 26, 2026, at 10:04 a.m., licensed assisted living director (LALD)-B stated clinical nurse supervisor (CNS)-C was unable to locate evidence of current provider orders for the above treatments/therapy.</p> <p>The licensee's 7.18 Medication &amp; Treatment Orders - Renewal policy dated August 1, 2021, indicated: Residents who receive medication management services by [licensee name] will have a current physician prescribed medication or treatment/therapy orders on record. Medication and treatment orders must be renewed at least every 12 months or more frequently as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01970                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 02320                                                              | Continued From page 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 02320                                                                                          |                                                                                                                          |  |                                                        |
| 02320<br>SS=D                                                      | <p><b>144G.91 Subd. 4 (b) Appropriate care and services</b></p> <p>(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure delegated procedures were followed for one of one resident (R1) 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>R1's diagnoses included chronic obstructive pulmonary disease (COPD), congestive heart failure, and generalized muscle weakness.</p> <p>R1's Service Plan dated June 20, 2024, identified services included medication administration.</p> <p>On August 25, 2026, 7:44 a.m., the surveyor observed unlicensed personnel (ULP)-D setting up R1's 8:00 a.m. medications which included</p> | 02320                                                                                          |                                                                                                                          |  |                                                        |

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| 02320                                                              | <p>Continued From page 25</p> <p>oral medications, eye drops, an inhaler, and nasal spray.<br/>At 9:14 a.m., ULP-D re-setup R1's oral medications as the previously setup oral medications had been spilled. The medications included Miralax powder (a laxative) to be mixed in liquid. ULP-D stated R1 frequently refused this medication and would wait to see if she would accept it prior to setup.<br/>At 9:40 a.m., ULP-D brought R1 her setup scheduled morning medications to the dining room table where R1 was seated, and placed them on the table in front of her. The medications included oral medications, an inhaler, and nasal spray. ULP-D asked R1 if she would like to take her Miralax and she stated "yes". R1 further requested to take her as needed (PRN) albuterol inhaler. ULP-D then exited the dining room to look up the order for R1's PRN albuterol inhaler and also to measure out the Miralax powder. R1 had not yet taken all of her oral medications, or her scheduled inhaler and nasal spray. The surveyor observed R1 take the medications while ULP-D was in the living room area at the desk looking up the PRN inhaler and measuring out the Miralax. ULP-D was not in visual sight of R1 when R1 administered her medications independently. ULP-D then returned to the dining room with R1's scheduled Miralax and set it on the table for R1 to drink. R1 again asked for her PRN albuterol inhaler; ULP-D stated he needed to call the nurse first. ULP-D then exited the dining room and placed a call to CNS-C before administering the PRN albuterol inhaler.</p> <p>On August 25, 2026, at 2:52 p.m., clinical nurse supervisor (CNS)-C stated staff were trained and expected, to remain with the resident when administering medications until all medications</p> | 02320                                                                                          |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| 02320                                                              | Continued From page 26<br><br>had been consumed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days | 02320                                                                                          |                                                                                                                          |  |                                                        |



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

MIDWEST RESIDENTIAL INC  
140 MAPLE ISLAND ROAD  
Burnsville, MN 55306  
Dakota County  
Parcel:  
  
Phone:

### License Info

License: HFID 37477  
  
Risk:  
License:  
Expires on:  
CFPM: Susie Johnson  
CFPM #: 28090; Exp: 9/26/2027

### Inspection Info

Report Number: F1018261132  
Inspection Type: Full - Single  
Date: 8/24/2026 Time: 8:14:50 AM  
Duration: minutes  
Announced Inspection:  
Total Priority 1 Orders: 0  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery:

No orders were issued for this inspection report.

## Food & Beverage General Comment

Inspection conducted with Wendy Buckholz (MDH) present.

Facility is a residential home with residential equipment and finishes. There are currently 4 residents in the home.

Facility does all same day service of foods.

Kitchen has a dishwasher with sanitize function available. High temp thermometer showed that appropriate temperature was achieved.

Sink has two basins with one for hand washing and one for food prep.

Floors are tile, walls are tile and painted, ceiling is popcorn style.

Equipment is stainless steel.

Cabinets are wood and counter tops are laminate.

Facility has a thermometer for checking food temperatures.

Discussed employee illness, and pest control. Viewed illness log.

No orders issued.

**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 F1018261132 from 8/24/2026**

*Rebecca Prestwood*

---

Christopher Oboka  
Facility Manager

Rebecca Prestwood, REHS  
Public Health Sanitarian 3  
651-201-3777  
rebecca.prestwood@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          | Inspection Info            |
|-----------------------------|----------------------------|
| MIDWEST RESIDENTIAL INC     | Report Number: F1018261132 |
| Burnsville                  | Inspection Type: Full      |
| County/Group: Dakota County | Date: 8/24/2026            |
|                             | Time: 8:14:50 AM           |

**Food Temperature:** **Product/Item/Unit:** deli meat; **Temperature Process:** Cold-Holding  
**Location:** Refrigerator at 40 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

Page: 1

| Establishment Info          | Inspection Info            |
|-----------------------------|----------------------------|
| MIDWEST RESIDENTIAL INC     | Report Number: F1018261132 |
| Burnsville                  | Inspection Type: Full      |
| County/Group: Dakota County | Date: 8/24/2026            |
|                             | Time: 8:14:50 AM           |

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Kitchen **Equal To** 170 Degrees F.

Comment:

*Violation Issued?: No*

## Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                                      |                        |
|----------------------------------------------------------------------|------------------------|
| <b>Project No:</b> SL37477016-0                                      | <b>Date:</b> 8/25/2026 |
| <b>Facility Name:</b> Midwest Residential Inc                        |                        |
| <b>Facility Address:</b> 140 Maple Island Road, Burnsville, MN 55306 |                        |

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☒ **TAG IDENTIFICATION: 0775**

**SCOPE/ SEVERITY:** Level 2; Pattern

**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. Egress doors shall be readily operable from the egress side without the use of a key or special knowledge. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9]

*Comments: The lower-level bathroom had a hasp lock installed on the outside of the door.*

3. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

*Comments: In resident room 2 there was a refrigerator plugged into an extension cord. Appliances shall be plugged directly into an outlet receptacle.*

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☒ **TAG IDENTIFICATION: 0800**

**SCOPE/ SEVERITY:** Level 1; Isolated

**TIME PERIOD OF CORRECTION:** Twenty One (21) 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: The Southwest fence near the gate was leaning into the yard.*