



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 18, 2026

Licensee
Sister Support LLC
14312 Rockford Road
Minneapolis, MN 55446

RE: Project Number(s) SL36598016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 26, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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.

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,

A handwritten signature in cursive script that reads "Renee L. Anderson".

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER SISTER SUPPORT LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14312 ROCKFORD ROAD MINNEAPOLIS, MN 55446		
(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 ORDERS In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL36598016-0 On August 24, 2026, through August 26, 2026, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) residents; three residents 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.		
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 630	Continued From page 1 (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include all the required content for one of two residents (R2). 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: R2's diagnoses included other schizophrenia, generalized anxiety disorder, other bipolar disorder, and post-traumatic stress disorder, unspecified. R2's service plan (waiver) - addendum to contract dated February 26, 2026, indicated R2 received	0 630			

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0 630	Continued From page 2 services including medication administration, housekeeping, laundry, behavior management, appointment and shopping assistance, non-medical transportation arrangement, meal preparation and serving, vital sign management, safety checks, and socialization. R2's individual abuse prevention plan (IAPP) completed on June 21, 2026, included a section titled "Safety". The plan included the following predefined text selected for R2 with evaluation] on options: - "Vulnerability. Resident is at risk to be abused (physically, verbally, emotionally, financially, and/or sexually) by another individual, including other vulnerable adults, specify measures to minimize risk:" The comments/plan of action section included, "Due to cognitive limitations is at risk of being abused. Staff will monitor for signs and symptoms of abuse and encourage resident to communicate needs." The IAPP lacked information to evaluate R2's risk of causing harm/abuse to other vulnerable adults. On August 25, 2026, at 10:18 a.m., licensed assisted living director (LALD)-B stated R2's IAPP lacked the information noted above. LALD-B further stated she must have overlooked addressing R2's risk of abuse to other vulnerable adults. Moreover, LALD-B stated she would complete another IAPP and address both the risk for R2 to be abused by other vulnerable adults and the risk of abuse to R2 by other vulnerable adults. The licensee's Vulnerable Adult Maltreatment - Prevention and Reporting policy dated February 10, 2026, indicated consistent with the Minnesota Vulnerable Adults Act and Assisted Living	0 630			

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0 630	Continued From page 3 licensure regulations, [licensee] prohibits the maltreatment of residents. Furthermore, [licensee] would develop individualized vulnerable adult abuse prevention plans to identify vulnerability risks and would develop measures to minimize maltreatment based on identified information. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
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:	0 775			

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0 775	Continued From page 4 Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 26, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775			
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. 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	0 800			

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0 800	Continued From page 5 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 August 26, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800			
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the	01060			

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01060	Continued From page 6 resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the resident, legal representative, and designated representative with a written notice with all required content related to an emergency relocation for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include:	01060			

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01060	Continued From page 7 R2 was admitted to the assisted living facility on October 30, 2025, during a change in ownership (CHOW), and began receiving assisted living services. R2's diagnoses included other schizophrenia, generalized anxiety disorder, other bipolar disorder, and post-traumatic stress disorder, unspecified. R2's service plan (waiver) - addendum to contract dated February 26, 2026, indicated R2 received services including assistance with medication administration, housekeeping, laundry, behavior management, appointment and shopping assistance, non-medical transportation arrangement, meal preparation and serving, vital sign management, safety checks, and socialization. R2's progress note dated May 26, 2026, indicated licensed assisted living director (LALD)-B reached out to R2's psychiatric nurse to discuss R2's behavioral concerns. During the telephone conversation R2's psychiatric nurse indicated R2 would need an immediate evaluation at the hospital. LALD-B agreed, and the police and paramedics were summoned to R2's residence, and R2 was taken to the hospital for further evaluation. R2's Psychiatric Discharge Summary dated June 1, 2026, indicated R2 was admitted to the hospital on May 27, 2026, for evaluation of homicidal ideation and a cough, and discharged back to the assisted living on June 1, 2026. R2s record lacked evidence that the resident was provided with a written notice that contained, at a minimum:	01060			

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01060	Continued From page 8 - the reason for relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care (OOLTC) and the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD); - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the residents may submit an appeal. R2's record lacked evidence that the above written notice was delivered as soon as practicable to: - the resident, legal representative, and designated representative; and - for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager. On August 24, 2026, at 12:40 p.m., LALD-B stated licensee had not completed the necessary paperwork regarding R2's emergency relocation. LALD-B further stated she was not aware of the requirement at the time R2 was hospitalized; however, she was told of the requirement upon R2's return from the hospital. In addition, LALD-B stated, "I know what to do moving forward." The licensee's Emergency Relocation policy dated February 10, 2026, indicated licensee	01060			

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01060	Continued From page 9 would in the event of an emergency relocation, [licensee] would provide a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known, and; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal. Furthermore, the notice required would be delivered as soon as practicable to: - the resident; - the resident's legal representative; - the resident's designated representative; and - if the resident was receiving home and community-based services, the resident's case manager. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060			
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff	01650			

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01650	Continued From page 10 who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for three of three residents (R1, R2, 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 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).	01650			

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01650	Continued From page 11 The findings include: R1 R1 was admitted to the assisted living facility on October 30, 2025, during a change in ownership (CHOW), and began receiving assisted living services. R1's diagnoses included schizoaffective disorder, unspecified (primary), depression, unspecified, and unspecified psychosis not due to a substance or known physiological condition. R1's service plan (waiver) - addendum to contract dated February 26, 2026, indicated R1 received services including assistance with medication reminders, medication administration, bathing reminder, housekeeping, laundry, behavior management, appointment and shopping assistance, non-medical transportation arrangement, meal assistance, meal preparation and serving, vital sign management, safety checks, and socialization. R2 R2 was admitted to the assisted living facility on October 30, 2025, during a CHOW, and began receiving assisted living services. R2's diagnoses included schizophrenia, generalized anxiety disorder, other bipolar disorder, and post-traumatic stress disorder. R2's service plan (waiver) - addendum to contract dated February 26, 2026, indicated R2 received services including assistance with medication administration, housekeeping, laundry, behavior management, appointment and shopping assistance, non-medical transportation arrangement, meal preparation and serving, vital	01650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER SISTER SUPPORT LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14312 ROCKFORD ROAD MINNEAPOLIS, MN 55446		
(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
01650	Continued From page 12 sign management, safety checks, and socialization. R3 R3 was admitted to the assisted living facility on October 30, 2025, during a CHOW, and began receiving assisted living services. R3's diagnoses included type 2 diabetes mellitus without complications (primary), anxiety disorder, unspecified, depression, unspecified, gastro-esophageal reflux disease without esophagitis, hyperlipidemia, unspecified, low back pain, unspecified, other asthma, and paranoid schizophrenia R3's service plan (waiver) - addendum to contract dated August 26, 2026, indicated R3 received services including assistance with medication administration, housekeeping, laundry, behavior management, meal assistance, vital sign management, safety checks, and socialization. R1, R2, R3's service plans listed above lacked the following required content: - fees for services. On August 26, 2026, at 10:25 a.m., licensed assisted living director (LALD)-B stated all of their current residents had been on a waiver plan paid for by the Department of Human Services (DHS), and that DHS had not approved a Coordinated Services and Support Plan (CCSP) for any of their residents; therefore, the licensee had not received any fees from DHS for the services that had been provided. Furthermore, LALD-B stated licensee's third-party consultant advised licensee not to put any fees on the residents service plans until DHS approved the fee amounts.	01650			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36598	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER SISTER SUPPORT LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14312 ROCKFORD ROAD MINNEAPOLIS, MN 55446		
(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
01650	Continued From page 13 The licensee's Service Plan policy dated February 10, 2026, indicated a service plan would include the fees for the services indicated on the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

SISTER SUPPORT LLC
14312 ROCKFORD ROAD
Plymouth, MN 55446
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36598

Risk:
License:
Expires on:
CFPM: GAMILA IDRIS
CFPM #: FM67902; Exp: 02/10/2029

Inspection Info

Report Number: F8087261187
Inspection Type: Full - Single
Date: 8/24/2026 Time: 12:30:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF HRD NURSE EVALUATOR.

THE FOLLOWING OBSERVATIONS WERE MADE:

CEILING: POPCORN, DOES NOT APPEARS TO BE DURABLE - NON COMPLIANT

FLOORS: TILE - LAMINATE PLANK

COUNTERTOPS: LAMINATE - NON COMPLIANT

CABINETS: WOOD - NON COMPLIANT

REFRIGERATOR/FREEZER: WHIRLPOOL

DISHWASHER: GE

STOVE/RANGE: AMANA

HAND WASHING SINK: YES - LEFT SIDE OF 2-BIN STAINLESS STEEL KITCHEN SINK

NON COMPLIANT CEILING, FLOOR, COUNTERTOP AND CABINETS ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE OPTION. TEMPERATURE PROBE USED TO ENSURE UTENSIL SURFACE TEMPERATURES REACH 165.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES.

INSPECTION REPORT EMAILED TO FACILITY AND HRD NURSE SURVEYOR.

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 F8087261187 from 8/24/2026

John Boettcher

ALI OMAR
MANAGER

John Boettcher,
Public Health Sanitarian 3
651-201-5076
john.boettcher@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

SISTER SUPPORT LLC
Plymouth
County/Group: Hennepin County

Inspection Info

Report Number: F8087261187
Inspection Type: Full
Date: 8/24/2026
Time: 12:30:00 PM

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

Location: Chest Freezer at 0 Degrees F.

Comment: DANBY BRAND

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

Location: Upright Freezer at 6 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; Temperature Process: Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE; Temperature Process: Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEAT; Temperature Process: Cold-Holding

Location: Upright Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL36598016	Date: 8/26/2026
Facility Name: Sister Support	
Facility Address: 14213 Rockford Road, Plymouth, MN 55446	

☒ 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. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. Extension cords shall be maintained in good condition without splices, deterioration or damage. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5, MSFC 604.1, MSFC 604.5.3]

Comments: Extension cords were run throughout the garage in an unapproved manner to power equipment including power tools and appliances. The extension cords were run through the ceiling, were connected in series, and were utilized in lieu of permanent wiring. The extension cords and attached devices were not properly used in an approved manner and all damaged devices or wiring should be removed. Extension cords should not be used in lieu of permanent wiring and should be used in an approved manner.

☒ TAG IDENTIFICATION: 0800

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety,

comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

Comments:

An outlet cover was missing from the wall receptacle in resident room 2. The outlet should be equipped with a protective cover and that cover should be maintained to prevent shock hazard.

An outlet cover was missing from the wall receptacle in the garage. The outlet should be equipped with a protective cover and that cover should be maintained to prevent shock hazard.

The baseboard heater in resident room 3 did not have an appropriate guard over the heating elements. Guards should be installed and maintained on the baseboard to properly prevent contact with the metal fins or heating elements.

The baseboard heater in the basement bathroom did not have an appropriate guard over the heating elements. Guards should be installed and maintained on the baseboard to properly prevent contact with the metal fins or heating elements.

A generator was installed on the property but was not properly functioning or serviced. Facility staff indicated that the generator was not in use and had not been serviced. Any installed equipment should be repaired and maintained or removed if not required.

A fence was installed in the side yard on the West side of the property that was dilapidated and falling over. The fence should be repaired, replaced or removed and any installed fencing should be maintained in safe and stable condition to avoid hazard to occupants.

Paint on the walls next to the basement landing near the stairs was chipping and damaged. Paint should be maintained in state of proper repair and condition.