Electronically Delivered

October 15, 2025

Licensee
Amira Choice Roseville
2996 Cleveland Avenue North
Roseville, MN 55113

RE: Project Number(s) SL28965016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 16, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00
St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environmen - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each

matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28965	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIRA CHOICE ROSEVILLE	2996 CLEVELAND AVENUE NORTH ROSEVILLE, MN 55113

(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: SL28965016-0 On September 15, 2025, through September 16, 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 78 residents; 63 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food	0 480		

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

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0 480	Continued From page 2 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 had the potential to affect all residents of the assisted living facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 16, 2025, for the specific Minnesota Food Code deficiencies. The Inspection Report was provided to the licensee on September 16, 2025. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complied with accepted health care, medical and nursing standards for infection control for one of three (unlicensed personnel (ULP)-C). The deficient practice had the potential to affect all residents, employees, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 510		

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0 510	Continued From page 4 The findings include: On September 16, 2025, at 7:24 a.m., the surveyor observed ULP-C provide cares for R4. ULP-C washed their hands with soap and water then applied gloves. ULP-C removed R4's brief; they did not wipe R4's peri (genital to anus) area; they handled the used brief which was not visibly soiled. ULP-C did not remove their gloves or perform hand hygiene. With soiled gloves, they applied a new brief and applied R4's pants while in bed. ULP-C picked out an outfit for R4, and transferred R4 onto the toilet and pulled down R4's brief. With the same soiled gloves, ULP-C made R4's bed handling R4's pillow and blanket. ULP-C removed their gloves, which was the first time ULP-C removed their gloves during R4's cares. ULP-C left the room to get more gloves from the medication cart down the hallway; ULP-C did not perform hand hygiene. ULP-C returned to R4's room and applied new gloves without performing hand hygiene. ULP-C then assisted R4 in pulling up their brief and pants, and transferred R4 into their w/c. While wearing the same soiled gloves and without performing hand hygiene, ULP-C turned on the bathroom sink and prepared R4's toothbrush and handed it to R4 who began to brush their teeth independently. ULP-C handled R4's cup next to the bathroom sink and filled it with water for R4. ULP-C left the room and removed their gloves. Without performing hand hygiene, ULP-C applied another new pair of gloves. With soiled gloves, ULP-C returned to the bathroom and cleaned R4's toothbrush by rinsing it under running water and used their thumb to go over the toothbrush bristles to get any remaining toothpaste off of it. ULP-C wet a washcloth and wiped down R4's face and brushed their hair. ULP-C removed their gloves and handled the wet washcloth and hung it	0 510		

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0 510	Continued From page 5 on the hand towel rack in the bathroom. Without performing hand hygiene, ULP-C applied a new pair of gloves and opened R4's door for them so they could wheel themself down to breakfast. ULP-C removed their gloves in the unit dining room and washed their hands, which was the first time ULP-C had performed hand hygiene since R4's cares began. On September 16, 2025, at 7:55 a.m., ULP-C stated they were trained on appropriate hand hygiene between glove changes. ULP-C stated they forgot to perform hand hygiene, but it was also difficult to do hand hygiene while providing cares. ULP-C stated they only had a big bottle of hand sanitizer at their medication cart and wasn't convenient due to its size. On September 16, 2025, at 1:43 p.m., clinical nurse supervisor (CNS)-A stated their expectation was for hand hygiene to be completed before cares, between gloves changes, and after cares and staff were trained to do so. CNS-A stated ULP-C should have performed hand hygiene after changing R4's brief, even if it was dry. CNS-A stated R4 was frequently incontinent, and the brief may have been soiled. CNS-A stated they have small portable bottles of hand sanitizer the ULP's should be using. The licensee's Standard Infection Control Precautions policy dated August 1, 2022, indicated: "Staff will wear clean gloves when touching blood, body fluids, feces, non-intact skin, mucous membranes, or contaminated items. -Change gloves between tasks and procedures on the same client after contact with material that may contain a high concentration of microorganisms.	0 510		

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0 510	Continued From page 6 -Remove gloves promptly after use, and before touching non-contaminated items, environmental surfaces, self, or other clients. -Wash hands after removing gloves." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 510		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On March 18, 2025, from 10:00 a.m. to 11:00 a.m. the surveyor toured the facility with licensed	0 775		

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0 775	Continued From page 7 assisted living director (LALD)-A. The following was observed. The first-floor data room door leading to the common hallway was propped in the open position. The door is a marked fire rated door. M-G stated that it is normally kept in the open position. The second-floor double doors to enhanced care would not close and latch. Swinging fire doors shall close from the full-open position and latch automatically. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for two of three residents (R3, R4) with a transfer belt. 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	02310		

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02310	Continued From page 8 cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R3 R3's Service Plan dated May 22, 2025, indicated R3 received services for physical assist of one for toileting (including transfer assist) and ambulation physical assist of one with the use of a transfer belt. R4 R4's Service Plan dated August 28, 2025, indicated R4 received services for physical assist of one for toileting (including transfer assist) and transfer setup with walker. On September 16, 2025, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-C transfer R4 from their bed into their wheelchair (w/c); ULP-C did not use a transfer belt. On September 16, 2025, at 8:14 a.m., the surveyor observed ULP-F perform cares for R3. The surveyor observed ULP-F attempt to transfer R3 from their bed to use their walker. ULP-F could not find a transfer belt and left the room to find one. ULP-F returned without a transfer belt as they could not find one. R3 stated they needed to use the bathroom urgently. ULP-F called to have someone bring a transfer belt to them, ULP-F stated one of the nurses was bringing one. R3 could not wait any longer to use the bathroom and stood up to use their walker, ULP-F assisted R3 without a transfer belt to the bathroom. Licensed practical nurse (LPN)-J then arrived	02310		

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02310	Continued From page 9 with a transfer belt and provided it to ULP-F. ULP-F apologized for being unable to find a transfer belt; they stated it was challenging to do transfer correctly when transfer belts were not readily available. ULP-F used the transfer belt to transfer R3 into their w/c. On September 16, 2025, at 12:00 p.m., ULP-C stated they were trained they only needed to use a transfer belt for certain residents. ULP-C stated R4 required the use of a transfer belt for their transfers; they stated they did not use a transfer belt during the surveyor's observation but should have. ULP-C stated the resident's service plan instructed them weather or not they needed to use a transfer belt. On September 16, 2025, at 12:03 p.m., ULP-F stated they were trained that a resident only required the use of a transfer belt if a resident's service plan instructed staff to use one; they stated they felt it was safest to always use one if a transfer assist was required. ULP-F stated an effective safe transfer assist does not work without a transfer belt. On September 16, 2025, at 1:27 p.m., LPN-J stated ULPs should follow a resident's service plan as to when to use a transfer belt. LPN-J stated R3 had a transfer belt but was not sure where it went; if someone regularly required transfer assists they would have a dedicated transfer belt. LPN-J stated staff were not issued transfer belts but there were some available in the medication carts. On September 16, 2025, at 1:43 p.m., clinical nurse supervisor (CNS)-A stated all one-person transfer assists, should be completed with a transfer belt. The surveyor explained LPN-J,	02310		

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02310	Continued From page 10 ULP-C, and ULP-F thought they were only required to use a transfer belt if a resident's service plan indicated it was needed; CNS-A stated that was inaccurate. CNS-A stated the transfer training document provided to the surveyor indicated staff were trained to apply a transfer belt to the resident being transferred. The licensee's Transfer training form, undated, indicated: "Transfer from Sitting to Standing 1. Examine height of the chair to make sure it is at an appropriate height 2. Resident to wear shoes. 3. Lock wheelchair brake. 4. Resident to use a walker for transfer if they use one when walking. 5. Apply transfer belt 6. Instruct resident not to pull up on walker to stand (unless approved by PT). 7. Instruct resident to be in the scoot forward position (buttock at edge of chair). 8. Instruct resident to be in the lean forward position (resident's nose past their knees) when standing. 9. Instruct resident to push from armrests up, to assist in standing 10. Use transfer belt correctly by coming up from the bottom with palm facing towards the resident. 11. Use proper body mechanics 12. While the resident is pushing up from the armrests, assist the resident to a standing Transfer from Wheelchair/Chair to Bed 1. Caregiver to examine height of the bed and make sure it is at an appropriate level. 2. Resident to wear shoes. 3. Lock wheelchair breaks. 4. Resident to use a walker for transfer if they use one when walking. 5. Instruct resident not to pull up on walker to	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28965	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIRA CHOICE ROSEVILLE	2996 CLEVELAND AVENUE NORTH ROSEVILLE, MN 55113

(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
02310	Continued From page 11 stand (unless approved by PT). 6. Instruct resident to be in the scoot forward position (buttock at edge of chair). 7. Instruct resident to be in the lean forward position (resident's nose past their knees) 8. Instruct resident to push from armrests up, to assist in standing 9. Use transfer belt correctly by coming up from the bottom with palm facing towards the resident. 10. Use proper body mechanics 11. While the resident is pushing up from the armrests, assist the resident to a standing position. 12. Carefully pivot resident until the backs of the resident's knees reach the front of the bed. 13. After the resident feels the bed on the back of his/her legs, on the count of three assist the resident to sit on the bed." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	02310		
02350 SS=E	144G.91 Subd. 7 Courteous treatment Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of three residents (R3, R4) were treated with dignity and respect when unlicensed personnel (ULP) failed to offer clothing choices. This practice resulted in a level two violation (a violation that did not harm a resident's health or	02350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28965	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIRA CHOICE ROSEVILLE	2996 CLEVELAND AVENUE NORTH ROSEVILLE, MN 55113

(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
02350	Continued From page 12 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). The findings include: R3 R3's Service Plan dated May 22, 2025, indicated R3 received services for physical assist of one for dressing. R4 R4's Service Plan dated August 28, 2025, indicated R4 received services for physical assist of one for dressing. On September 16, 2025, at 7:24 a.m., the surveyor observed ULP-C dressing R4. ULP-C obtained clothing for R4 to wear, however ULP-C did not give R4 a choice of what clothing they would prefer to wear. The surveyor observed ULP-C dress R4 in the clothing ULP-C had selected for them. On September 16, 2025, at 8:14 a.m., the surveyor observed ULP-F dressing R3. ULP-F obtained clothing for R3 to wear, however ULP-F did not give R3 a choice of what clothing they would prefer to wear. The surveyor observed ULP-F dress R3 in the clothing ULP-F had selected for them. On September 16, 2025, at 9:03 a.m., ULP-C stated they were trained to provide a resident with a choice of clothing rather than selecting the clothing for them. ULP-C stated they just forgot to	02350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28965	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIRA CHOICE ROSEVILLE	2996 CLEVELAND AVENUE NORTH ROSEVILLE, MN 55113

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02350	Continued From page 13 ask R4. On September 16, 2025, at 9:05 a.m., ULP-F stated they just had to grab clothes for R3 to keep their cares moving. ULP-F stated they forgot to give R3 an option but was trained to give residents a choice of clothing. On September 16, 2025, at 1:43 p.m., clinical nurse supervisor (CNS)-A stated staff were expected, and trained, to give residents choices which included choice of clothing when they were being dressed by staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02350		

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

AMIRA CHOICE ROSEVILLE
2996 CLEVELAND AVENUE NORTH
Roseville, MN 55113
Ramsey County
Parcel:

Phone:

License Info

License: HFID 28965

Risk:
License:
Expires on:
CFPM: ADAM FISCHER
CFPM #: 122807; Exp: 4/17/2027

Inspection Info

Report Number: F1036251109
Inspection Type: Full - Single
Date: 9/16/2025 Time: 1:12:11 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery:

New Order: 6-300 Physical Facility Numbers and Capacities
6-301.14A *Priority Level: Priority 3 CFP#: 10*
MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.
COMMENT: NO HANDWASHING SIGNAGE AT HANDWASHING SINK IN KITCHEN NEAR DRY STORAGE AREA. HANDWASH SIGN SENT TO ESTABLISHMENT ALONG WITH REPORT.
Comply By: 9/30/2025 Originally Issued On: 9/16/2025

Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS JOEY KEEN. INSPECTION CONDUCTED IN PRESENCE OF KELLY AND ADAM FISCHER.

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- HAND WASHING POLICY AND REVIEW.
- PROPER FOOD STORAGE.
- GLOVE USAGE.
- THERMOMETER USE AND CALIBRATION.
- DATE MARKING.
- PEST CONTROL.
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS.

**IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THECUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

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 F1036251109 from 9/16/2025

Jeff Johanson

ADAM FISCHER
KITCHEN MANAGER

Jeff Johanson,
Public Health Sanitarian 1
651-201-4349
jeff.johanson@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

AMIRA CHOICE ROSEVILLE
Roseville
County/Group: Ramsey County

Inspection Info

Report Number: F1036251109
Inspection Type: Full
Date: 9/16/2025
Time: 1:12:11 PM

Food Temperature: Product/Item/Unit: POTATO SALAD**; Temperature Process:** Cold-Holding
Location: DELFIELD UNDER COUNTER COOLER at 38 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: SUPERIOR UPRIGHT COOLER**; Temperature Process:** Ambient Air
Location: KITCHEN at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: 3 BEAN SALAD**; Temperature Process:** Cold-Holding
Location: WALK IN COOLER at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUP**; Temperature Process:** Hot-Holding
Location: at 168 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: SERVWARE UNDER COUNTER COOLER**; Temperature Process:** Ambient Air
Location: BEVERAGE AREA at 37 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

AMIRA CHOICE ROSEVILLE
Roseville
County/Group: Ramsey County

Inspection Info

Report Number: F1036251109
Inspection Type: Full
Date: 9/16/2025
Time: 1:12:11 PM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: KITCHEN **Equal To** 300 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 170 Degrees F.
Comment: JACKSON HIGH TEMP DISH MACHINE
Violation Issued?: No