Electronically Delivered

April 23, 2026

Licensee
Walker Methodist Westwood I
1 Thompson Avenue West
West Saint Paul, MN 55118

RE: Project Number(s) SL30629016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 8, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

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

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

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST WESTWOOD I	1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118

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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: SL30629016-0 On April 6, 2026, through April 8, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 92 residents; 37 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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0 510	Continued From page 1 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 effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to glove use and handwashing by one of five employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On April 6, 2026, at 11:00 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare and administer medications to R4 which included Systane eye drops. ULP-C removed a bottle of eye drops from her pocket, attempted to	0 510		

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0 510	Continued From page 2 administer one drop into R4's right eye; however, R4 had difficulty tilting his head back and opening his eye. ULP-C used her pointer finger to pull down R4's lower eyelid and attempted to administer the eye drop again but was unsuccessful. ULP-C assisted R4 with adjusting the back of his scooter to recline with her ungloved hand and then using her pointer finger pulled down R4's lower eyelid and administered one drop into his right eye. ULP-C then repeated the process for R4's left eye and was successful after two attempts. ULP-C did not perform hand hygiene prior to administering R4's eye drops and did not wear gloves during the administration of eye drops. On April 8, 2026, at 8:30 a.m., clinical nurse supervisor (CNS)-B stated the ULP should have performed hand hygiene prior to administering R4's eye drops and expected ULP to wear gloves when administering eye drops, especially if the staff had to touch the resident's eye/eyelid to administer the eye drops. The licensee's Personal Protective Equipment policy dated January 1, 2026, indicated staff would wear gloves when in contact with blood, body fluids, mucous membranes, non-intact skin or contaminated surfaces is likely. No other information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a	0 660		

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0 660	Continued From page 3 comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) 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 maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included documentation of a completed health history and symptom screening for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C was hired August 1, 2022, to provide	0 660		

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0 660	Continued From page 4 direct care and services to the facility's residents. ULP-C's employee record contained a negative quantiferon test dated July 27, 2022; however, ULP-C's employee record lacked evidence of TB history and symptom screening. On April 8, 2026, at 8:33 a.m., licensed assisted living director (LALD)-A stated ULP-C's TB history and symptom screening was not located in her record. The licensee's undated Employee Tuberculosis Screening and Management Policy indicated TB screening will occur at pre-employment and annually thereafter using symptom-based screening. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident's	0 700		

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0 700	Continued From page 5 personal health and medical information was kept private. This had the potential to affect all residents residing within the 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 of the residents). The findings include: On April 7, 2026, at 9:34 a.m., the surveyor observed an unattended medication cart by the elevator with a laptop on it. The laptop screen had private resident information on it, which was visible to others. The surveyor observed several residents in the area of the unattended medication cart during this time. On April 8, 2026, at 8:51 a.m., clinical nurse supervisor (CNS)-B stated all staff were trained to keep resident records confidential and private from any unauthorized individuals. CNS-B stated the ULP should have closed the laptop or exited out of the electronic health system before leaving the medication cart. The licensee's HIPAA Privacy and Disclosure policy dated February 2026, indicated the licensee safeguards all PHI in any form (oral, written, electronic, or visual) and limits its use and disclosure to those permitted or required by law. PHI shall only be accessed by authorized workforce members with a legitimate business need.	0 700		

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0 700	Continued From page 6 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 700		
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, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level 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). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 7 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7)	0 775		

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0 775	Continued From page 7 days.	0 775		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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. (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 Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (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. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of four residents (R3). 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	01640		

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01640	Continued From page 8 cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R3 was admitted on June 27, 2024, with diagnoses that included diabetes. On April 7, 2026, at 8:12 a.m., the surveyor observed unlicensed personnel (ULP)-E direct R3 to check his blood glucose (BG). R3 checked his BG via libre sensor (machine that checks blood sugar/glucose level). R3's service plan agreement dated March 26, 2026, indicated R3 received services to include grooming, dressing, bathing, escorts, wound care and medication administration. R3's signed prescriber orders dated January 21, 2025, included the following: -Blood glucose Test: Twice a day and PRN (as needed) for signs/symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) R3's medication administration record (MAR) dated April 2026, included the following: -Blood glucose Test twice a day: Ask resident to check BG with libre 3 machine. Document result, notify nurse if BG is less than 70 or greater than 400. R3's service plan agreement did not include blood glucose monitoring. On April 8, 2026, at 8:34 a.m., clinical nurse	01640		

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01640	Continued From page 9 supervisor (CNS)-B reviewed R3's service plan agreement and stated it did not include blood glucose monitoring. CNS-B stated the ULP would ask R3 to check his BG and then document the results in R3's MAR. The ULP would notify the nurse if R3's BG results were outside of his normal ranges. The licensee's Care and Service Plans policy dated March 1, 2026, indicated each resident shall have an individualized care or service plan based on comprehensive and ongoing assessment, resident preferences goals, and identified risks. Care and service plans direct the delivery of care, support resident rights and informed choice, and are reviewed and updated as the resident's condition or needs change. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01710 SS=E	144G.71 Subd. 3 Individualized medication monitoring and reas A registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01710		

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01710	Continued From page 10 review, the licensee failed to ensure three of four residents (R2, R3 and R4) who self-administered medications were assessed for self-administration of medications. 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). The findings include: R2 R2 was admitted on May 22, 2025, with diagnoses that included diabetes. R2's service plan agreement dated January 14, 2026, indicated R2 received services to include medication administration. R2's medication administration record (MAR) dated April 2026, included the following: -Senna-S 8.6-50 milligrams (mg); take two tablets by mouth once daily as needed for constipation. Ok for resident to self-administer medication R2's Nursing Assessment dated March 26, 2026, under section 6. Medication Management indicated: -Does the resident plan to self-administer any medications? (REQUIRES Self Administration of Medications Assessment): NO R2's record lacked evidence of a	01710		

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01710	Continued From page 11 self-administration of medication assessment. R3 R3 was admitted on June 27, 2024, with diagnoses that included diabetes and COPD (chronic obstructive pulmonary disorder) (lung disease that makes breathing difficult by causing airflow obstruction). R3's service plan agreement dated March 26, 2026, indicated R3 received services to include medication administration. On April 7, 2026, at 8:12 a.m., the surveyor observed unlicensed personnel (ULP)-E place R3's Asmanax inhaler and Stiolto inhaler on R3's desk. R3 then self administered both inhalers as prescribed. The surveyor noted one bottle of sodium chloride nasal spray sitting on R3's desk. R3 stated he self-administered the nasal spray and kept it on his desk in the living room. R3's signed prescriber order dated March 10, 2026, indicated "ok for veteran to keep nasal sprays and vanicream in apartment for self-administration". R3's MAR dated April 2026, included the following medication orders: -Asmanex 200 micrograms (mcg) inhaler: Inhale two puffs by mouth twice daily. Rinse mouth after use (COPD) -Stiolto Respimat inhaler; inhale two puffs by mouth once daily (COPD) -Sodium Chloride 0.65% nasal spray; spray two sprays in each nostril three times a day as needed (nasal dryness) R3's Nursing Assessment dated March 5, 2026, under section 6. Medication Management	01710		

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01710	Continued From page 12 indicated: -Does the resident plan to self-administer any medications? (REQUIRES Self Administration of Medications Assessment): NO R3's record lacked evidence of a self-administration of medication assessment. R4 R4 was admitted on October 17, 2024, with diagnoses that included diabetes. R4's service plan agreement dated July 26, 2025, indicated R4 received services to include medication administration. On April 6, 2026, at 11:00 a.m., the surveyor observed ULP-C administer medications to R4. The surveyor noted one bottle of Tylenol, one albuterol inhaler, one tube of triamcinolone cream and one box of Systane eye drops on R4's bedside table. The surveyor inquired if R4 self-administered these medications. R4 stated he did self-administer the medications. R4's MAR dated April 2026, included the following medication orders: -Systane eye drops; instill one drop into each eye four times daily (dry eyes) -Systane eye drops; instill one drop into each eye four times daily as needed (dry eyes) -triamcinolone cream 0.1% cream; apply to affected areas twice daily as needed (skin irritation/rash) R4's record lacked prescriber orders for Tylenol and albuterol inhaler. R4's Nursing Assessment dated January 22, 2026, under section 6. Medication Management	01710		

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01710	Continued From page 13 indicated: -Does the resident plan to self-administer any medications? (REQUIRES Self Administration of Medications Assessment): NO R4's record lacked evidence of a self-administration of medication assessment. On April 8, 2026, at 8:35 a.m., clinical nurse supervisor (CNS)-B stated R2, R3 and R4's record lacked an assessment for self-administration of medications. CNS-B stated she was not aware R4 self-administered the medications in his room and that staff should notify the nurse if they see any medications in a resident's room to ensure nursing is aware and can assess the resident for self-administration. The licensee's Resident Self-Administration of Medication policy dated November 1, 2025, indicated staff will assess the resident's cognitive, physical, and visual abilities to ensure safe self-administration. Residents must demonstrate the ability to: -state the name, dose, strength, frequency, and purpose of their medications -understand potential side effects and report concerns -correctly administer, inject, or apply medications -store medications securely Staff will reassess the resident's ability at least quarterly and with a significant change in condition. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		

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01730	Continued From page 14	01730		
01730 SS=E	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be	01730		

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01730	Continued From page 15 current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for three of four residents (R2, R3, and R4). 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). The findings include: R2 R2 was admitted on May 22, 2025, with diagnoses that included diabetes. R2's service plan agreement dated January 14, 2026, indicated R2 received services to include medication administration. R2's service plan agreement indicated all medications will be kept in a durable, locked medication cart and all narcotic medications will be double locked in the medication cart per state federal regulations.	01730		

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01730	Continued From page 16 R2's medication administration record (MAR) dated April 2026, included the following: -Senna-S 8.6-50 milligrams (mg); take two tablets by mouth once daily as needed for constipation. Ok for resident to self-administer medication R2's individualized medication management plan included within the nursing assessment dated March 26, 2026, indicated the following: -the community provided medication administration -R2 did not self-administer any medications R2's medication management plan did not include self-administration of medications or storage of Senna in R2's apartment. R3 R3 was admitted on June 27, 2024, with diagnoses that included diabetes and COPD (chronic obstructive pulmonary disorder) (lung disease that makes breathing difficult by causing airflow obstruction). R3's service plan agreement dated March 26, 2026, indicated R3 received services to include medication administration. R3's service plan agreement indicated all medications will be kept in a durable, locked medication cart and all narcotic medications will be double locked in the medication cart per state federal regulations. On April 7, 2026, at 8:12 a.m., the surveyor observed unlicensed personnel (ULP)-E place R3's Asmanax inhaler and Stiolto inhaler on R3's desk. R3 then self-administered both inhalers as prescribed. The surveyor noted one bottle of sodium chloride nasal spray sitting on R3's desk. R3 stated he self-administered the nasal spray	01730		

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01730	Continued From page 17 and kept it on his desk in the living room. R3's signed prescriber order dated March 10, 2026, indicated "ok for veteran to keep nasal sprays and vanicream in apartment for self-administration". R3's MAR dated April 2026, included the following medication orders: -Asmanex 200 micrograms (mcg) inhaler: Inhale two puffs by mouth twice daily. Rinse mouth after use (COPD) -Stiolto Respimat inhaler; inhale two puffs by mouth once daily (COPD) -Sodium Chloride 0.65% nasal spray; spray two sprays in each nostril three times a day as needed (nasal dryness) R3's individualized medication management plan included within the nursing assessment dated March 5, 2026, indicated the following: -the community provided medication administration -R3 did not self-administer any medications R3's medication management plan did not include self-administration of medications or storage of nasal spray in R3's apartment. R4 R4 was admitted on October 17, 2024, with diagnoses that included diabetes. R4's service plan agreement dated July 26, 2025, indicated R4 received services to include medication administration. R4's service plan agreement indicated all medications will be kept in a durable, locked medication cart and all narcotic medications will be double locked in the medication cart per state federal regulations.	01730		

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01730	Continued From page 18 On April 6, 2026, at 11:00 a.m., the surveyor observed ULP-C administer medications to R4. The surveyor noted one bottle of Tylenol, one albuterol inhaler, one tube of triamcinolone cream and one box of Systane eye drops on R4's bedside table. The surveyor inquired if R4 self-administered these medications. R4 stated he did self-administer the medications. R4's MAR dated April 2026, included the following medication orders: -Systane eye drops; instill one drop into each eye four times daily (dry eyes) -Systane eye drops; instill one drop into each eye four times daily as needed (dry eyes) -triamcinolone cream 0.1% cream; apply to affected areas twice daily as needed (skin irritation/rash) R4's individualized medication management plan included within the nursing assessment dated March 26, 2026, indicated the following: -the community provided medication administration -R4 did not self-administer any medications R4's medication management plan did not include self-administration of medications or storage of Tylenol, albuterol inhaler, Systane eye drops and triamcinolone cream in R4's apartment. On April 8, 2026, at 8:40 a.m., clinical nurse supervisor (CNS)-B stated R2, R3 and R4's medication management plans did not include self-administration of medications or storage of medications in their apartments. The licensee's Resident Self-Administration of	01730		

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01730	Continued From page 19 Medication policy dated November 1, 2025, indicated the following: Assessment and Authorization: -staff will assess the resident's cognitive, physical, and visual abilities to ensure safe self-administration. -Residents must demonstrate the ability to: -state the name, dose, strength, frequency, and purpose of their medications -understand potential side effects and report concerns -correctly administer, inject, or apply medications -store medications securely -Staff will reassess the resident's ability at least quarterly and with a significant change in condition. Storage of Medications: -medications must remain in pharmacy-dispensed containers or facility provided and medi-set -medications must be stored in a locked or secure compartment, including a double lock if required for controlled medications -keys or combinations must be kept secure and not shared -if in-room storage is not safe, self-administration of medication will not be allowed No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01820 SS=E	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed	01820		

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01820	Continued From page 20 medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the licensee managed for three of four residents (R1, R3 and R4). 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). The findings include: R1 R1 was admitted on February 17, 2022, with diagnoses that included diabetes. On April 7, 2026, at 6:43 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1's service plan agreement dated December 19, 2025, indicated R1 received services to include mediation administration. R1's medication administration record dated April 2026, included the following medication: -hydroxyzine 10 milligram (mg); take one tablet by	01820		

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01820	Continued From page 21 mouth twice daily as needed (PRN) for anxiety R1's record lacked signed prescriber orders for PRN hydroxyzine. On April 8, 2026, at 8:45 a.m., clinical nurse supervisor (CNS)-B stated R1's record lacked prescriber orders for PRN hydroxyzine. On April 8, 2026, CNS-B sent an email to the surveyor which included signed prescriber orders for hydroxyzine 10 mg by mouth twice daily as needed. However, the order was requested and obtained on April 8, 2026, after the start of survey. R3 R3 was admitted on June 27, 2024, with diagnoses that included diabetes and COPD (chronic obstructive pulmonary disorder) (lung disease that makes breathing difficult by causing airflow obstruction). On April 7, 2026, at 8:12 a.m., the surveyor observed ULP-E administer medications to R3. R3's service plan agreement dated March 26, 2026, indicated R3 received services to include medication administration. R3's MAR dated April 2026, included the following medication: -furosemide 40 mg; take one tablet by mouth every other day for leg swelling R3's record lacked signed prescriber orders for furosemide. On April 7, 2026, at 12:00 p.m., CNS-B stated R3's record lacked signed prescriber orders for furosemide.	01820		

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01820	Continued From page 22 -At 12:58 p.m., CNS-B provided the surveyor with signed prescriber orders for R3 which included furosemide 40 mg. However, the prescriber orders were requested and obtained on April 7, 2026, after the start of survey. R4 R4 was admitted on October 17, 2024, with diagnoses that included diabetes. On April 6, 2026, at 11:00 a.m., the surveyor observed ULP-C administer medications to R4. R4's service plan agreement dated July 26, 2025, indicated R4 received services to include medication administration. R4's MAR dated April 2026, included the following medication order: -Milk of magnesia 1200/15 milliliter (ml); take 30 ml by mouth once daily if needed for constipation R4's record lacked signed prescriber orders for milk of magnesia. On April 7, 2026, at 12:05 p.m., CNS-B stated R4's record lacked signed prescriber orders for milk of magnesia. -At 1:00 p.m., CNS-B provided the surveyor with signed prescriber orders for R4 which included milk of magnesia. However, the prescriber orders were requested and obtained on April 7, 2026, after the start of survey. The licensee's Medication Management Policy dated November 1, 2025, indicated the following: -each resident must be under the care of a licensed provider authorized to practice medicine in the state -a provider must sign orders	01820		

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01820	Continued From page 23 -verbal and telephone orders must be received by a licensed nurse or pharmacist and input into the medical record -urgent or stat medications orders must be implemented immediately. Routine medication orders will be initiated promptly and in a timely manner, consistent with prescriber instructions and resident's needs -orders will be renewed annually or more frequently No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to renew prescriptions at least every 12 months for two of four residents (R3 and R4). 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).	01830		

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01830	Continued From page 24 The findings include: R3 R3 was admitted on June 27, 2024, with diagnoses that included diabetes and COPD (chronic obstructive pulmonary disorder) (lung disease that makes breathing difficult by causing airflow obstruction). R3's service plan agreement dated March 26, 2026, indicated R3 received services to include medication administration. R3's prescriber orders dated January 21, 2025, included the following medications: -Asmanex 200 micrograms (mcg) inhaler: inhale two puffs by mouth twice a day (COPD) -Aspirin 81 milligrams (mg); take one tablet by mouth once daily (heart health) -atorvastatin 20 mg; take one tablet by mouth once daily (cholesterol) -bupropion 300 mg; take one tablet by mouth once daily (depression) -buspirone 15 mg; take one tablet by mouth three times daily (anxiety) -enalapril 10 mg; take one tablet by mouth two times a day (blood pressure) -hydrochlorothiazide 12.5 mg; take one tablet by mouth daily (blood pressure) -levothyroxine 150 mcg; take one tablet by mouth once daily (thyroid) -lidocaine 5% patch; apply two patches onto skin once daily (pain) -lubricating 0.4-0.3% eye drops; instill one drop into both eyes four times daily (dry eyes) -metoprolol 25 mg; take one tablet by mouth two times a day (blood pressure) -omeprazole 20 mg; take one capsule by mouth once daily (reflux)	01830		

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01830	Continued From page 25 -Ozempic 4 mg/3 ml; inject 1 mg subcutaneously once weekly (diabetes) -sertraline 100 mg; take two tablets by mouth once daily (depression) -Stiolto Respimat inhaler, inhale two puffs by mouth once daily (COPD) -tamsulosin 0.4 mg; take one capsule by mouth at bedtime (prostate) -Vitamin B12 1,000 mcg; take one tablet by mouth once daily (supplement) -Vitamin D3 1,000 units; take one tablet by mouth once daily (supplement) -acetaminophen 500 mg; take two tablets by mouth three times a day as needed (pain) -albuterol 90 mcg inhaler; inhale two puffs by mouth four times daily as needed (shortness of breath) -antifungal 2% powder; apply topically to affected areas twice daily until resolved R3's record lacked evidence of prescriber orders being renewed annually for the above medications. On April 7, 2026, at 12:00 p.m., CNS-B stated R3's record lacked annual orders for the medications listed above. -At 12:58 p.m., CNS-B provided the surveyor with signed prescriber orders for R3. However, the prescriber orders were requested and obtained on April 7, 2026, after the start of survey. R4 R4 was admitted on October 17, 2024, with diagnoses that included diabetes. R4's service plan agreement dated July 26, 2025, indicated R4 received services to include medication administration.	01830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST WESTWOOD I	1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118

(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
01830	Continued From page 26 R4's signed prescriber orders dated December 9, 2024, included the following medications: -aspirin 81 mg; take one by mouth once daily (heart health) -Carb/Levo 25-100 mg; take two tablets by mouth four times daily (tremors) -entacopone 200 mg; take one tablet by mouth four times daily (Parkinson's disease) -rosuvastatin 5 mg; take one tablet by mouth once daily (cholesterol) -Vitamin B12 1,000 mcg; take one table by mouth once daily (supplement) -Vitamin D3 50 mcg; take one tablet by mouth once daily (supplement) -albuterol nebulizer 0083%; nebulize one vial by mouth every four hours as needed (shortness of breath) -triamcinolone cream 0.1%; apply to affected areas twice daily as needed (skin irritation/rash) R4's signed prescriber orders dated January 22, 2025, included the following medications: -Carb/Levo 50-200 mg; take one tablet by mouth once at bedtime (tremors) -donepezil 10 mg; take one tablet by mouth once at bedtime (dementia) R4's record lacked evidence of prescriber orders being renewed annually for above medications. On April 7, 2026, at 12:05 p.m., CNS-B stated R4's record lacked annual orders for the medications listed above. -At 1:00 p.m., CNS-B provided the surveyor with signed prescriber orders for R4. However, the prescriber orders were requested and obtained on April 7, 2026, after the start of survey. The licensee's Medication Management Policy dated November 1, 2025, indicated orders would	01830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST WESTWOOD I	1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118

(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
01830	Continued From page 27 be renewed annually or more frequently No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one discharged resident (R6). This practice resulted in a level two violation (a	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST WESTWOOD I	1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118

(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
01910	Continued From page 28 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R6 was admitted to the licensee on December 22, 2025, and discharged on January 26, 2026. R6's Discharge Medication Acknowledgment Form dated January 26, 2026, had three columns that identified Medication/Strength, Rx (prescription) Number and Quantity sent. Four medications (certavite, glucosamine, latanoprost and timolol maleate) did not include the dose of the medication. Two of the medications (latanoprost and timolol maleate) did not include the prescription number. On April 8, 2026, at 8:48 a.m., clinical nurse supervisor (CNS)-B reviewed R6's discharge medication acknowledgment form and stated four of the medications did not include the dose of the medication and two of the medications did not include the prescription number. The licensee's Medication Return and Destruction policy dated November 1, 2026, non-controlled destruction record will be maintained, including: -facility name and address -medication details (name, strength, quantity, lot/prescription number) -date destroyed -reason and method of destruction -signature of witnesses	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST WESTWOOD I	1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118

(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
01910	Continued From page 29 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen 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: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (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.	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALKER METHODIST WESTWOOD I	1 THOMPSON AVENUE WEST WEST SAINT PAUL, MN 55118

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01940	Continued From page 30 This MN Requirement is not met as evidenced by: 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 four residents (R3) with treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R3 was admitted on June 27, 2024, with diagnoses that included diabetes. On April 7, 2026, at 8:12 a.m., the surveyor observed unlicensed personnel (ULP)-E direct R3 to check his blood glucose (BG). R3 checked his BG via Libre sensor (machine that checks blood sugar/glucose level). R3's service plan agreement dated March 26, 2026, indicated R3 received services to include grooming, dressing, bathing, escorts, wound care and medication administration. R3's service plan agreement did not include blood glucose monitoring. R3's signed prescriber orders dated January 21, 2025, included the following: -Blood glucose Test: Twice a day and PRN (as	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 31 needed) for signs/symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) R3's medication administration record (MAR) dated April 2026, included the following: -Blood glucose Test twice a day: Ask resident to check BG with Libre 3 machine. Document result, notify nurse if BG is less than 70 or greater than 400. R3's treatment and therapy management plan included within the nursing assessment dated March 5, 2026, did not include -statement of the type of service that will be provided (blood glucose monitoring) On April 8, 2026, at 8:48 a.m., clinical nurse supervisor (CNS)-B reviewed R3's treatment plan and stated it did not include blood glucose monitoring. The licensee's Individualized Treatment and Therapy Management policy dated January 15, 2026, indicated treatments and therapies shall be based on a licensed nurse assessment conducted in accordance with licensure requirements and resident condition. New, modified or discontinued treatments shall be incorporated into the care and service plan within a timeframe consistent with regulatory requirements and facility standards. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

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01970	Continued From page 32	01970		
01970 SS=E	144G.72 Subd. 6 Treatment and therapy orders 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 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for three of four residents (R1, R3 and R4) receiving treatments. 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). The findings include: R1 R1 was admitted on February 17, 2022, with diagnoses that included diabetes. On April 7, 2026, at 7:05 a.m., the surveyor observed unlicensed personnel (ULP)-D apply compression stockings to R1's lower extremities.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 33 R1's service plan agreement dated December 19, 2025, indicated R1 received services to include compression stockings, vital signs monitoring, weight monitoring and blood glucose checks. R1's service checkoff list dated April 2026, included the following: -Compression stockings: provide physical assistance to resident to apply and remove compression stockings daily R1's record lacked signed prescriber orders for R1's compression stockings. On April 7, 2026, at 12:57 p.m., clinical nurse supervisor (CNS)-B stated prescriber orders for R1's compression stockings could not be located. However, CNS-B stated she requested and obtained updated orders for compression stockings on April 7, 2026, after the start of survey. R3 R3 was admitted on June 27, 2024, with diagnoses that included diabetes. On April 7, 2026, at 8:12 a.m., the surveyor observed ULP-E direct R3 to check his blood glucose (BG). R3 checked his BG via Libre sensor (machine that checks blood sugar/glucose level). R3's service plan agreement dated March 26, 2026, indicated R3 received services to include grooming, dressing, bathing, escorts, wound care and medication administration. R3's service plan agreement did not include blood glucose monitoring.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30629	A. BUILDING: _____ B. WING _____	04/08/2026

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01970	Continued From page 34 R3's signed prescriber orders dated January 21, 2025, included the following: -Blood glucose Test: Twice a day and PRN (as needed) for signs/symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) R3's record did not include a current order within the past 12 months for blood glucose monitoring. On April 7, 2026, at 12:00 p.m., CNS-B stated R3's record lacked current treatment orders for blood glucose monitoring. -At 12:58 p.m., CNS-B provided the surveyor with signed prescriber orders for R3 which included an order for twice daily blood glucose monitoring. However, the prescriber orders were requested and obtained on April 7, 2026, after the start of survey. R4 R4 was admitted on October 17, 2024, with diagnoses that included diabetes. R4's service plan agreement dated July 26, 2025, indicated R4 received services to include compression stocking assist and weight monitoring. R4's service checkoff list dated April 2026, included the following: -Compression stockings: provide physical assistance to resident to apply and remove compression stockings. -Weight Monitoring: obtain and document resident week once weekly R4's record lacked signed prescriber orders for R4's compression stockings and weekly weights.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 35 On April 7, 2026, at 12:05 p.m., CNS-B stated R4's record lacked prescriber orders for R4's compression stockings and weekly weight monitoring. -At 1:00 p.m., CNS-B provided the surveyor with signed prescriber orders for R4's compression stockings and weight monitoring. However, the prescriber orders were requested and obtained on April 7, 2026, after the start of survey. The licensee's Individualized Treatment and Therapy Management policy dated January 15, 2026, indicated treatments and therapies shall be implemented only pursuant to a current prescriber order containing sufficient detail to ensure safe administration. Orders shall be reviewed and reconciled at admission or readmission, at required assessment intervals, at defined clinical review intervals established by facility practice, and when a resident returns from hospital or outside appointment. The facility shall maintain a process to identify expired, duplicate, discontinued, or unclear orders. Corrections shall be made timely and documented. Clarification shall be obtained from the prescriber when necessary to ensure safe implementation. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

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

Walker Methodist Westwood
1 THOMPSON AVENUE WEST
West St Paul, MN 55118
Dakota County
Parcel:

Phone:
angelina.hill@vivie.org

License Info

License: HFID 30629

Risk:
License:
Expires on:
CFPM: Angelina Hill
CFPM #: 62146; Exp: 10/13/2028

Inspection Info

Report Number: F1031261128
Inspection Type: Full - Single
Date: 4/6/2026 Time: 10:30am
Duration: ** minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery: Emailed

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT:
ESTABLISHMENT HAS BEEN SHARING IRREVERSIBLE THERMOMETER BETWEEN TO LOCATIONS.
PROVIDE SEPARATE IRREVERSIBLE MEASURING DEVICE FOR EACH LOCATION.

Comply By: 4/9/2026 *Originally Issued On: 4/6/2026*

Food & Beverage General Comment

Nurse Evaluator on site: Kassie Marking

All violations discussed with PIC during the inspection.

NOTES:
Facility has full commercial kitchen.

Discussed the following with pic:
Hand washing
Ware washing and dish machine temp (160F or greater)
Illness and illness log
No undercooked foods and cooking temps
Pasteurized egg use

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 F1031261128 from 4/6/2026

Angelina Hill
Food Service Director

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

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

Temperature Observations/Recordings

Establishment Info

Walker Methodist Westwood
West St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261128
Inspection Type: Full
Date: 4/6/2026
Time: 10:30am

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Glass Door Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chicken Noodle**; Temperature Process:** Hot-Holding
Location: Soup Warmer at 187 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cucumber; Cut**; Temperature Process:** Cold-Holding
Location: 1-Door Traulsen Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Pickles**; Temperature Process:** Cold-Holding
Location: Prep Table (top) at 35 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Egg Salad**; Temperature Process:** Cold-Holding
Location: Prep Table (bottom) at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Brat Burgers**; Temperature Process:** Hot-Holding
Location: C5 Warmer at 144 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tomatoes; Cut**; Temperature Process:** Cooling
Location: Prep Table (top) at 43 Degrees F.
Comment: Cooling for 15 min
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

Walker Methodist Westwood
West St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261128
Inspection Type: Full
Date: 4/6/2026
Time: 10:30am

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 163.8 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Sink and Surface**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Equal To** 700 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 700 PPM
Comment:
Violation Issued?: No

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

Walker Methodist Westwood
1 THOMPSON AVENUE WEST
West St Paul, MN 55118
Dakota County
Parcel:

Phone:
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CFPM: Angelina Hill
CFPM #: 62146; Exp: 10/13/2028

Inspection Info

Report Number: F1031261128
Inspection Type: Full - Single
Date: 4/6/2026 Time: 10:30am
Duration: ** minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Nurse Evaluator on site: Kassie Marking

All violations discussed with PIC during the inspection.

NOTES:
Facility has full commercial kitchen.

Discussed the following with pic:
Hand washing
Ware washing and dish machine temp (160F or greater)
Illness and illness log
No undercooked foods and cooking temps
Pasteurized egg use

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 F1031261128 from 4/6/2026

Angelina Hill
Food Service Director

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

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Minnesota Department of Health
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St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Walker Methodist Westwood
West St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261128
Inspection Type: Full
Date: 4/6/2026
Time: 10:30am

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Glass Door Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Chicken Noodle**; Temperature Process:** Hot-Holding
Location: Soup Warmer at 187 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cucumber; Cut**; Temperature Process:** Cold-Holding
Location: 1-Door Traulsen Cooler at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Pickles**; Temperature Process:** Cold-Holding
Location: Prep Table (top) at 35 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Egg Salad**; Temperature Process:** Cold-Holding
Location: Prep Table (bottom) at 36 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Brat Burgers**; Temperature Process:** Hot-Holding
Location: C5 Warmer at 144 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Tomatoes; Cut**; Temperature Process:** Cooling
Location: Prep Table (top) at 43 Degrees F.
Comment: Cooling for 15 min
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

Walker Methodist Westwood
West St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261128
Inspection Type: Full
Date: 4/6/2026
Time: 10:30am

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 163.8 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Sink and Surface**; Sanitizing Process:** Dispenser
Location: Dishwashing Area **Equal To** 700 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 700 PPM
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL30629016-0	**Date:** 4/7/2026
Facility Name: Walker Methodist Westwood I	
Facility Address: 1 Thompson Ave W, West St Paul, Mn 55118	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

   Comments: Fire doors on the 3rd floor stairwell D and unit 310 would not self-close at the time of survey.

   Fire doors at 3rd floor west laundry room and 2nd floor North trash room would not latch at the time of survey.

3. Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator. [Minn. Stat. 144G.45 subd. 2; MSFC 1013.6.3]

   Comments: Several exit lights, emergency battery backup power were not functional at the time of survey.

4. All valves controlling water supplies for automatic sprinklers shall be locked or secured in the open position. [Minn. Stat. 144G.45 subd. 2; MSFC 903.4.4]

   Comments: The main sprinkler control valves in the parking garage were not secured at the time of survey.