



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

## NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

March 6, 2026

Licensee  
American Spirit LLC  
13115 50th Street South  
Afton, MN 55001

RE: License Number 420525  
Health Facility Identification Number (HFID) 38664  
Project Number SL38664016

Dear Licensee:

On January 29, 2026, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed September 5, 2025. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective March 6, 2026.

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.

Furthermore, the follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 5, 2025, initial survey.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a), state correction orders issued pursuant to the last survey completed on September 5, 2025, found not corrected at the time of the follow-up survey follow-up survey and/or subject to a penalty assessment are as follows:

**0480-Minimum Reqmts; Required Food Services-144g.41 Subdivision 1 Subd. 1a (a-B) - \$500.00**  
**1530-Training In Dementia, Mental Illness, And De--144g.64 (a) (1-2) - \$500.00**

The details of the violations noted at the time of this follow-up survey completed on January 29, 2026 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on January 29, 2026, we identified the following violation(s):



## **1470-Content Of Required Orientation-144g.63 Subd. 2**

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

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

### **DOCUMENTATION OF ACTION TO COMPLY**

Per 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).

### **IMPOSITION OF FINES:**

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.

### **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.

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

Sincerely,



Rick Michals, J.D.

**Executive Regional Operations Manager**

**Minnesota Department of Health  
Health Regulation Division**

HHH



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>38664 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | (X3) DATE SURVEY COMPLETED<br><br>R<br>01/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                   |
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| {0 000}                                                 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER FOLLOW UP<br>SURVEY WITH RE-ISSUE OF ORDERS<br><br>INITIAL COMMENTS<br>SL38664016-2<br><br>On January 26, 2026, through January 29, 2026,<br>the Minnesota Department of Health conducted a<br>follow-up survey at the above provider to<br>follow-up on orders issued pursuant to a survey<br>completed on October 21, 2025. At the time of<br>the survey, there were three (3) residents<br>receiving services under the Assisted Living<br>license. As a result of the follow-up survey, the<br>following orders were issued and/or reissued. | {0 000}                                                         | Minnesota Department of Health is<br>documenting the State Correction Orders<br>using federal software. Tag numbers have<br>been assigned to Minnesota State<br>Statutes for Assisted Living Facilities. The<br>assigned tag number appears in the<br>far-left column entitled "ID Prefix Tag." The<br>state Statute number and the<br>corresponding text of the state Statute out<br>of compliance is listed in the "Summary<br>Statement of Deficiencies" column. This<br>column also includes the findings which<br>are in violation of the state requirement<br>after the statement, "This Minnesota<br>requirement is not met as evidenced by."<br>Following the evaluators' findings is the<br>Time Period for Correction.<br><br>PLEASE DISREGARD THE HEADING OF<br>THE FOURTH COLUMN WHICH<br>STATES,"PROVIDER'S PLAN OF<br>CORRECTION." THIS APPLIES TO<br>FEDERAL DEFICIENCIES ONLY. THIS<br>WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO<br>SUBMIT A PLAN OF CORRECTION FOR<br>VIOLATIONS OF MINNESOTA STATE<br>STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS<br>USED FOR TRACKING PURPOSES AND<br>REFLECTS THE SCOPE AND LEVEL<br>ISSUED PURSUANT TO 144G.31<br>SUBDIVISION 1-3. |                          |                                                   |
| {0 480}<br>SS=F                                         | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum<br>requirements; required food services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 480}                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                   |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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



Minnesota Department of Health

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| {0 480}                                                        | <p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition;<br/>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br/>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 28, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> | {0 480}                                                                                     |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| 01470<br>SS=F                                                  | <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p> <p><b>144G.63 Subd. 2 Content of required orientation</b></p> <p>(a) The orientation must contain the following topics:</p> <p>(1) an overview of this chapter;</p> <p>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</p> <p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a),</p> | 01470                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| 01470                                                   | <p>Continued From page 4</p> <p>orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations for two of two employees (unlicensed personnel (ULP)-C, ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic</p> | 01470                                                                               |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH</b><br><b>AFTON, MN 55001</b>                        |  |                                                                 |
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| 01470                                                          | <p>Continued From page 5</p> <p>failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On January 26, 2026, at 10:35 a.m., consultant (C)-J provided ULP-C and ULP-E's training transcripts. C-J stated the licensee had recently started to use an online training program to ensure all required orientation was completed by each employee.</p> <p>ULP-C was hired January 1, 2025, to provide direct care services to residents.</p> <p>ULP-C's My Transcript - (ULP-C's name) dated January 26, 2026, at 10:19 a.m., indicated ULP-C lacked required orientation.</p> <p>ULP-E was hired May 5, 2025, to provide direct care services to residents.</p> <p>ULP-E's My Transcript - (ULP-E's name) dated January 26, 2026, at 10:11 a.m., indicated ULP-E lacked required orientation.</p> <p>On January 26, 2026, at 10:45 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee did assign all the required orientation classes in the online training program, but employees had not completed all the required classes. ALDIR/LPN-A stated the licensee was planning on auditing all staff orientation the following week but had not ensured all orientation was completed yet.</p> <p>The licensee's 5.01 Orientation of Staff and Supervisors &amp; Content policy dated December 18, 2025, indicated all the required orientation would be completed for each employee prior to</p> | 01470                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                                 |
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| 01470                                                          | Continued From page 6<br><br>the provision of services.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01470                                                                  |                                                                                                                          |  |                                                                 |
| {01530}<br>SS=F                                                | <b>144G.64 (a) (1-2) Training in Dementia, Mental<br/>Illness, and De-</b><br><br>(a) All assisted living facilities must meet the<br>following dementia care, mental illness, and<br>de-escalation training requirements:<br>(1) supervisors of direct-care staff must have at<br>least eight hours of initial training on dementia<br>topics specified under paragraph (b), clauses (1)<br>to (5), and two hours of initial training on mental<br>illness and de-escalation topics specified under<br>paragraph (b), clauses (6) to (8), within 120<br>working hours of the employment start date.<br>Supervisors must have at least two hours of<br>training on topics related to dementia and one<br>hour of training on topics related to mental illness<br>and de-escalation for each 12 months of<br>employment thereafter;<br>(2) direct-care staff must have completed at least<br>eight hours of initial training on dementia topics<br>specified under paragraph (b), clauses (1) to (5),<br>and two hours of initial training on mental illness<br>and de-escalation topics specified under<br>paragraph (b), clauses (6) to (8), within 160<br>working hours of the employment start date. Until<br>this initial training is complete, a staff member<br>must not provide direct care unless there is<br>another staff member on site who has completed<br>the initial eight hours of training on topics related<br>to dementia and the initial two hours of training on<br>topics related to mental illness and de-escalation<br>and who can act as a resource and assist if | {01530}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01530}                                                        | <p>Continued From page 7</p> <p>issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the required dementia care training and two hours of initial mental illness and de-escalation training were completed within required timeframe for two of two unlicensed personnel ((ULP)-C, ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>On November 11, 2025, the Minnesota Department of Health (MDH) sent the licensee an enforcement letter via email, with the results of the survey completed October 21, 2025. No time period of correction was included as the licensee had surpassed the time period of correction from the initial survey completed on September 5,</p> | {01530}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01530}                                                        | <p>Continued From page 8</p> <p>2025.</p> <p>On January 26, 2026, at 10:35 a.m., consultant (C)-J provided ULP-C and ULP-E's training transcripts. C-J stated the licensee had recently started to use an online training program to ensure all required dementia care and mental illness training was completed by each employee.</p> <p>ULP-C was hired January 1, 2025, to provide direct care services to residents.</p> <p>ULP-C's My Transcript - (ULP-C's name) dated January 26, 2026, at 10:19 a.m., indicated ULP-C lacked any training for dementia care or mental illness.</p> <p>ULP-E was hired May 5, 2025, to provide direct care services to residents.</p> <p>ULP-E's My Transcript - (ULP-E's name) dated January 26, 2026, at 10:11 a.m., indicated ULP-E lacked any training for dementia care or mental illness.</p> <p>On January 26, 2026, at 10:45 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee did assign all the required dementia care and mental illness classes in the online training program, but employees had not completed all the required classes. ALDIR/LPN-A stated the licensee was planning on auditing all staff training the following week but had not ensured all training was completed yet.</p> <p>The licensee's 5.03 Dementia, Mental Illness &amp; De-escalation Training policy dated December 18, 2025, indicated all the required hours and topics for dementia care and mental illness</p> | {01530}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                    |
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| {01530}                                                        | Continued From page 9<br><br>training for each employee to complete.<br><br>No further information was provided.             | {01530}                                                                                     |                                                                                                                          |  |                                                                    |





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

AMERICAN SPIRIT LLC  
13115 50TH STREET SOUTH  
Afton, MN 55001  
Washington County  
Parcel:  
  
Phone:  
americanspiritgv@gmail.com

### License Info

License: HFID 38664  
Juma Artema  
Risk:  
License:  
Expires on:  
CFPM: Ladu Artema  
CFPM #: 63839; Exp: 12/28/2028

### Inspection Info

Report Number: F1031261033  
Inspection Type: Follow-up - Single  
Date: 1/28/2026 Time: 1pm  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 2**  
Total Priority 2 Orders: 1  
Total Priority 3 Orders: 0  
Delivery:

### Previous Order: 4-300 Equipment Numbers and Capacities

4-302.14      *Priority Level: Priority 2   CFP#: 48*

*MN Rule 4626.0715* Provide an appropriate test kit to accurately measure sanitizing solutions.

COMMENT:

REPEAT VIOLATION: FROM 9/2/2025 AND 10/20/2025 INSPECTIONS.

ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE.

SANI TEST STRIPS LEFT ON SITE.

PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT) ON REGULAR BASIS.

*Comply By: 9/8/2025      Originally Issued On: 9/2/2025*

### ! Previous Order: 4-700 Sanitizing Equipment and Utensils

4-703.11B      *Priority Level: Priority 1   CFP#: 16*

*MN Rule 4626.0905B* Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

COMMENT:

REPEAT VIOLATION: FROM 9/2/2025 AND 10/20/25 INSPECTIONS.

DISH MACHINE TEMP MEASURED 145F.

ALL ITEMS MUST BE SANI-DIPPED (50-200PPM CHLORINE) AFTER DISH MACHINE CYCLE IS COMPLETE.

CONTACT INSPECTOR ONCE REPAIRED.

*Comply By: 9/2/2025      Originally Issued On: 9/2/2025*



**! Previous Order: 7-200 Toxic Supplies and Applications**

7-204.11      *Priority Level: Priority 1   CFP#: 28*

*MN Rule 4626.1620* Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

COMMENT:

REPEAT VIOLATION FROM 10/20/25 AND 10/20/25 INSPECTIONS.

CHEMICAL SPRAY USED FOR FOOD CONTACT SURFACES MEASURED > 200 PPM.

HAD STAFF REMAKE SPRAY TO CORRECT CONCENTRATION.

ALWAYS CHECK CONCENTRATION WITH TEST STRIPS WHEN MAKING SANI SPRAY OR SANI BUCKET.

*Comply By: 10/20/2025      Originally Issued On: 10/20/2025*

**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 F1031261033 from 1/28/2026**



---

Establishment Representative

---

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

## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

AMERICAN SPIRIT LLC  
Afton  
County/Group: Washington County

### Inspection Info

Report Number: F1031261033  
Inspection Type: Follow-up  
Date: 1/28/2026  
Time: 1pm

**Sanitizing Chemical:** Product: Chlorine; **Sanitizing Process:** Sani Wipes

**Location:** Kitchen **Greater Than** 200 PPM

Comment:

*Violation Issued?: Yes*

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

**Location:** Kitchen **Less Than** 145 Degrees F.

Comment:

*Violation Issued?: Yes*

**Sanitizing Chemical:** Product: Chlorine; **Sanitizing Process:** Spray Bottle

**Location:** Kitchen **Equal To** 200 PPM

Comment:

*Violation Issued?: No*





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

## NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

November 5, 2025

Licensee  
American Spirit LLC  
13115 50th Street South  
Afton, MN 55001

RE: Conditional License Number 420525  
Health Facility Identification Number (HFID) 38664  
Project Number SL38664016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on October 21, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results, you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

The survey findings outlined in the letter dated October 27, 2025, and the State Form dated October 21, 2025, indicate twenty total correction orders including two level three orders and three level four orders. The level three orders were issued under tag numbers 0680 at an I scope and level for Disaster planning and emergency preparedness and 0810 at an I scope and level for Fire protection and physical environment. The level four orders were issued under tag numbers 0340 at an L scope and level for Correction orders; 0480 at an L scope and level for Minimum requirements; food services; and 0495 at an L scope and level for Minimum Requirements.

As a result, pursuant to Minn. Stat. § 144G.20, Subd. 1 (a), MDH is issuing a 90-day conditional license, pending appeal.

### **CONDITIONAL LICENSE ISSUED:**

MDH will issue American Spirit LLC a conditional assisted living facility license for 90 calendar days, pending appeal. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if American Spirit LLC is in substantial compliance.

The following conditions apply on the conditional assisted living facility license, pending appeal:

- a. No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including



immediate temporary suspension and revocation of the license.

- b. No new admissions:** American Spirit LLC will not admit any new residents under its conditional assisted living facility license until MDH removes the “no new admissions” condition. American Spirit LLC must provide the Department:

  - i. A list of the names and birthdates of any individuals American Spirit LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.
  - ii. A list of all current residents:

    - 1. Name and birthdate of each resident
    - 2. Current payment source for services
    - 3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
    - 4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative
- c. Consultant:** American Spirit LLC will contract with an RN to provide consultation concerning all resident(s) to whom American Spirit LLC provides licensed assisted living services under the conditional license. The consultant must have access to all resident(s) receiving services from American Spirit LLC. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant’s judgement or at the discretion of MDH. The RN must not have any affiliation with American Spirit LLC and MDH must review the RN’s credentials and approve the selection. American Spirit LLC is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to American Spirit LLC in an effort to help American Spirit LLC align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. American Spirit LLC will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.
- d. Reports:** The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies American Spirit LLC and the RN consultant about a change. Each report will be electronically submitted to: **HRDConsultantReports.MDH@state.mn.us**. The content of the reports will include information such as:



- i. Progress towards correction of orders;
  - ii. Observations of staff delivering assisted living services and the level of competency observed;
  - iii. Conversations with residents and family members about satisfaction with assisted living services;
  - iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
  - v. Overall impressions about the quality of the assisted living services delivered;
  - vi. Overall impressions about the dignity with which the residents and their family members are treated;
  - vii. Concerns; and
  - viii. Any other information requested by the Department or considered important by the RN consultant(s).
- e. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of American Spirit LLC to correct the violations cited during the follow-up survey as well as to determine the overall practice of American Spirit LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.
- f. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the license if MDH identifies any level 3, 4 or 5 violations or widespread care related violations.
- g. **Corrective Action Plan:** American Spirit LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
- i. A statement of the concern
  - ii. A description of what will happen to correct the concern
  - iii. A target date for when each correction will be complete
  - iv. Who is responsible to make sure it happens
  - v. Current status of correction work
  - vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

**RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:**

MDH will determine if American Spirit LLC is in substantial compliance based on the results of the



follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines American Spirit LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from American Spirit LLC's assisted living facility license, and American Spirit LLC will correct any outstanding violations identified during the survey. If American Spirit LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

**REQUESTING A HEARING:**

Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after the licensee receives notice of the action. Per Minn. Stat. §144G.20, Subd. 14, the request for hearing must contain a brief and plain statement describing every matter or issue contested and a brief and plain statement of any new matter that the facility believes constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

Note that this enforcement action is separate from the orders and associated fines outlined in the October 27, 2025, letter. If you wish to appeal the conditional license, the request for hearing must be submitted separate from any appeal request related specifically to those orders or fines.

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 Renee L. Anderson directly at: 651-201-5871 or email at: Renee.L.Anderson@state.mn.us.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, flowing style.

Rick Michals, J.D.

**Executive Regional Operations Manager**

**Minnesota Department of Health  
Health Regulation Division**

HHH





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

**AMENDED**

Electronically Delivered

October 29, 2025

Licensee  
American Spirit LLC  
13115 50th Street South  
Afton, MN 55001

RE: Project Number(s) SL38664016

Dear Licensee:

**Please Note: This letter amends the previous letter dated October 27, 2025. Specifically, the total amount of fines you are assessed has been corrected. You have the right to request a reconsideration or a hearing, within the statutory timeline, based on the date of this letter. No other changes have been made.**

On October 21, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on September 5, 2025. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 5, 2025, survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on September 5, 2025, found not corrected at the time of the October 21, 2025, follow-up survey and/or subject to penalty assessment are as follows:

**0480-Minimum Requi; Food Services-144g.41 Subdivision 1 Subd. 1a (a-B) - \$3,000.00**  
**0490-Minimum Requirements; Other Required Services-144g.41 Subdivision 1b - \$500.00**  
**0495-Minimum Requirements-144g.41 Subdivision. 1 (13) - \$3,000.00**  
**0500-Policies And Procedures-144g.41 Subd. 2 - \$500.00**  
**0580-Quality Management-144g.42 Subd. 2 - \$500.00**  
**0650-Staff Records-144g.42 Subd. 8 (a) - \$500.00**  
**0660-Tuberculosis Prevention And Control-144g.42 Subd. 9 - \$500.00**  
**0680-Disaster Planning And Emergency Preparedness-144g.42 Subd. 10 - \$1,000.00**  
**0775-Fire Protection And Physical Environment-144g.45 Subd. 2. (a) - \$500.00**  
**0790-Fire Protection And Physical Environment-144g.45 Subd. 2 (a) (2-3) -\$500.00**  
**0810-Fire Protection And Physical Environment-144g.45 Subd. 2 (b-F) - \$1,000.00**  
**0900-Contract Required-144g.50 Subdivision 1 -\$500.00**  
**1440-Supervision Of Staff Providing Delegated Nurs-144g.62 Subd. 4 -\$500.00**  
**1460-Orientation Of Staff And Supervisors-144g.63 Subdivision 1 -\$500.00**  
**1530-Training In Dementia, Mental Illness, And De--144g.64 (a) (1-2) -\$500.00**



**1640-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (a-E)-\$500.00**  
**1690-Medication Management Services-144g.71 Subdivision 1 -\$500.00**

The details of the violations noted at the time of this follow-up survey completed on October 21, 2025, (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on October 21, 2025, we identified the following violation(s):

**0340-Correction Orders-144g.30 Subd. 5 -- \$3,000.00**  
**1890-Prescription Drugs-144g.71 Subd. 20**

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$17,500.00**. 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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

**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.

**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:

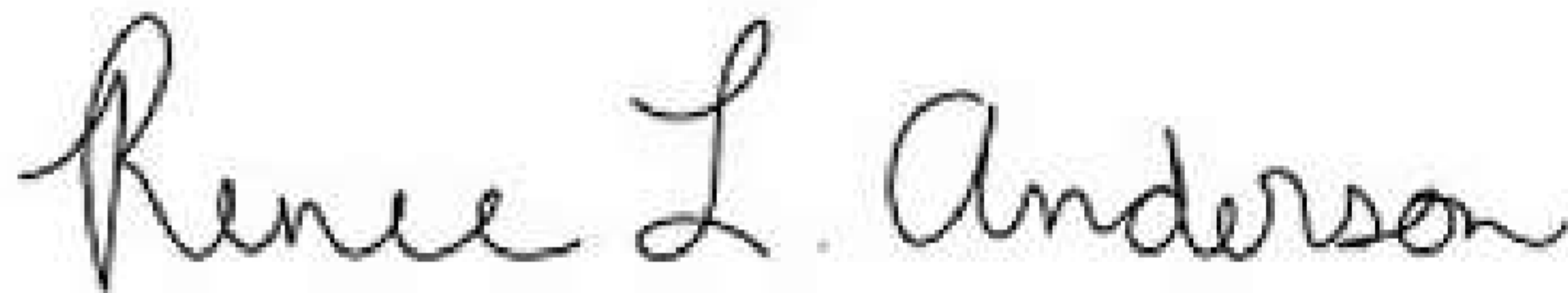
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To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines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

We urge you to review these orders carefully. If you have questions, please contact Renee L. Anderson at 651-201-5871.

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

Sincerely,

A handwritten signature in black ink that reads "Renee L. Anderson". The signature is written in a cursive, flowing style.

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

HHH





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

Electronically Delivered

October 27, 2025

Licensee  
American Spirit LLC  
13115 50th Street South  
Afton, MN 55001

RE: Project Number(s) SL38664016

Dear Licensee:

On October 21, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on September 5, 2025. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 5, 2025 survey.

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The details of the violations noted at the time of this follow-up survey completed on October 21, 2025, (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.



Also, at the time of this follow-up survey completed on October 21, 2025, we identified the following violation(s):

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The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$27,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

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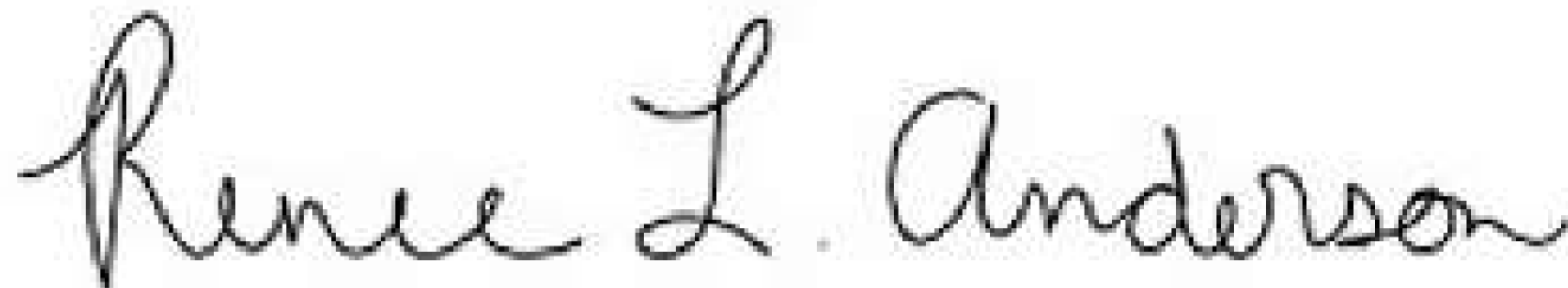
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We urge you to review these orders carefully. If you have questions, please contact Renee L. Anderson at 651-201-5871.

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

Sincerely,

A handwritten signature in black ink that reads "Renee L. Anderson". The signature is written in a cursive, flowing style.

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

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                   |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>38664 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | (X3) DATE SURVEY COMPLETED<br><br>R<br>10/21/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                   |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X5)<br>COMPLETE<br>DATE |                                                   |
| {0 000}                                                 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER FOLLOW UP<br>SURVEY WITH RE-ISSUE OF ORDERS<br><br>INITIAL COMMENTS<br>SL38664016-1<br><br>On October 20, 2025, through October 21, 2025,<br>the Minnesota Department of Health conducted a<br>follow-up survey at the above provider to<br>follow-up on orders issued pursuant to a survey<br>completed on September 5, 2025. At the time of<br>the survey, there were three (3) residents, all<br>receiving services under the Assisted Living<br>Facility license. As a result of the follow-up<br>survey, the following orders were issued and/or<br>reissued. | {0 000}                                                         | Minnesota Department of Health is<br>documenting the State Correction Orders<br>using federal software. Tag numbers have<br>been assigned to Minnesota State<br>Statutes for Assisted Living Facilities. The<br>assigned tag number appears in the<br>far-left column entitled "ID Prefix Tag." The<br>state Statute number and the<br>corresponding text of the state Statute out<br>of compliance is listed in the "Summary<br>Statement of Deficiencies" column. This<br>column also includes the findings which<br>are in violation of the state requirement<br>after the statement, "This Minnesota<br>requirement is not met as evidenced by."<br>Following the evaluators ' findings is the<br>Time Period for Correction.<br><br>PLEASE DISREGARD THE HEADING OF<br>THE FOURTH COLUMN WHICH<br>STATES,"PROVIDER'S PLAN OF<br>CORRECTION." THIS APPLIES TO<br>FEDERAL DEFICIENCIES ONLY. THIS<br>WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO<br>SUBMIT A PLAN OF CORRECTION FOR<br>VIOLATIONS OF MINNESOTA STATE<br>STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS<br>USED FOR TRACKING PURPOSES AND<br>REFLECTS THE SCOPE AND LEVEL<br>ISSUED PURSUANT TO 144G.31<br>SUBDIVISION 1-3. |                          |                                                   |
| 0 340<br>SS=L                                           | 144G.30 Subd. 5 Correction orders<br><br>(a) A correction order may be issued whenever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 340                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                   |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                          |  |                                                                 |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                                 |
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| 0 340                                                          | <p>Continued From page 1</p> <p>the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, an agent of the facility, or staff of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.</p> <p>(b) The commissioner shall mail or email copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically.</p> <p>(c) By the correction order date, the facility must:</p> <p>(1) document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed; and</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to provide sufficient documentation with actions taken to comply with the correction orders from a survey completed September 5, 2025. The lack of action to achieve compliance with regulations had the potential to affect all residents receiving services from the licensee.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident ' s health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or</p> | 0 340                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| 0 340                                                   | <p>Continued From page 2</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the licensee received an enforcement letter, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated licensee had not developed a written plan of correction (POC) to address correction orders issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing a POC and addressing the correction orders. ALDIR/LPN-A stated the first consulting meeting was scheduled for October 28, 2025, but licensee had not developed a written POC to provide to the surveyor upon request.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 340                                                           |                                                                                                                          |                          |                                                   |
| {0 480}<br>SS=L                                         | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {0 480}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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



Minnesota Department of Health

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| {0 480}                                                        | <p>Continued From page 4</p> <p>allowed provided the facility keeps them clean and in good condition;<br/>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br/>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident ' s health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 20, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer</p> | {0 480}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 480}                                                        | Continued From page 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {0 480}                                                                                     |                                                                                                                          |  |                                                                    |
|                                                                | to the FBEIR for any compliance dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                                                          |  |                                                                    |
| {0 490}<br>SS=F                                                | 144G.41 Subdivision 1b Minimum requirements;<br>other required services<br><br>All assisted living facilities must offer to provide or<br>make available the following services to<br>residents:<br>(1) weekly housekeeping;<br>(2) weekly laundry service;<br>(3) upon the request of the resident, provide<br>direct or reasonable assistance with arranging for<br>transportation to medical and social services<br>appointments, shopping, and other recreation,<br>and provide the name of or other identifying<br>information about the persons responsible for<br>providing this assistance;<br>(4) upon the request of the resident, provide<br>reasonable assistance with accessing community<br>resources and social services available in the<br>community, and provide the name of or other<br>identifying information about persons responsible<br>for providing this assistance;<br>(5) provide culturally sensitive programs; and<br>(6) have a daily program of social and<br>recreational activities that are based upon<br>individual and group interests, physical, mental,<br>and psychosocial needs, and that creates<br>opportunities for active participation in the<br>community at large.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on interview and record review, the<br>licensee failed to have a daily program of social<br>and recreational activities based on individual and<br>group interests, physical, mental, and<br>psychosocial needs, that created opportunities for | {0 490}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 490}                                                        | <p>Continued From page 6</p> <p>active participation in the community at large. This had the potential to affect all residents of the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated licensee had not begun to develop a program of social and recreational activities for the residents. ALDIR/LPN-A stated the licensee contacted a local consulting company to enlist their services in developing a plan to correct the citation, but licensee had not taken action to correct the citation at this time. ALDIR/LPN-A stated the first meeting with the consultant to develop a plan of correction was scheduled for October 28, 2025.</p> <p>No further information was provided.</p> | {0 490}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 495}                                                        | Continued From page 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {0 495}                                                                                     |                                                                                                                          |  |                                                                    |
| {0 495}<br>SS=L                                                | <p><b>144G.41 Subdivision. 1 (13) Minimum Requirements</b></p> <p>(13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to ensure that a registered nurse (RN) was available on-call 24 hours a day, seven days per week. This had the potential to affect all residents and staff of the facility.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident 's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> <p>On September 5, 2025, during the licensee's previous survey, the citation was issued with a time frame of correction of immediate. The order required the licensee to take immediate action to identify a RN who was available on-call 24 hours a day, seven days per week.</p> <p>On October 20, 2025, at 9:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee's clinical nurse supervisor (CNS)-I would not be available to be present for the survey because CNS-I worked the overnight shift at a local hospital and would need to sleep.</p> | {0 495}                                                                                     |                                                                                                                          |  |                                                                    |



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| {0 495}                                                 | <p>Continued From page 8</p> <p>On October 20, 2025, at 9:40 a.m., the surveyor texted the phone number ALDIR/LPN-A provided for CNS-I and requested they call surveyor.</p> <p>On October 20, 2025, at 10:27 a.m., the surveyor called CNS-I using the phone number provided and left a voicemail message to return surveyor's phone call as soon as possible.</p> <p>On October 20, 2025, at 11:47 a.m., ALDIR/LPN-A stated the licensee assumed CNS-I was able to provide on-call nursing services 24 hours per day, seven days a week. ALDIR/LPN-A stated he was not sure why CNS-I had not returned a text or call from the surveyor, but was most likely sleeping.</p> <p>On October 20, 2025, at 5:58 p.m., CNS-I replied to the surveyor's text which read, "I apologize for my delay. I worked last night and got home and was sleeping most of the day. I am available in the morning between 8-10am."</p> <p>On October 21, 2025, at 8:25 a.m., during a phone call, CNS-I stated they were the "interim" CNS for the licensee and worked about two hours per week for the licensee. CNS-I stated they were not an actual employee of the licensee and were only helping out to complete assessments and some education for staff. CNS-I stated they did not want to get fully involved with the licensee if the licensee's situation was going to be complex and more than CNS-I wanted to manage. CNS-I stated they worked 12-hour night shifts at a large local hospital in med-surg (medical-surgical floor with a wide range of medical or surgical conditions who are recovering from surgery or managing acute illnesses), slept during the day, and cared for their children in the evening.</p> | {0 495}                                                         |                                                                                                                          |                          |                                                   |



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| {0 495}                                                        | <p>Continued From page 9</p> <p>On October 21, 2025, at 1:00 p.m., an exit conference email was sent to ALDIR/LPN-A's email which indicated the surveyor would call ALDIR/LPN's provided phone number at 2:00 p.m., to clarify CNS-I's role and complete an exit conference.</p> <p>On October 21, 2025, at 2:00 p.m., the surveyor called ALDIR/LPN's phone number and was greeted by automated voicemail answering service. The surveyor left a voicemail for ALDIR/LPN-A to return the surveyor's phone call as soon as possible to complete the exit conference.</p> <p>On October 21, 2025, at 4:50 p.m., the surveyor again attempted to call ALDIR/LPN-A and again left a voicemail message requesting a return call.</p> <p>ALDIR/LPN-A did not return the surveyor's call during the survey window.</p> <p>No further information was provided.</p> | {0 495}                                                                                     |                                                                                                                          |  |                                                                    |
| {0 500}<br>SS=F                                                | <p>144G.41 Subd. 2 Policies and procedures</p> <p>Each assisted living facility must have policies and procedures in place to address the following and keep them current:</p> <p>(1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;</p> <p>(2) conducting and handling background studies on employees;</p> <p>(3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;</p> <p>(4) handling complaints regarding staff or services provided by staff;</p> <p>(5) conducting initial evaluations of residents'</p>                                                                                                                                                                                                                                                  | {0 500}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                    |
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| {0 500}                                                        | <p>Continued From page 10</p> <p>needs and the providers' ability to provide those services;<br/>(6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate;<br/>(7) orientation to and implementation of the assisted living bill of rights;<br/>(8) infection control practices;<br/>(9) reminders for medications, treatments, or exercises, if provided;<br/>(10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;<br/>(11) ensuring that nurses and licensed health professionals have current and valid licenses to practice;<br/>(12) medication and treatment management;<br/>(13) delegation of tasks by registered nurses or licensed health professionals;<br/>(14) supervision of registered nurses and licensed health professionals; and<br/>(15) supervision of unlicensed personnel performing delegated tasks.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and implement current policies and procedures as required.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to</p> | {0 500}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001 |                                                                                                                          |  |                                                   |
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| {0 500}                                                 | <p>Continued From page 11</p> <p>cause serious injury, impairment, or death), and is 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).</p> <p>The findings include:</p> <p>The licensee's Assisted Living Facility license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not developed, implemented, or maintained the required policies and procedures to address this citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing policies and procedures to address the citation but would not be meeting with the consultant until October 28, 2025.</p> <p>No policy and procedures were provided at any time during the survey.</p> <p>No further information was provided.</p> | {0 500}                                                                             |                                                                                                                          |  |                                                   |
| {0 580}<br>SS=F                                         | 144G.42 Subd. 2 Quality management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | {0 580}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 580}                                                 | <p>Continued From page 12</p> <p>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The licensee's Assisted Living Facility license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the</p> | {0 580}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 580}                                                 | Continued From page 13<br><br>licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.<br><br>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not developed, implemented, or maintained a quality management program to address this citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated licensee had contacted a local consulting company to enlist their services in developing a quality management program to address the citation but would not be meeting with the consultant until October 28, 2025.<br><br>No policy and procedures were provided at any time during the survey.<br><br>No further information provided. | {0 580}                                                                             |                                                                                                                          |  |                                                   |
| {0 650}<br>SS=F                                         | 144G.42 Subd. 8 (a) Staff records<br><br>(a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including                                                                                                                                                                                                                                                                                  | {0 650}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001 |                                                                                                                          |  |                                                   |
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| {0 650}                                                 | <p>Continued From page 14</p> <p>qualifications, responsibilities, and identification of staff persons providing supervision;<br/>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br/>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br/>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services for two of two employees (assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A, unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the</p> | {0 650}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 650}                                                        | <p>Continued From page 15</p> <p>licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>ALDIR/LPN-A was hired January 1, 2025, to provide supervision of staff, and direct care services for residents.</p> <p>ULP-C began working for the licensee January 1, 2025, and provided direct care services for residents.</p> <p>The licensee did not provide employee records for ALDIR/LPN-A and ULP-C upon request.</p> <p>On October 20, 2025, at 11:00 a.m., ALDIR/LPN-A stated licensee had not developed or maintain employee records to address this citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated licensee had contacted a local consulting company to enlist their services in developing and maintaining employee records to address the citation but would not be meeting with the consultant until October 28, 2025.</p> <p>No policy and procedures were provided at any time during the survey.</p> <p>No further information provided.</p> | {0 650}                                                                                     |                                                                                                                          |  |                                                                    |
| {0 660}<br>SS=F                                                | <p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {0 660}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 660}                                                        | <p>Continued From page 16</p> <p>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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include a facility TB risk assessment, history and symptom screening and baseline testing for two of two employees (assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A and unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> | {0 660}                                                                                     |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 660}                                                        | <p>Continued From page 17</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>ALDIR/LPN-A was hired January 1, 2025, to provide supervision of staff, and direct care services for residents.</p> <p>ULP-C began working for the licensee January 1, 2025, and provided direct care services for residents.</p> <p>The licensee did not provide employee records for ALDIR/LPN-A and ULP-C upon request.</p> <p>On October 20, 2025, at 11:00 a.m., ALDIR/LPN-A stated licensee had not developed or maintained employee records to address the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing and maintaining employee records to address the citation but would not be meeting with the consultant until October 28, 2025.</p> <p>No policy and procedures were provided at any time during the survey.</p> <p>No further information provided.</p> | {0 660}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                 |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                        |
| {0 680}                                                        | Continued From page 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {0 680}                                                                                     |                                                                                                                          |  |                                                                 |
| {0 680}<br>SS=I                                                | <p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p> <p>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more</p> | {0 680}                                                                                     |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                                    |
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| {0 680}                                                        | <p>Continued From page 19</p> <p>than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not developed nor maintained an EP plan to address the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing and maintaining an EP plan to address the citation but would not be meeting with the consultant until October 28, 2025.</p> <p>No policy and procedures were provided at any time during the survey.</p> <p>No further information was provided.</p> | {0 680}                                                                   |                                                                                                                          |  |                                                                    |
| {0 775}<br>SS=F                                                | <p>144G.45 Subd. 2. (a) Fire protection and physical environment</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {0 775}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001 |                                                                                                                          |  |                                                   |
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| {0 775}                                                 | <p>Continued From page 20</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, from approximately 12:00 p.m. until 12:20 p.m., the surveyor toured the facility with assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A. During the tour the surveyor observed the following:</p> <p>Space heaters were located in resident room 3 and in the main floor living room. These supplied</p> | {0 775}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001 |                                                                                                                          |  |                                                   |
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| {0 775}                                                 | Continued From page 21<br><br>portable heaters are not approved for use in the facility and may increase risk of fire.<br><br>Extension cords were in use in resident room 2 to power multiple devices. Extension cords are not rated for continuous use and should not be used in lieu of permanent wiring. Use of extension cords in this capacity increases risk of fire.<br><br>No documentation for load tests, logs or inspections were available for the facility generator. The generator was part of the evacuation plan for the facility, and it is important to maintain the generator in proper working order and maintain required documentation to ensure safe evacuation during a fire or similar emergency.<br><br>ALDIR/LPN-A acknowledged the noted deficiencies during the tour and indicated that they were unaware of requirements. ALDIR/LPN-A stated they could not recall the deficiencies noted during the survey completed September 5, 2025, and borrowed a pen from the surveyor to take notes on the noted deficiencies. The licensee failed to provide documentation of any actions taken to comply with the correction orders from a survey completed September 5, 2025, and all previously noted deficiencies continued to exist with no correction. No progress was observed by facility to correct deficiencies. | {0 775}                                                                             |                                                                                                                          |  |                                                   |
| {0 790}<br>SS=F                                         | 144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {0 790}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                                    |
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| {0 790}                                                        | <p>Continued From page 22</p> <p>occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, from approximately 12:00 p.m. until 12:20 p.m., the surveyor toured the facility with assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A. During the tour the surveyor</p> | {0 790}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 790}                                                 | Continued From page 23<br><br>observed the following:<br><br>The fire extinguishers provided throughout the facility, in the kitchen, and basement common area did not have current annual service tags or appropriate monthly inspections. The extinguishers in the kitchen and basement common area had annual service tags from Nardini with the most recent inspection being August 2023. The annual service tags provided were the same tags noted during the survey completed September 5, 2025. ALDIR/LPN-A stated that the extinguishers had not been serviced since the original survey and that facility staff had not inspected the extinguishers either.<br><br>The licensee failed to provide sufficient documentation of any actions taken to comply with the correction orders from a survey completed September 5, 2025, and no further information was provided. No progress was observed by facility to correct deficiencies. | {0 790}                                                                             |                                                                                                                          |  |                                                   |
| {0 800}<br>SS=E                                         | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(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.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {0 800}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 800}                                                 | Continued From page 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {0 800}                                                         | Not reviewed during this survey                                                                                          |                          |                                                   |
| {0 810}<br>SS=I                                         | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. | {0 810}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001                                      |                          |                                                   |
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| {0 810}                                                 | <p>Continued From page 25</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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).</p> <p>The findings include:</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, at approximately 12:15 p.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A provided documents on the fire safety and evacuation plan (FSEP). All documents belonged to the previous owners and ALDIR/LPN-A indicated that no new documents had been created or added. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing an FSEP, but the licensee had not developed a written FSEP to provide to the surveyor upon request.</p> <p>The licensee's FSEP failed to include the</p> | {0 810}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001                                      |  |                                                   |
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| {0 810}                                                 | <p>Continued From page 26</p> <p>following:</p> <p>The FSEP failed to include the location and number of resident rooms. Facility maps and documents did not number or otherwise identify resident rooms, and no such designators were located on or near the resident room doors making it difficult to identify specific rooms. No facility documents were included in FSEP binder, but a map of the main level was located near the front door. No documents were provided displaying the basement level floor plan.</p> <p>The provided FSEP documents appeared outdated and did not include information about generator for backup power, sprinkler system, or door locks.</p> <p>The FSEP failed to include appropriate employee actions to take during a fire or similar emergency. The FSEP contained outdated documents and general information regarding a fire alarm system and smoke compartments with automatic closing doors which are not features present in the facility. No accurate and facility specific employee actions were provided. ALDIR/LPN-A acknowledged that these documents were missing from the FSEP.</p> <p>The FSEP failed to identify specific fire protection actions for residents. There was no section in the provided documents that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. Fire procedures must be provided for residents. ALDIR/LPN-A acknowledged that these documents were missing from the FSEP.</p> <p>The FSEP failed to identify unique resident needs</p> | {0 810}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 810}                                                 | <p>Continued From page 27</p> <p>for evacuation or movement during fire or similar emergency. ALDIR/LPN-A acknowledged that these documents were missing from the FSEP.</p> <p>Record review indicated the licensee failed to provide and document adequate training to employees on the FSEP upon hire and at least twice per year. Staff was unable to provide documentation showing adequate trainings were provided for employee training on the fire safety and evacuation plan. ALDIR/LPN-A acknowledged that these documents were missing from the FSEP.</p> <p>Record review indicated the licensee failed to provide and document adequate training to residents on actions to take during a fire or evacuation. ALDIR/LPN-A acknowledged that these documents were missing from the FSEP, and no training had been conducted since the ownership transition in April 2025.</p> <p>Record review indicated that the licensee failed to provide and document any evacuation drills. No evacuation drill records were provided. There was no plan to conduct or record drills. The surveyor explained requirements for drills. Evacuation drills must occur at least once every other month and at least twice per year per shift. ALDIR/LPN-A acknowledged that these documents were missing from the FSEP and that no drills had occurred since the licensee assumed ownership.</p> <p>No new FSEP documents were provided to the surveyor. ALDIR/LPN-A stated that no additional documentation had been added to the FSEP since the survey completed on September 5, 2025. ALDIR/LPN-A stated licensee had contacted a local consulting company to enlist their services in developing an FSEP.</p> | {0 810}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 810}                                                 | Continued From page 28<br><br>ALDIR/LPN-A stated the consultants were scheduled to FSEP on October 28, 2025, but that licensee had not developed a written FSEP to provide to the surveyor upon request. No further information was provided. No progress was observed by facility to correct deficiencies.<br><br>During an interview on October 20, 2025, at approximately 12:15 p.m., the surveyor explained the requirements for employee trainings, evacuation drills and FSEP documentation. ALDIR/LPN-A stated they understood the requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {0 810}                                                         |                                                                                                                          |                          |                                                   |
| {0 900}<br>SS=F                                         | 144G.50 Subdivision 1 Contract required<br><br>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.<br>(b) The contract must contain all the terms concerning the provision of:<br>(1) housing;<br>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and<br>(3) the resident's service plan, if applicable.<br>(c) A facility must:<br>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and<br>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.<br>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.<br>(e) Before or at the time of execution of the | {0 900}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {0 900}                                                 | <p>Continued From page 29</p> <p>contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and execute a written assisted living contract with the required content for three of three residents (R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the licensee received an enforcement letter, with the results of the survey completed September 5, 2025. The time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>R2 was admitted on August 29, 2024.</p> | {0 900}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                    |
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| {0 900}                                                        | Continued From page 30<br><br>R3 was admitted on April 1, 2024.<br><br>R4 was admitted on July 2, 2024.<br><br>R2, R3, and R4's records all lacked an assisted living contract authenticated by the resident or resident's representative.<br><br>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not yet developed an assisted living contract in response to the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing an assisted living contract to address the citation but would not be meeting with the consultant until October 28, 2025.<br><br>No policy and procedures were provided at any time during the survey.<br><br>No further information was provided. | {0 900}                                                                                     |                                                                                                                          |  |                                                                    |
| {01440}<br>SS=F                                                | 144G.62 Subd. 4 Supervision of staff providing delegated nurs<br><br>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered                                                                                                                                                                                                                                                                                                           | {01440}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01440}                                                 | <p>Continued From page 31</p> <p>nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) The completed direct supervision of staff performing delegated tasks within 30 calendar days after the date on which the individual began working for the facility and first performed the delegated task for two of two employees (unlicensed personnel (ULP)-C and ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> | {01440}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {01440}                                                 | Continued From page 32<br><br>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.<br><br>ULP-C began working for the licensee January 1, 2025, to provide direct care services to residents.<br><br>ULP-E was hired May 5, 2025, to provide direct care services to residents.<br><br>ULP-C and ULP-E lacked employee records and lacked documentation of RN supervision of delegated tasks.<br><br>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not developed nor maintained employee training records in response to the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services to address their correction orders, but would not be meeting with the consultant until October 28, 2025.<br><br>No policy and procedures were provided at any time during the survey.<br><br>No further information was provided. | {01440}                                                                             |                                                                                                                          |  |                                                   |
| {01460}<br>SS=F                                         | 144G.63 Subdivision 1 Orientation of staff and supervisors<br><br>(a) All staff providing and supervising direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {01460}                                                                             |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| {01460}                                                        | <p>Continued From page 33</p> <p>services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b).</p> <p>(b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations for two of two</p> | {01460}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01460}                                                        | <p>Continued From page 34</p> <p>employees (unlicensed personnel (ULP)-C and ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>ULP-C began working for the licensee January 1, 2025, to provide direct care services to residents.</p> <p>ULP-E was hired May 5, 2025, to provide direct care services to residents.</p> <p>ULP-C and ULP-E lacked employee records and lacked documentation of orientation to assisted living facility licensing requirements.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not created employee records nor documented</p> | {01460}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01460}                                                        | Continued From page 35<br><br>employee orientation in response to the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing and maintaining employee records to address the citation but would not be meeting with the consultant until October 28, 2025.<br><br>No policy and procedures were provided at any time during the survey.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {01460}                                                                   |                                                                                                                          |  |                                                                    |
| {01530}<br>SS=F                                                | 144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-<br><br>(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;<br>(2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until | {01530}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01530}                                                        | <p>Continued From page 36</p> <p>this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the required dementia care training and two hours of initial mental illness and de-escalation training were completed within required timeframe for two of two employees (unlicensed personnel (ULP)-C and ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> | {01530}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01530}                                                        | <p>Continued From page 37</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>ULP-C began working for the licensee January 1, 2025, to provide direct care services to residents.</p> <p>ULP-E was hired May 5, 2025, to provide direct care services to residents.</p> <p>ULP-C and ULP-E lacked employee records and lacked documentation of dementia care and mental illness and de-escalation training.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not developed employee records nor documented employee training in response to the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing and maintaining employee records to address the citation but would not be meeting with the consultant until October 28, 2025.</p> <p>No policy and procedures were provided at any time during the survey.</p> <p>No further information was provided.</p> | {01530}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01640}                                                        | Continued From page 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | {01640}                                                                |                                                                                                                          |  |                                                                 |
| {01640}<br>SS=F                                                | <p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(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.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure a written service plan was developed, including a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided for three of three residents (R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and</p> | {01640}                                                                |                                                                                                                          |  |                                                                 |



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| {01640}                                                        | <p>Continued From page 39</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>R2 was admitted on August 29, 2024.</p> <p>R3 was admitted on April 1, 2024.</p> <p>R4 was admitted on July 2, 2024.</p> <p>R2, R3, and R4's records all lacked a completed service plan with required content which was authenticated by the resident or resident's representative to document agreement of services to be provided.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not developed nor maintained any service plans for any residents to address the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing and maintaining service plans to address the citation but would not be meeting</p> | {01640}                                                                |                                                                                                                          |  |                                                                 |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                    |
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| {01640}                                                        | Continued From page 40<br><br>with the consultant until October 28, 2025.<br><br>No policy and procedures were provided at any<br>time during the survey.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {01640}                                                                                     |                                                                                                                          |  |                                                                    |
| {01690}<br>SS=F                                                | <b>144G.71</b> Subdivision 1 Medication management<br>services<br><br>(a) This section applies only to assisted living<br>facilities that provide medication management<br>services.<br>(b) An assisted living facility that provides<br>medication management services must develop,<br>implement, and maintain current written<br>medication management policies and<br>procedures. The policies and procedures must be<br>developed under the supervision and direction of<br>a registered nurse, licensed health professional,<br>or pharmacist consistent with current practice<br>standards and guidelines.<br>(c) The written policies and procedures must<br>address requesting and receiving prescriptions<br>for medications; preparing and giving<br>medications; verifying that prescription drugs are<br>administered as prescribed; documenting<br>medication management activities; controlling<br>and storing medications; monitoring and<br>evaluating medication use; resolving medication<br>errors; communicating with the prescriber,<br>pharmacist, and resident and legal and<br>designated representatives; disposing of unused<br>medications; and educating residents and legal<br>and designated representatives about<br>medications. When controlled substances are<br>being managed, the policies and procedures<br>must also identify how the provider will ensure<br>security and accountability for the overall | {01690}                                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/21/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                                    |
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| {01690}                                                        | <p>Continued From page 41</p> <p>management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to develop, implement, and maintain current written medication management policies and procedures that were developed under the supervision and direction of a registered nurse (RN).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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)</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 19, 2025, the Department sent the licensee an enforcement letter via email, with the results of the survey completed September 5, 2025. The longest time period for correction was 21 days from September 19, 2025, or October 10, 2025.</p> <p>On October 20, 2025, at 11:00 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated the licensee had not developed, implemented, nor maintained the</p> | {01690}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>38664                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br>R<br>10/21/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001 |                                                                                                                          |  |                                                   |
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| {01690}                                                 | Continued From page 42<br><br>required medication management policies and procedures to address the citation issued on the survey concluded on September 5, 2025. ALDIR/LPN-A stated the licensee had contacted a local consulting company to enlist their services in developing policies and procedures to address the citation, but would not be meeting with the consultant until October 28, 2025.<br><br>No policy and procedures were provided at any time during the survey.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {01690}                                                                             |                                                                                                                          |  |                                                   |
| 01890<br>SS=D                                           | 144G.71 Subd. 20 Prescription drugs<br><br>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to discard expired medications and failed to label medications with the appropriate resident's name for one of three residents (R3).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or | 01890                                                                               |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                    |
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| 01890                                                          | <p>Continued From page 43</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On October 20, 2025, at 11:20 a.m., during a medication cart audit, two expired medications were noted. A box of naloxone HCl (hydrochloride) Nasal Spray (a nasal spray that rapidly reverses an opioid overdose) with a label that read, "House Stock [previous company name]," had an expiration date of July 2025. Additionally, an unlabeled Ventolin (medication used as a rescue inhaler to treat bronchospasms) HFA (hydrofluoroalkane, a propellant used to deliver the medication) had an expiration date of October 2023.</p> <p>R3 was admitted on April 1, 2024.</p> <p>R3's assessment dated September 17, 2025, indicated the Ventolin HFA was prescribed for R3.</p> <p>R3's Physician's Orders dated October 20, 2025, indicated R3 had Ventolin HFA prescribed to R3 by their primary care provider.</p> <p>On October 20, 2025, at 11:47 a.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated all expired medications should have been removed from the medication cart. ALDIR/LPN-A stated the unlabeled inhaler should have been labeled with R3's information but also should have been removed from the medication cart as it was expired.</p> <p>No policy and procedures were provided at any time during the survey.</p> | 01890                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                                    |
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| 01890                                                          | Continued From page 44<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days          | 01890                                                                                       |                                                                                                                          |  |                                                                    |





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

Electronically Delivered

September 19, 2025

Licensee  
American Spirit LLC  
13115 50th Street South  
Afton, MN 55001

RE: Project Number(s) SL38664016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 5, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **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 - 0330 - 144g.30 Subd. 4 - Information Provided By Facility - \$3,000.00  
St - 0 - 0420 - 144g.40 Subdivision 1 - Responsibility For Housing And Services - \$3,000.00  
St - 0 - 0480 - 144g.41 Subdivision 1 Subd. 1a (a-B) - Min. Req; Required Food Services - \$1,000.00  
St - 0 - 0495 - 144g.41 Subdivision. 1 (13) - Minimum Requirements - \$3,000.00  
St - 0 - 0620 - 144g.42 Subd. 6 (a) / 626.557, Subd. 3 - Compliance Req. Reporting Ma - \$1,000.00  
St - 0 - 0630 - 144g.42 Subd. 6 (b) - Compliance With Requirements For Reporting Ma - \$1,000.00  
St - 0 - 0680 - 144g.42 Subd. 10 - Disaster Planning And Emergency Preparedness - \$1,000.00  
St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00  
St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$1,000.00  
St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$1,000.00  
St - 0 - 1620 - 144g.70 Subd. 2 (c-E) - Initial Reviews, Assessments, And Monitoring - \$3,000.00  
St - 0 - 1730 - 144g.71 Subd. 5 - Individualized Medication Management Plan - \$1,000.00  
St - 0 - 1750 - 144g.71 Subd. 7 - Delegation Of Medication Administration - \$3,000.00  
St - 0 - 1760 - 144g.71 Subd. 8 - Documentation Of Administration Of Medication - \$1,000.00  
St - 0 - 1820 - 144g.71 Subd. 13 - Prescriptions - \$1,000.00  
St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$27,500.00.** 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](mailto: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,



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

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Minnesota Department of Health

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| 0 000                                                          | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL38664016-0</p> <p>On September 2, 2025 , through September 5, 2025, the Minnesota Department of Health conducted a Change of Ownership survey at the above provider and the following correction orders are issued. At the time of the survey, there were four residents, all of whom were receiving services under the Assisted Living Facility license.</p> <p>Immediate correction orders were issued September 2, 2025, for SL38664016-0 correction tags 0495 and 1290.<br/>Immediate correction orders were issued September 4, 2025, for SL38664016-0 correction tags 2310 and 1750.</p> <p>On September 18, 2025, tag identification 0495 was ammended to include addittional statutory reference, and increased to level 4.</p> | 0 000                                                                  | <p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p> |  |                                                     |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                          |  |                                                     |
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| 0 330                                                          | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 330                                                                  |                                                                                                                          |  |                                                     |
| 0 330<br>SS=L                                                  | <p><b>144G.30 Subd. 4</b> Information provided by facility</p> <p>(a) The assisted living facility shall provide accurate and truthful information to the department during a survey, investigation, or other licensing activities.</p> <p>(b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and their legal representatives and designated representatives that includes addresses and telephone numbers and any other information requested about the services to residents.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to provide the Minnesota Department of Health (MDH) accurate and truthful information during the licensure application period, by falsifying the employment of a registered nurse (RN) as clinical nurse supervisor (CNS) for the facility, and during the survey. Further, the licensee failed to provide the surveyor with a list of current residents, admit dates, diagnoses and services provided within a reasonable period of time. This affected the survey process and all residents and staff.</p> <p>This practice resulted in a level four violation (a violation harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> | 0 330                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 330                                                          | <p>Continued From page 2</p> <p>The licensee held an assisted living license effective December 30, 2024, after acquiring the facility through a change of ownership (CHOW).</p> <p><b>ASSISTED LIVING APPLICATION INFORMATION</b></p> <p>The licensee's Application for Assisted Living Provisional License, signed by owner (O)-B August 16, 2024, indicated RN-F would be the CNS for the licensee. The application further included the following statement, verified by O-B's signature: "The information I ("I" means the owner or authorized agent, and not the applicant) have provided in this application is true and accurate to the best of my knowledge and belief. If information is found to be inaccurate or untrue, it is-cause for denial of an assisted living license."</p> <p>The licensee's organization chart description, submitted to the department with the licensure application, included RN-F as "Nursing Supervisor", with the following description, "The nursing supervisor leads the nursing staff; she coordinates all healthcare services, training of nurses and PCA's, and ensures the agency is compliant with the Minnesota Department of Health requirements and regulations."</p> <p>During an interview on September 2, 2025, at 2:00 p.m., O-B stated the licensee did not employ an RN and had not employed an RN for several months.</p> <p>On September 3, 2025, at 2:13 p.m., Minnesota Department of Health manager (M)-G interviewed RN-F via phone and RN-F stated she knew the licensee, but had never worked in the facility and was not aware that she had been listed on the assisted living facility application as the CNS responsible for healthcare services provided by</p> | 0 330                                                                  |                                                                                                                          |  |                                                     |



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| 0 330                                                          | <p>Continued From page 3</p> <p>the licensee.</p> <p>On September 3, 2025, at 2:45 p.m., assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A stated that an RN named [RN-F first name] worked for this licensee for 1-2 months at the beginning of 2025. He was not sure of the RN's last name.</p> <p>The Minnesota Department of Human Services NETStudy 2.0 website, reviewed September 3, 2025, indicated the licensee never completed a background study for RN-F, affiliated with the facility. RN-F was licensed in 2013 and would require a completed background study if employed by the licensee.</p> <p><b>RESIDENT ROSTER</b><br/>On September 2, 2025, at 8:28 a.m., the surveyor sent the licensee an email to the email address of assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A. The email notified the licensee the surveyor would arrive at approximately 12:00 p.m., and indicated, "Please have these three specific forms completed prior to my arrival:<br/>-Current Resident Roster<br/>-Discharge or Deceased Resident Roster<br/>-Employee List (full names, titles, and hire dates)"<br/>The list was formatted to provide links to blank forms available on the department's website for the provider's use.</p> <p>On September 2, 2025, at approximately 12:30 p.m., during the entrance conference with the house manager, unlicensed personnel (ULP)-C, the surveyor stated they would need the current resident roster.</p> <p>On September 3, 2025, at 1:00 p.m., the surveyor</p> | 0 330                                                                  |                                                                                                                          |  |                                                     |



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| 0 330                                                          | <p>Continued From page 4</p> <p>had requested four times that day for a completed current resident roster. Over 24 hours since the survey was initiated, ALDIR/LPN-A provided a partially completed roster, lacking admit dates and current services provided to residents. ALDIR/LPN-A could not complete the resident roster form, because he was unsure of the diagnoses, services, and admission dates of the current residents. ALDIR/LPN-A stated the electronic medical record system had not been working for months.</p> <p>On September 5, 2025, at the conclusion of the survey, the licensee provided a resident roster that indicated four residents were at the facility. Three of the four lacked an admit date and two had illegible diagnoses entered. The surveyor assisted ALDIR/LPN-A in correctly identifying that R1 used a bedrail, and R4 used oxygen.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 0 330                                                                                       |                                                                                                                          |  |                                                     |
| 0 420<br>SS=L                                                  | <p><b>144G.40 Subdivision 1 Responsibility for housing and services</b></p> <p>The facility is directly responsible to the resident for all housing and service-related matters provided, irrespective of a management contract. Housing and service-related matters include but are not limited to the handling of complaints, the provision of notices, and the initiation of any adverse action against the resident involving housing or services provided by the facility.</p> <p>This MN Requirement is not met as evidenced by:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 420                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 420                                                          | <p>Continued From page 5</p> <p>Based on observation, interview, and record review, the licensee failed to provide sufficient management, control, and operation of the housing and services provided by the facility. This had the potential to affect all residents.</p> <p>This practice resulted in a level four violation (a violation harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).<br/>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 3, 2025, at approximately 1:00 p.m., ALDIR/LPN-A stated he thought the new license/ownership for the facility took effect around the last few months of 2024 or the first few months of 2025.</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was currently out of state, but was on his way back to Minnesota and expected to arrive in Minnesota and to the facility later that afternoon. He said he was the acting director, owner, and clinical nurse supervisor (CNS) for the license.</p> <p>According to Minnesota Statute § 144G.41, Subd. 4, all assisted living facilities are required to employ a clinical nurse supervisor who is a registered nurse (RN) licensed in the state of Minnesota.</p> | 0 420                                                                                       |                                                                                                                          |  |                                                     |



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| 0 420                                                          | <p>Continued From page 6</p> <p>On September 3, 2025, at approximately 1:00 p.m., ALDIR/LPN-A stated he was not sure of diagnoses, services, and admission dates of the current residents and so could not fully complete the resident roster form. ALDIR/LPN-A stated he could not provide contracts, individual abuse prevention plans, assessments, medication management plans, service plans, or any medication orders for the residents, adding he thought he had those documents, but could not find them. ALDIR/LPN-A added he thought some of the information might be in RTASKS (electronic medical record), but for (many) months he had not been able to get RTASKS to work.</p> <p>On September 4, 2025, at 10:15 a.m., ALDIR/LPN-A stated he did not have any employee records, training records, job descriptions, or health screening records for employees. When asked why these requirements were not in place, ALDIR/LPN-A stated that he thought he may have done some of it, but he could not remember. ALDIR/LPN-A also stated that he thought the previous owner would have provided more assistance in the transition of ownership.</p> <p>The licensee's "Application for Assisted Living License", signed by owner (O)-B on August 16, 2024, indicated on page 6 that ALDIR/LPN-A was the Assisted Living Director for the licensee. No director license number was entered.</p> <p>The application section titled "Official Verification of Owner or Authorized Agent", (page 17 and 18 of the application), identified an affirmative checkmark next to the statement, "I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and</p> | 0 420                                                                  |                                                                                                                          |  |                                                     |



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| 0 420                                                          | <p>Continued From page 7</p> <p>Minnesota Rules, chapter 4659, governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract."</p> <p>Another checkmark was noted at the statement, "I have examined this application and all attachments, and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required."</p> <p>Page 18 was electronically signed by the owner O-B on August 16, 2024.</p> <p>During interview via telephone on September 3, 2025, at 11:30 a.m., ALDIR/LPN-A's mentor, licensed assisted living director mentor (LALDM)-H stated she had attempted at least eight times to contact ALDIR/LPN-A to work with him on his LALD role responsibilities and coursework, but he did not reply. LALDM-H stated that she sent ALDIR/LPN-A documents to complete, he completed half of the documents and did not respond after that. LALDM-H stated she planned to contact the Minnesota Board of Executives for Long Term Services and Supports (BELTSS) to end her mentorship with ALDIR/LPN-A the next week due to his lack of cooperation.</p> <p>On September 3, 2025, at 3:53 p.m., a representative for BELTSS stated via email, that</p> | 0 420                                                                  |                                                                                                                          |  |                                                     |



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| 0 420                                                          | <p>Continued From page 8</p> <p>while operating under a permit, the assisted living director-in-residency should actively engage with their mentor, and added it was "concerning" if there had been limited interaction with the mentor. The representative added it appeared ALDIR/LPN-A had not completed the licensure coursework.</p> <p>As a result of this survey, the following orders were issued under 0330, 0420, 0480, 0490, 0495, 0500, 0550, 0580, 0620, 0630, 0650, 0660, 0680, 0730, 0775, 0790, 0800, 0810, 0900, 0970, 1290, 1440, 1460, 1530, 1620, 1640, 1690, 1710, 1730, 1750, 1760, 1820, and 2310, which indicated the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.01 to 144G.95.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 0 420                                                                                       |                                                                                                                          |  |                                                     |
| 0 480<br>SS=I                                                  | <p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p>                                                                                                                      | 0 480                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 480                                                          | Continued From page 9<br><br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. | 0 480                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 480                                                          | <p>Continued From page 10</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 2, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>The FBEIR contained four (4) priority one (1) orders; two priority two (2) orders; and three (3) priority three (3) orders.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p> | 0 480                                                                                       |                                                                                                                          |  |                                                     |
| 0 490<br>SS=F                                                  | <p><b>144G.41 Subdivision 1b Minimum requirements; other required services</b></p> <p>All assisted living facilities must offer to provide or make available the following services to residents:<br/>(1) weekly housekeeping;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 490                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 490                                                   | <p>Continued From page 11</p> <p>(2) weekly laundry service;</p> <p>(3) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;</p> <p>(4) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;</p> <p>(5) provide culturally sensitive programs; and</p> <p>(6) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to have a daily program of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs, that create opportunities for active participation in the community at large. This had the potential to affect all residents of the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when</p> | 0 490                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 490                                                          | Continued From page 12<br><br>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).<br><br>The findings include:<br><br>On September 2, 2025, at approximately 2:00 p.m., during a facility tour, the surveyor observed no schedule was posted to indicate daily activities. The surveyor further observed R1 sitting at the kitchen table, completing word puzzles on his own.<br><br>On September 2, 2025, at approximately 2:00 p.m., unlicensed personnel (ULP)-C stated staff tried to offer activities to the residents, but they did not have a schedule or offer social and recreational activities every day.<br><br>On September 3, 2025, at 3:15 p.m., ULP-E stated she felt the residents at the facility did not get enough activities and outings away from facility.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 490                                                                  |                                                                                                                          |  |                                                     |
| 0 495<br>SS=L                                                  | 144G.41 Subdivision. 1 (13) Minimum Requirements<br><br>(13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure that a registered nurse (RN) was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 495                                                                  | The licensee submitted a partial plan of correction; the scope and severity remain                                       |  |                                                     |



Minnesota Department of Health

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| 0 495                                                          | <p>Continued From page 13</p> <p>available on-call 24 hours a day, seven days per week. This had the potential to affect all residents and staff of the facility.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident ' s health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> <p>According to Minnesota Statute § 144G.62, Subd. 1, all assisted living facilities must have a registered nurse available for consultation by staff performing delegated nursing tasks; this includes medication administration.</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A was contacted via phone. At that time, ALDIR/LPN-A stated he was the</p> | 0 495                                                                  | at level 3, widespread.                                                                                                  |  |                                                     |



Minnesota Department of Health

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| 0 495                                                          | <p>Continued From page 14</p> <p>acting director, owner, and clinical nurse supervisor (CNS) for the licensee.</p> <p>On September 2, 2025, at 12:15 p.m., the surveyor observed unlicensed personnel (ULP)-D serving lunch to two residents in the dining room. The surveyor asked ULP-D who she would call if she needed a nurse and she replied that she would call ALDIR/LPN-A.</p> <p>On September 2, 2025, at 12:30 p.m., during an entrance conference, ULP-C, who identified herself as an "administrator", stated that she was a caregiver who provided "some supervision" for the licensee. ULP-C stated ALDIR/LPN-A was the licensed assisted living director and nurse for the licensee. ULP-C further stated ALDIR/LPN-A was out of the state and was in the process of driving back to Minnesota at that time. When asked who she would call if she needed to speak with a nurse, ULP-C replied that she would call ALDIR/LPN-A. ULP-C stated that ALDIR/LPN-A was the only nurse working for the licensee.</p> <p>On September 2, 2025, at approximately 2:00 p.m., owner (O)-B stated the licensee did not currently employ a registered nurse and had not for several months.</p> <p>On September 2, 2025, at approximately 4:00 p.m., ULP-C stated that all unlicensed personnel employed by licensee, including herself, administered medications to residents.</p> <p>The licensee's Application for Assisted Living Provisional License, signed by owner (O)-B August 16, 2024, indicated RN-F would be the clinical registered nurse supervisor for the licensee.</p> | 0 495                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 495                                                          | Continued From page 15<br><br>On September 3, 2025, at 2:13 p.m., Minnesota Department of Health manager (M)-G interviewed RN-F via phone and RN-F stated she knew the licensee, but had never worked in the facility and was not aware that she had been listed on the assisted living facility application as the CNS responsible for healthcare services provided by the licensee.<br><br>A policy was requested and not provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Immediate                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 495                                                                  |                                                                                                                          |  |                                                     |
| 0 500<br>SS=F                                                  | 144G.41 Subd. 2 Policies and procedures<br><br>Each assisted living facility must have policies and procedures in place to address the following and keep them current:<br>(1) requirements in section 626.557, reporting of maltreatment of vulnerable adults;<br>(2) conducting and handling background studies on employees;<br>(3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;<br>(4) handling complaints regarding staff or services provided by staff;<br>(5) conducting initial evaluations of residents' needs and the providers' ability to provide those services;<br>(6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; | 0 500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 500                                                          | <p>Continued From page 16</p> <p>(7) orientation to and implementation of the assisted living bill of rights;</p> <p>(8) infection control practices;</p> <p>(9) reminders for medications, treatments, or exercises, if provided;</p> <p>(10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;</p> <p>(11) ensuring that nurses and licensed health professionals have current and valid licenses to practice;</p> <p>(12) medication and treatment management;</p> <p>(13) delegation of tasks by registered nurses or licensed health professionals;</p> <p>(14) supervision of registered nurses and licensed health professionals; and</p> <p>(15) supervision of unlicensed personnel performing delegated tasks.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and implement current policies and procedures as required.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was</p> | 0 500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>AMERICAN SPIRIT LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13115 50TH STREET SOUTH<br>AFTON, MN 55001                                      |  |                                              |
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| 0 500                                                   | <p>Continued From page 17</p> <p>effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the licensee.</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration.</p> <p>The licensee lacked evidence they developed or implemented the following policies:<br/>-requirements in section 626.557, reporting of maltreatment of vulnerable adults (see correction orders 0620, 0630, 0650);<br/>-conducting and handling background studies on employees (see correction order 1290);<br/>-orientation, training, and competency evaluations of staff, and a process for evaluating staff performance (see correction orders 1440, 1460, 1530);<br/>-handling complaints regarding staff or services provided by staff (see correction order 0550);<br/>-conducting initial evaluations of residents' needs and the providers' ability to provide those services;</p> | 0 500                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 500                                                          | <p>Continued From page 18</p> <ul style="list-style-type: none"><li>-conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate (see correction order 1620);</li><li>-orientation to and implementation of the assisted living bill of rights (see correction order 1440);</li><li>-infection control practices;</li><li>-reminders for medications, treatments, or exercises, if provided;</li><li>-conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards (see correction order 0660);</li><li>-ensuring that nurses and licensed health professionals have current and valid licenses to practice;</li><li>-medication and treatment management (see correction orders 1690, 1710, 1730, 1760, 1820);</li><li>-delegation of tasks by registered nurses or licensed health professionals (see correction order 1750);</li><li>-supervision of registered nurses and licensed health professionals; and</li><li>-supervision of unlicensed personnel performing delegated tasks (see correction order 1440).</li></ul> <p>On September 3, 2025, at 4:00 p.m., the surveyor requested the licensee's complete policies and procedures to review. ALDIR/LPN-A stated he thought he had electronic policies but he was not able to access them.</p> <p>No further information was provided.</p> | 0 500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>38664</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                        |
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| 0 500                                                          | Continued From page 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 500                                                                                       |                                                                                                                          |  |                                                        |
|                                                                | TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                                                                                                          |  |                                                        |
| 0 550<br>SS=F                                                  | 144G.41 Subd. 7 Resident grievances; reporting<br>maltreatment<br><br>All facilities must post in a conspicuous place<br>information about the facilities' grievance<br>procedure, and the name, telephone number, and<br>email contact information for the individuals who<br>are responsible for handling resident grievances.<br>The notice must also have the contact<br>information for the Office of Ombudsman for<br>Long-Term Care and the Office of Ombudsman<br>for Mental Health and Developmental Disabilities<br>and must have information for reporting<br>suspected maltreatment to the Minnesota Adult<br>Abuse Reporting Center. The notice must also<br>state that if an individual has a complaint about<br>the facility or person providing services, the<br>individual may contact the Office of Health Facility<br>Complaints at the Minnesota Department of<br>Health.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation and interview, the licensee<br>failed to support protection and safety by not<br>posting the facilities' grievance procedure, with<br>the current name, telephone number, and email<br>contact information for the individuals who are<br>responsible for handling resident grievances. This<br>had the potential to affect all residents, staff, and<br>visitors of the facility.<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to | 0 550                                                                                       |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 550                                                          | <p>Continued From page 20</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>During a facility tour on September 2, 2025, at approximately 12:15 p.m., the surveyor observed a grievance procedure posted in the foyer of the facility. The procedure contained the contact information for the previous owner and not the current owner.</p> <p>On September 4, 2025, at 10:15 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated that he was not aware of the content of the posted grievance policy.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 550                                                                  |                                                                                                                          |  |                                                     |
| 0 580<br>SS=F                                                  | <p><b>144G.42 Subd. 2 Quality management</b></p> <p>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 580                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 580                                                          | <p>Continued From page 21</p> <p>in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the licensee. ALDIR/LPN-A stated he was currently out of state, but was on his way back to Minnesota and expected to arrive in Minnesota and to the facility later that</p> | 0 580                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 580                                                          | Continued From page 22<br><br>afternoon.<br><br>Four times the surveyor requested the licensee<br>provide documentation of their quality<br>management program. The documentation was<br>not provided.<br><br>On September 3, 2025, at 1:00 p.m.,<br>ALDIR/LPN-A stated he could not locate the<br>requested information and added he thought the<br>previous owner would provide materials and<br>training for the facility after change of ownership.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                             | 0 580                                                                                       |                                                                                                                          |  |                                                        |
| 0 620<br>SS=G                                                  | 144G.42 Subd. 6 (a) / 626.557, Subd. 3<br>Compliance with requirements for reporting ma<br><br>(a) The assisted living facility must comply with<br>the requirements for the reporting of<br>maltreatment of vulnerable adults in section<br>626.557. The facility must establish and<br>implement a written procedure to ensure that all<br>cases of suspected maltreatment are reported.<br><br>The requirement in Minnesota Statute section<br>626.557, Subd. 3 is:<br>(a) A mandated reporter who has reason to<br>believe that a vulnerable adult is being or has<br>been maltreated, or who has knowledge that a<br>vulnerable adult has sustained a physical injury<br>which is not reasonably explained shall<br>immediately report the information to the<br>common entry point. If an individual is a<br>vulnerable adult solely because the individual is<br>admitted to a facility, a mandated reporter is not | 0 620                                                                                       |                                                                                                                          |  |                                                        |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 620                                                          | <p>Continued From page 23</p> <p>required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> | 0 620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 620                                                          | <p>Continued From page 24</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to immediately report maltreatment and neglect to the Minnesota Adult Abuse Reporting Center (MAARC) for one of four residents (R1).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the licensee.</p> <p>The licensee's current resident roster, dated September 3, 2025, indicated R1 received services including assistance with medication administration.</p> <p>On September 2, 2025, at 2:00 p.m., the surveyor observed R1 sitting in a wheelchair on the patio in front of the facility.</p> <p>During an interview on September 3, 2025, at</p> | 0 620                                                                  |                                                                                                                          |  |                                                     |



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| 0 620                                                          | <p>Continued From page 25</p> <p>12:00 p.m., R1 stated that he would like a new wheelchair, but he had a family member (identified as family (F)5) who refused to let him have one. R1 explained that he wanted foot-rests, arm-cushions, and better brakes on his wheelchair. R1 stated F5 made decisions for him and R5 told R1 that he did not need a new wheelchair.</p> <p>On September 4, 2025, at approximately 10:00 a.m., R1 stated he did not like F5 and did not like the way F5 talked to him.</p> <p>Unlicensed personnel (ULP)-E confirmed that the brakes on R1's wheelchair did not function properly, the arm cushions on this wheelchair had fallen off, and there were no footrests for R1's wheelchair that R1 could use when he went out to appointments. ULP-E further stated R1 had scratched himself on armrest metal where the padding/cushions fell off.</p> <p>On September 3, 2025, at approximately 12:15 p.m., ALDIR/LPN-A stated he thought he recently had a meeting with R1 and F5 and would look for that documentation. No documentation was provided.</p> <p>On September 3, 2025, at 2:45 p.m., when asked what the outcome should be regarding R1 being denied a properly working wheelchair, ALDIR/LPN-A stated he should have "reported" F5.</p> <p>ULP-C stated R1 was recently assessed for a new wheelchair, while at a clinic appointment. The wheelchair was ordered, but F5 canceled the wheelchair order and told staff that R1 could not have any item that F5 did not approve. ULP-C stated F5 told R1 and staff of the facility that she</p> | 0 620                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 620                                                          | <p>Continued From page 26</p> <p>(F5) was the only person who could visit R1 and if staff did not follow the directions of F5, she would sue the facility as well as the staff.</p> <p>On September 4, 2025, at approximately 10:00 a.m., R1 allowed the surveyor to observe the metal arms of his wheelchair. The surveyor observed holes in the metal wheelchair arms. The holes appeared to be attachment points for cushions typically present on the arms of a metal wheelchair. There were no wheelchair arm cushions attached to the wheelchair. The surveyor ran a hand over the metal wheelchair arms and sharp areas were noted.</p> <p>On September 4, 2025, at 10:15 a.m., ALDIR/LPN-A stated that he could not locate documentation of a meeting with R1 and F5. ALDIR/LPN-A then explained that he had no record of a power of attorney (POA) for R1, but he was familiar with F5. ALDIR/LPN-A stated that he wanted to file a Minnesota Adult Abuse Reporting Center (MAARC) report for R1, but did not because he was concerned that F5 would then abruptly remove R1 from the facility.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 620                                                                  |                                                                                                                          |  |                                                     |
| 0 630<br>SS=I                                                  | <p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 630                                                                  |                                                                                                                          |  |                                                     |



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| 0 630                                                          | <p>Continued From page 27</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include all required content for one of one resident (R1).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>The licensee's resident roster, dated September 3, 2025, indicated R1 received assisted living services including assistance with medication administration.</p> <p>R1 lacked a resident record, including an IAPP with the following required content:<br/>-an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults;<br/>-the person's risk of abusing other vulnerable adults; and</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |



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| 0 630                                                          | Continued From page 28<br><br>-statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.<br><br>On September 3, 2025, at 1:00 p.m., an individual abuse prevention plan was requested for R1. At that time assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated that he thought he had the documents, but could not locate them. ALDIR/LPN-A stated he could only provide medication and diagnoses lists for the residents, and added he thought the previous owner of the facility would have provided more materials and assistance in the the transition of ownership.<br><br>A policy was requested and not provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 630                                                                  |                                                                                                                          |  |                                                     |
| 0 650<br>SS=F                                                  | 144G.42 Subd. 8 (a) Staff records<br><br>(a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of                                                                                                                                            | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                          | <p>Continued From page 29</p> <p>staff persons providing supervision;<br/>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br/>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br/>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services for two of two employees (assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A, unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>ALDIR/LPN-A was hired January 1, 2025, to provide supervision of staff, and direct care services for residents.</p> <p>ULP-C began working for the licensee January 1, 2025, and provided direct care services for</p> | 0 650                                                                                       |                                                                                                                          |  |                                                        |



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| 0 650                                                          | <p>Continued From page 30</p> <p>residents.</p> <p>ALDIR/LPN-A and ULP-C lacked employee records including:</p> <ul style="list-style-type: none"><li>-evidence of current professional licensure, registration, or certification if licensure, registration, or certification required by this chapter or rules;</li><li>-records of orientation, required annual training and infection control training, and competency evaluations;</li><li>-current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; and</li><li>-verification that required health screenings under subdivision 9 have taken place and the dates of those screenings.</li></ul> <p>On September 4, 2025, at 10:15 a.m., ALDIR/LPN-A stated that he did not have any employee records, training records, job descriptions, or health screening records for himself or ULP-C. When asked why these requirements were not in place, ALDIR/LPN-A stated that he thought some of it had been done verbally without documentation, and he thought he may have done some of it, but he could not remember. ALDIR/LPN-A also stated that he thought the previous owner would have provided more assistance in the transition of ownership.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 660                                                          | Continued From page 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 660                                                                  |                                                                                                                          |  |                                                     |
| 0 660<br>SS=F                                                  | <p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(a) The facility must establish and maintain a 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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include a facility TB risk assessment, history and symptom screening and baseline testing for two of two employees (assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A and unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                        |
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| 0 660                                                          | <p>Continued From page 32</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>The licensee lacked a completed TB facility risk assessment.</p> <p>ALDIR/LPN-A was hired by the licensee on January 1, 2025, to provide supervision of staff and direct care services for residents.</p> <p>On September 2, 2025, at 9:17 a.m., ALDIR/LPN-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the licensee.</p> <p>ULP-C began working for the licensee on January 1, 2025, to provide direct care services to residents.</p> <p>On September 3, 2025, at 1:00 p.m., ALDIR/LPN-A stated that he could not provide a TB facility risk assessment. ALDIR/LPN-A stated that he thought the previous owner would provide more materials and training during the transition in ownership of the facility.</p> <p>On September 4, 2025, at 10:15 a.m., ALDIR/LPN-A stated that he did not have any employee records, training records, job descriptions, or health screening records for himself or ULP-C.</p> <p>A policy was requested and not provided.</p> | 0 660                                                                                       |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 660                                                          | <p>Continued From page 33</p> <p>The CDC, "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" dated December 30, 2005, indicated:<br/>The first and most important level of TB controls is the use of administrative measures to reduce the risk for exposure to persons who might have TB disease. Administrative controls consist of the following activities:</p> <ul style="list-style-type: none"><li>- assigning responsibility for TB infection control in the setting;</li><li>- conducting a TB risk assessment of the setting;</li><li>- developing and instituting a written TB infection-control plan to ensure prompt detection, airborne precautions, and treatment of persons who have suspected or confirmed TB disease;</li><li>- ensuring the timely availability of recommended laboratory processing, testing, and reporting of results to the ordering physician and infection-control team;</li><li>- implementing effective work practices for the management of patients with suspected or confirmed TB disease;</li><li>- ensuring proper cleaning and sterilization or disinfection of potentially contaminated equipment (usually endoscopes);</li><li>- training and educating HCWs regarding TB, with specific focus on prevention, transmission, and symptoms;</li><li>- screening and evaluating HCWs who are at risk for TB disease or who might be exposed to M. tuberculosis (i.e., TB screening program);</li><li>- applying epidemiologic-based prevention principles, including the use of setting-related infection-control data;</li><li>- using appropriate signage advising respiratory hygiene and cough etiquette; and</li><li>- coordinating efforts with the local or state health department.</li></ul> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                     |
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| 0 660                                                          | Continued From page 34<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 660                                                                                       |                                                                                                                          |  |                                                     |
| 0 680<br>SS=I                                                  | 144G.42 Subd. 10 Disaster planning and<br>emergency preparedness<br><br>(a) The facility must meet the following<br>requirements:<br>(1) have a written emergency disaster plan that<br>contains a plan for evacuation, addresses<br>elements of sheltering in place, identifies<br>temporary relocation sites, and details staff<br>assignments in the event of a disaster or an<br>emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to<br>all residents;<br>(4) post emergency exit diagrams on each floor;<br>and<br>(5) have a written policy and procedure regarding<br>missing residents.<br>(b) The facility must provide emergency and<br>disaster training to all staff during the initial staff<br>orientation and annually thereafter and must<br>make emergency and disaster training annually<br>available to all residents. Staff who have not<br>received emergency and disaster training are<br>allowed to work only when trained staff are also<br>working on site.<br>(c) The facility must meet any additional<br>requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation, interview, and record<br>review, the licensee failed to have a written | 0 680                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 680                                                          | <p>Continued From page 35</p> <p>emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>On September 2, 2025, at 12:00 p.m., the surveyor observed the licensee lacked an emergency disaster plan posted prominently in the facility.</p> <p>On September 3, 2025, at 11:00 a.m., the surveyor requested the licensee's Appendix Z and emergency preparedness plan for the facility. Assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A provided a binder labeled "MDH Survey Binder" that did not contain Appendix Z/emergency preparedness information.</p> <p>The licensee's emergency disaster preparedness plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"><li>- EP plan reviewed and updated annually;</li><li>- a description of the population served by the licensee;</li><li>- quarterly review of missing resident policy;</li><li>- communication plan containing all required elements;</li><li>- hazard vulnerability assessment;</li><li>- process for emergency plan collaboration;</li></ul> | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                          | <p>Continued From page 36</p> <ul style="list-style-type: none"><li>- subsistence needs for staff and residents;</li><li>- procedures for tracking evacuated residents and staff;</li><li>- policies for sheltering in place;</li><li>- policies and procedures for medical documents;</li><li>- policies and procedures for volunteers;</li><li>- roles under a wavier declared by secretary;</li><li>- names and contact information;</li><li>- emergency officials contact information;</li><li>- methods for sharing information;</li><li>- sharing information on occupancy and needs;</li><li>- long term care family notifications;</li><li>- emergency prep training program which includes maintain documentation of all EP training and EP training annually; and</li><li>- emergency preparedness testing requirements.</li></ul> <p>On September 3, 2025, at 12:00 p.m., ALDIR/LPN-A stated he could not provide a completed emergency preparedness plan. He stated that he thought the previous owner would have provided more materials and assistance with the transition of ownership.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |
| 0 730<br>SS=F                                                  | <p><b>144G.43 Subd. 3</b> Contents of resident record</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                          | <b>Continued From page 37</b><br><br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;<br>(11) documentation that services have been provided as identified in the service plan;<br>(12) documentation that the resident has received and reviewed the assisted living bill of rights;<br>(13) documentation of complaints received and any resolution;<br>(14) a discharge summary, including service termination notice and related documentation, when applicable; and<br>(15) other documentation required under this chapter and relevant to the resident's services or status. | 0 730                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 730                                                          | <p>Continued From page 38</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review the licensee failed to ensure the resident records contained all required contents for four of four residents (R1, R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration, however staff interviews indicated R4 self-administered his medications.</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 730                                                          | <p>Continued From page 39</p> <p>R1's record lacked the following:</p> <ul style="list-style-type: none"><li>-the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</li><li>-health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</li><li>-the resident's advance directives, if any;</li><li>-copies of any health care directives, guardianships, powers of attorney, or conservatorships;</li><li>-the facility's current and previous assessments and service plans;</li><li>-all records of communications pertinent to the resident's services;</li><li>-documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</li><li>-documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</li><li>-documentation that services have been provided as identified in the service plan;</li><li>-documentation that the resident has received and reviewed the assisted living bill of rights;</li><li>-documentation of complaints received and any resolution.</li></ul> <p>The licensee lacked the above-listed contents or the resident record for all residents of the facility, including R2, R3, and R4.</p> <p>On September 3, 2025, at 1:00 p.m., assisted living director-in-residency (ALDIR/LPN)-A stated he could not provide individual abuse prevention plans, assisted living contracts, assessments,</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 730                                                          | Continued From page 40<br><br>medication management plans, service plans, medication orders, or other resident records. ALDIR/LPN-A stated he thought he had those documents, but could not find them. ALDIR/LPN-A added he thought some of the information might be in RTASKS (electronic medical record), but he had not been able to get RTASKS to work for months. ALDIR/LPN-A was not sure of diagnoses, services, and admission dates of the current residents and could not fully complete the resident roster.<br><br>A policy was requested and not provided.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                          | 0 730                                                                  |                                                                                                                          |  |                                                     |
| 0 775<br>SS=F                                                  | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect all residents, staff, and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and | 0 775                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 775                                                          | <p>Continued From page 41</p> <p>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).</p> <p>The findings include:</p> <p>On September 2, 2025, from approximately 1:15 p.m. to 3:10 p.m., the surveyor toured the facility with unlicensed personnel (ULP)-C. During the tour the surveyor observed the following:</p> <p>Space heaters were located in resident room 3 and in the main floor living room. These supplied portable heaters are not approved for use in the facility and may increase risk of fire.</p> <p>Extension cords were in use in resident room 2 to power multiple devices. Extension cords are not rated for continuous use and should not be used in lieu of permanent wiring. Use of extension cords in this capacity increases risk of fire. ULP-C acknowledged use of extension cords and stated that they would be removed from resident rooms.</p> <p>No documentation for load tests, logs or inspections were available for the facility generator. The generator was part of the evacuation plan for the facility, and it is important to maintain the generator in proper working order and maintain required documentation to ensure safe evacuation during a fire or similar emergency.</p> <p>ULP-C acknowledged the noted deficiencies during the tour and expressed that they would correct the deficiencies. Later in the survey during interview, owner (O)-B was also informed of deficiencies and acknowledged required corrections would occur.</p> | 0 775                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 775                                                          | Continued From page 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 775                                                                  |                                                                                                                          |  |                                                     |
| 0 790<br>SS=F                                                  | <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> <p><b>144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment</b></p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br/>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).<br/>The findings include:</p> <p>On September 2, 2025, from approximately 1:15</p> | 0 790                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                        |
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| 0 790                                                          | <p>Continued From page 43</p> <p>p.m. to 3:10 p.m., the surveyor toured the facility with unlicensed personnel (ULP)-C. During the tour the surveyor observed the following:</p> <p>The fire extinguishers provided throughout the facility, in the kitchen, garage and basement common area did not have current annual service tags or appropriate monthly inspections. The extinguishers in the kitchen and basement common area had annual service tags from Nardini with the most recent inspection being August 2023. The extinguisher provided in the garage had an annual service tag from LVC with the most recent inspection being September 2020. None of the supplied extinguishers had any monthly inspections recorded by staff. ULP-C stated that since American Spirit LLC took over the facility around April 2025, they had not been doing any inspections of extinguishers as far as ULP-C could recall. Annual service by licensed inspector is required for supplied extinguishers to maintain them in good working condition as well as monthly visual inspections by facility staff to ensure extinguishers are maintained in working order.</p> <p>During the tour and interview, ULP-C indicated they were unaware of the inspection requirements and would begin conducting and recording such inspections.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p> | 0 790                                                                                       |                                                                                                                          |  |                                                        |
| 0 800<br>SS=E                                                  | <p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 800                                                                                       |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 0 800                                                          | <p>Continued From page 44</p> <p>systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On September 2, 2025, from approximately 1:15 p.m. to 3:10 p.m., the surveyor toured the facility with unlicensed personnel (ULP)-C. During the tour the surveyor observed the following:</p> <p>Many of the unused basement rooms had a musty smell and a discolored growth was observed on the walls in several of the rooms.</p> | 0 800                                                                  |                                                                                                                          |  |                                                     |



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| 0 800                                                          | <p>Continued From page 45</p> <p>One of the vinyl flooring planks near the rear door on the main level was loose near the rear door on the main level. The floor should be maintained in proper and stable condition to prevent risk of trip or fall.</p> <p>The bathroom mechanical vents in the main level shared restroom, resident room four restroom, and resident room two restroom were significantly dirty and dusty. The accumulated dust caused these vents to grind loudly and not properly ventilate the restrooms. Restroom vents should be cleaned and maintained in functional and sanitary condition.</p> <p>The humidifier switch in the kitchen was damaged with a sizeable hole in the corner with sharp edges and leaving wiring exposed. The cover of this switch should be repaired and maintained.</p> <p>The protective globe around the light fixture in resident room four was missing. ULP-C confirmed that the globe had become broken and was removed. The globe should be replaced, and the lighting fixture should be maintained in proper working order.</p> <p>An outlet cover was missing on the electrical outlet in the laundry room. Outlet covers should be supplied and maintained to prevent energized wiring from being exposed.</p> <p>A lighting fixture in the storage room under the stairs was hanging by its wires and was damaged. The fixture should be repaired and properly secured.</p> <p>ULP-C acknowledged the noted deficiencies during the tour and expressed that they would</p> | 0 800                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 800                                                          | Continued From page 46<br><br>correct the deficiencies. Later in the survey during interview, owner (O)-B was also informed of deficiencies and acknowledged required corrections would occur.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 800                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>SS=I                                                  | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 810                                                          | <p>Continued From page 47</p> <p>not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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).</p> <p>The findings include:</p> <p>On September 2, 2025, at approximately 2:30 p.m., owner (O)-B provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>The licensee FSEP failed to include the following:</p> <p>The FSEP failed to include the location and number of resident rooms. Facility maps and documents did not number or otherwise identify resident rooms, and no such designators were located on or near the resident room doors making it difficult to identify specific rooms. During the tour unlicensed personnel (ULP)-C</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                          | <p>Continued From page 48</p> <p>expressed confusion about room numbers and was not able to identify which numbers corresponded to resident rooms. No facility documents were included in FSEP binder, but a map of the main level was located near the front door. No documents were provided displaying the basement level floor plan.</p> <p>The provided FSEP documents appeared outdated and did not include information about generator for backup power, sprinkler system, or door locks. O-B stated that all FSEP documents were left over from the previous owners and that they had not been reviewed since O-B took over ownership in April 2025.</p> <p>The FSEP failed to include appropriate employee actions to take during a fire or similar emergency. The FSEP contained outdated documents and general information regarding a fire alarm system and smoke compartments with automatic closing doors which were not features present in the facility. No accurate and facility specific employee actions were provided. O-B acknowledged they were not aware of any procedures for staff.</p> <p>The FSEP failed to identify specific fire protection actions for residents. There was no section in the provided documents that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. Fire procedures must be provided for residents. O-B acknowledged they were not aware of any procedures for residents.</p> <p>The FSEP failed to identify unique resident needs for evacuation or movement during fire or similar emergency. O-B and ULP-C were unaware of specific resident needs or evacuation concerns.</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                          | <p>Continued From page 49</p> <p>O-B stated that these needs would be assessed and recorded.</p> <p>Record review indicated the licensee failed to provide and document adequate training to employees on the FSEP upon hire and at least twice per year. Staff was unable to provide documentation showing adequate trainings were provided for employee training on the fire safety and evacuation plan. No documents were available of staff training and O-B indicated they were unaware of requirements and no training had been conducted since the ownership transition in April 2025.</p> <p>Record review indicated the licensee failed to provide and document adequate training to residents on actions to take during a fire or evacuation. No documents were available of resident training and O-B indicated they were unaware of requirements and no training had been conducted since the ownership transition in April 2025.</p> <p>Record review indicated that the licensee failed to provide and document any evacuation drills. No evacuation drill records were provided and O-B stated they were unaware of any drills that had taken place. There was no plan to conduct or record drills. The surveyor explained requirements for drills. Evacuation drills must occur at least once every other month and at least twice per year per shift.</p> <p>During an interview on September 2, 2025, at approximately 2:50 p.m., the surveyor explained the requirements for employee trainings, evacuation drills and FSEP documentation. O-B and ULP-C stated they understood the requirements.</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                          | Continued From page 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 810                                                                  |                                                                                                                          |  |                                                     |
| 0 900<br>SS=F                                                  | <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p> <p><b>144G.50 Subdivision 1 Contract required</b></p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of:</p> <p>(1) housing;</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |



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| 0 900                                                          | <p>Continued From page 51</p> <p>by:<br/>Based on interview and record review, the licensee failed to develop and execute a written assisted living contract with the required content for four of four residents (R1, R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the license.</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>R1, R2, R3, and R4 lacked resident records</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |



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| 0 900                                                          | Continued From page 52<br><br>including a written contract with the resident containing all the terms concerning the provision of:<br>-housing;<br>-assisted living services, whether provided directly by the facility or by management agreement or other agreement; and<br>-the resident's service plan.<br><br>On September 3, 2023, at 1:00 p.m., ALDIR/LPN-A stated he could not provide the contracts or any other records of the current residents of the facility. ALDIR/LPN-A explained that he thought the previous owner would have provided more materials and training for the transition of ownership. ALDIR/LPN-A further stated the facility did use RTASKS (an electronic medical record system), but it had not worked for many months.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 900                                                                  |                                                                                                                          |  |                                                     |
| 01290<br>SS=I                                                  | 144G.60 Subdivision 1 Background studies required<br><br>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(c) Termination of a staff member in good faith                                                                                                                                                                                                                                                                         | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                          | <p>Continued From page 53</p> <p>reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure all employees had a cleared department of human services (DHS) background study affiliated with the assisted living licensee's current health facility identification (HFID) for one of six employees (unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW), for HFID 38664.</p> <p>On September 2, 2025, at 12:30 p.m., during an entrance conference, ULP-C, who identified herself as an "administrator", stated that she was a caregiver who provided "some supervision" for the licensee.</p> <p>On September 2, 2025, at 2:00 p.m., ULP-C stated that she routinely performed direct cares for the residents. ULP-C stated that she did not</p> | 01290                                                                  | The licensee submitted a plan of correction; the scope and severity remain at level 3, widespread.                       |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                        |
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| 01290                                                          | <p>Continued From page 54</p> <p>recall completing a background study.</p> <p>The licensee's staffing schedule for the week of September 2, 2025, indicated ULP-C was scheduled to work three shifts, including day and night shifts.</p> <p>ULP-C's record lacked documentation of a cleared background study affiliated with HFID 38664.</p> <p>The licensee's DHS NetStudy 2.0 background study roster, accessed September 2, 2025, did not include ULP-C.</p> <p>On September 2, 2025, at approximately 4:00 p.m., ULP-C stated that all unlicensed personnel employed by licensee, including herself, administered medications to residents.</p> <p>On September 2, 2025, at 4:00 p.m., assisted living director in residence/licensed practical nurse (ALDIR/LPN)-A stated that he was a co-owner of the facility and thought that the licensee needed enrollment with access information in order to perform background studies through NETStudy 2.0.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> | 01290                                                                                       |                                                                                                                          |  |                                                        |
| 01440<br>SS=F                                                  | <p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01440                                                                                       |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01440                                                          | <p>Continued From page 55</p> <p>facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) The completed direct supervision of staff performing delegated tasks within 30 calendar days after the date on which the individual began working for the facility and first performed the delegated task for two of two employees (unlicensed personnel (ULP)-C and ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to</p> | 01440                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01440                                                          | <p>Continued From page 56</p> <p>affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee held an assisted living license effective December 30, 2024, after acquiring the facility through a change of ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the license.</p> <p>According to Minnesota Statute § 144G.41, Subd. 4, all assisted living facilities are required to employ a clinical nurse supervisor who is a RN licensed in the state of Minnesota.</p> <p>On September 2, 2025, at 2:00 p.m., owner (O)-B stated that the licensee did not employ an RN and had not for several months.</p> <p>The licensee's Application for Assisted Living Provisional License, signed by O-B August 16, 2024, indicated RN-F would be the clinical registered nurse supervisor for the licensee.</p> <p>On September 3, 2025, at 2:45 p.m., ALDIR/LPN-A stated that a registered nurse named [RN-F first name] worked for the licensee for 1-2 months at the beginning of 2025. He was not sure of the registered nurse's last name.</p> <p>On September 3, 2025, at 2:13 p.m., Minnesota Department of Health manager (M)-G interviewed RN-F via phone. RN-F stated she knew the licensee, but had never worked in the facility and was not aware that she had been listed on the assisted living facility application as the clinical</p> | 01440                                                                  |                                                                                                                          |  |                                                     |



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| 01440                                                          | <p>Continued From page 57</p> <p>nurse supervisor responsible for healthcare services provided by the licensee.</p> <p>ULP-C began working for the licensee January 1, 2025, to provide direct care services to residents.</p> <p>ULP-E was hired May 5, 2025, to provide direct care services to residents.</p> <p>On September 3, 2025, at 12:00 p.m., the surveyor observed ULP-E was assisting R1 with medication administration.</p> <p>On September 4, 2025, at 9:00 a.m. and 9:15 a.m., the surveyor observed ULP-C assisting R2 and R1, respectively, with medication administration.</p> <p>ULP-C and ULP-E's employee records both lacked documentation of direct supervision by the RN within 30 days of performing delegated tasks.</p> <p>On September 3, 2025, at 11:20, ULP-E stated she started working around the first part of May 2025. ULP-E stated someone showed her around the building and shadowed her for a few days. ULP-E stated she did not know that persons title or last name and that person only worked briefly for the licensee.</p> <p>On September 3, at 3:30 p.m., ALDIR/LPN-A stated he could not provide training records for ULP-C and ULP-E, or any staff working for the licensee. ALDIR/LPN-A explained that he thought that he and another ULP employee of the licensee trained ULP-C and ULP-E, but he could not remember the details.</p> <p>On September 4, 2025, at 10:15 a.m., ALDIR/LPN-A stated he did not have any</p> | 01440                                                                  |                                                                                                                          |  |                                                     |



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| 01440                                                          | Continued From page 58<br><br>employee records, training records, job descriptions, or health screening records. ALDIR/LPN-A stated that he thought he may have done some of it, but he could not remember. ALDIR/LPN-A also stated that he thought the previous owner would have provided more assistance in the transition of ownership.<br><br>A policy was requested and not provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01440                                                                                       |                                                                                                                          |  |                                                        |
| 01460<br>SS=F                                                  | 144G.63 Subdivision 1 Orientation of staff and supervisors<br><br>(a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b).<br>(b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which | 01460                                                                                       |                                                                                                                          |  |                                                        |



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| 01460                                                          | <p>Continued From page 59</p> <p>the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations for two of two employees (assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A and unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>ALDIR/LPN-A began working for the licensee on January 1, 2025, to provide supervision of staff and direct care services to the licensee's residents.</p> | 01460                                                                  |                                                                                                                          |  |                                                     |



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| 01460                                                          | <p>Continued From page 60</p> <p>ULP-C began working for the licensee on January 1, 2025, to provide direct care to the licensee's residents.</p> <p>On September 4, 2025, at 9:00 a.m. and 9:15 a.m., the surveyor observed ULP-C assisting R2 and R1, respectively, with medication administration.</p> <p>ALDIR/LPN-A and ULP-C's employee records both lacked evidence they completed orientation to include the following topics:</p> <ul style="list-style-type: none"><li>- an overview of Assisted Living Laws 144G;</li><li>- an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</li><li>- handling of emergencies and use of emergency services;</li><li>-compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</li><li>-the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</li><li>- handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li><li>- consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or</li></ul> | 01460                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01460                                                          | Continued From page 61<br><br>other relevant advocacy services; and<br>- a review of the types of assisted living services the employee would be providing and the facility's category of licensure.<br><br>On September 4, 2025, at 10:15 a.m., ALDIR/LPN-A stated he did not have any employee records, training records, job descriptions, or health screening records for himself or ULP-C. When asked why these requirements were not in place, ALDIR/LPN-A stated that he thought he may have done some of it, but he could not remember. ALDIR/LPN-A also stated that he thought the previous owner would have provided more assistance in the transition of ownership.<br><br>A policy was requested and not provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01460                                                                  |                                                                                                                          |  |                                                     |
| 01530<br>SS=F                                                  | 144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-<br><br>(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one                                                                                                                                                                       | 01530                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01530                                                   | <p>Continued From page 62</p> <p>hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;<br/>(2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure required dementia care training and two hours of initial mental illness and de-escalation training were conducted within required timeframe for two of two employees (assisted living director in residency/licensed practical nurse (ALDIR/LPN)-A and unlicensed personnel (ULP)-C).</p> | 01530                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 01530                                                          | <p>Continued From page 63</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>ALDIR/LPN-A<br/>ALDIR/LPN-A was hired by the licensee on January 1, 2025, to provide supervision of staff and direct care services for residents.</p> <p>ALDIR/LPN-A's employee record lacked documentation of the following required training topics:<br/>-initial 8 hours of dementia care training within 120 working hours of the employment start date.<br/>-initial 2 hours of mental illness and de-escalation training within 120 working hours of the employment start date; effective July 1, 2025.</p> <p>ULP-C<br/>ULP-C began working for the licensee on January 1, 2025, to provide direct care services to residents.</p> <p>ULP-C's employee record lacked documentation of the following required training topics:<br/>-initial 8 hours of dementia care training within 160 working hours of the employment start date.<br/>-initial 2 hours of mental illness and de-escalation</p> | 01530                                                                  |                                                                                                                          |  |                                                     |



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| 01530                                                          | <p>Continued From page 64</p> <p>training within 160 working hours of the employment start date; effective July 1, 2025.</p> <p>On September 3, at 3:30 p.m., ALDIR/LPN-A stated he did not have any training records for employees, and that he thought he and another ULP trained the new employees.</p> <p>On September 4, 2025, at 10:15 a.m., ALDIR/LPN-A stated he did not have any employee records, training records, job descriptions, or health screening records for himself or ULP-C. ALDIR/LPN-A stated he thought the previous owner would have provided more assistance in the transition of ownership.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01530                                                                  |                                                                                                                          |  |                                                     |
| 01620<br>SS=L                                                  | <p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected</p>                                                          | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01620                                                          | <p>Continued From page 65</p> <p>circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review the licensee failed to ensure the registered</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01620                                                          | <p>Continued From page 66</p> <p>nurse (RN) completed initial and ongoing comprehensive reassessments using the uniform assessment tool at an interval not to exceed 90 days for four of four residents (R1, R2, R3, R4).</p> <p>This practice resulted in a level four violation (a violation harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> <p>The licensee held an assisted living license effective December 30, 2024, after acquiring the facility through a change of ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the license.</p> <p>According to Minnesota Statute § 144G.41, Subd. 4, all assisted living facilities are required to employ a clinical nurse supervisor who is an RN licensed in the state of Minnesota.</p> <p>On September 2, 2025, at 2:00 p.m., owner (O)-B stated that the licensee did not employ an RN and had not for several months.</p> <p>The licensee's Application for Assisted Living Provisional License, signed by O-B August 16, 2024, indicated RN-F would be the clinical registered nurse supervisor for the licensee.</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                          | <p>Continued From page 67</p> <p>On September 3, 2025, at 2:45 p.m., ALDIR/LPN-A stated that a registered nurse named [RN-F first name] worked for the licensee for 1-2 months at the beginning of 2025. He was not sure of the registered nurse's last name.</p> <p>On September 3, 2025, at 2:13 p.m., Minnesota Department of Health manager (M)-G interviewed RN-F via phone. RN-F stated she knew the licensee, but had never worked in the facility and was not aware that she had been listed on the assisted living facility application as the clinical nurse supervisor responsible for healthcare services provided by the licensee.</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration, however staff interviews indicated R4 self-administered his own medications.</p> <p>R1, R2, R3, and R4's resident records all lacked evidence of an initial comprehensive RN assessment completed, and lacked evidence of any reassessments at an interval of at least every 90 calendar days.</p> <p>R4's record did not have a nursing assessment completed by an RN indicating he was assessed</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01620                                                          | <p>Continued From page 68</p> <p>to ensure he was safe and appropriate to self-administer medications such as Methadone, and that the Methadone and R4's other medications were stored safely. ALDIR/LPN-A stated he drove R4 to get a 30-day supply of Methadone every month. ALDIR/LPN-A further stated he did not monitor the time or amount of Methadone R4 used.</p> <p>On September 3, 2025, at 12:00 p.m., the surveyor observed unlicensed personnel (ULP)-E assisting R1 with medication administration.</p> <p>On September 4, 2025, at 9:00 a.m. and 9:15 a.m., the surveyor observed ULP-C assisting R2 and R1, respectively, with medication administration.</p> <p>On September 3, 2025, at 1:00 p.m., ALDIR/LPN-A stated he could not provide assessments, medication management plans, service plans, medication orders or any other records for the residents. ALDIR/LPN-A stated he thought he had those documents, but could not find them. ALDIR/LPN-A added he thought some of the information might be in RTASKS (electronic medical record), but he had not been able to get RTASKS to work for many months.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 01620                                                                  |                                                                                                                          |  |                                                     |
| 01640<br>SS=F                                                  | <p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01640                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01640                                                          | <p>Continued From page 69</p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(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.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure a written service plan was developed, including a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided for four of four residents (R1, R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01640                                                          | <p>Continued From page 70</p> <p>failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee held an assisted living license effective December 30, 2024, after acquiring the facility through a change of ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the license.</p> <p>On September 2, 2025, at 2:00 p.m., owner (O)-B stated that the licensee did not employ an RN and had not for several months.</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration, however staff interviews indicated R4 self-administered his medications.</p> <p>R1, R2, R3, and R4's records did not contain a service plan to indicate which assisted living services should be provided.</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01640                                                          | Continued From page 71<br><br>On September 3, 2025, at 12:00 p.m., the surveyor observed unlicensed personnel (ULP)-E assisting R1 with medication administration.<br><br>On September 4, 2025, at 9:00 a.m. and 9:15 a.m., the surveyor observed ULP-C assisting R2 and R1, respectively, with medication administration.<br><br>On September 3, 2025, at 1:00 p.m., ALDIR/LPN-A stated he could not provide service plans, assessments, medication management plans, medication orders or any other records for the residents. ALDIR/LPN-A stated he thought he had those documents, but could not find them. ALDIR/LPN-A added he thought some of the information might be in RTASKS (electronic medical record), but he had not been able to get RTASKS to work for many months.<br><br>A policy was requested and not provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01640                                                                  |                                                                                                                          |  |                                                     |
| 01690<br>SS=F                                                  | 144G.71 Subdivision 1 Medication management services<br><br>(a) This section applies only to assisted living facilities that provide medication management services.<br>(b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01690                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01690                                                          | <p>Continued From page 72</p> <p>a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines.</p> <p>(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to develop, implement, and maintain current written medication management policies and procedures that were developed under the supervision and direction of a registered nurse (RN).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that</p> | 01690                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01690                                                          | <p>Continued From page 73</p> <p>has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the license.</p> <p>According to Minnesota Statute § 144G.41, Subd. 4, all assisted living facilities are required to employ a clinical nurse supervisor who is a RN licensed in the state of Minnesota.</p> <p>On September 2, 2025, at 2:00 p.m., owner (O)-B stated that the licensee did not employ an RN and had not for several months.</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration, however staff interviews indicated R4 self-administered his medications.</p> | 01690                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01690                                                          | <p>Continued From page 74</p> <p>During interview on September 2, 2025, at 4:00 p.m., unlicensed personnel (ULP)-C stated that all unlicensed personnel that work at this licensee provide assistance with medication administration to residents.</p> <p>On September 3, 2025, at 12:00 p.m., the surveyor observed ULP-E assisting R1 with medication administration.</p> <p>On September 4, 2025, at 9:00 a.m. and 9:15 a.m., the surveyor observed ULP-C assisting R2 and R1, respectively, with medication administration.</p> <p>On September, 3, 2025 at 4:00 p.m., the surveyor requested medication management policies and procedures. ALDIR/LPN-A stated he believed he had electronic policies, but he had not been able to access the policies and could not provide them.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01690                                                                  |                                                                                                                          |  |                                                     |
| 01710<br>SS=F                                                  | <p><b>144G.71 Subd. 3 Individualized medication monitoring and reas</b></p> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01710                                                          | <p>Continued From page 75</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed face-to-face medication management assessments at least annually for four of four residents (R1, R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 2, 2025, at 2:00 p.m., owner (O)-B stated the licensee did not employ an RN and had not for several months.</p> <p>The licensee's Application for Assisted Living Provisional License, signed by O-B August 16, 2024, indicated RN-F would be the clinical registered nurse supervisor for the licensee.</p> <p>On September 3, 2025, at 2:13 p.m., Minnesota Department of Health manager (M)-G interviewed RN-F via phone and RN-F stated she knew the licensee, but had never worked in the facility and</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01710                                                          | <p>Continued From page 76</p> <p>was not aware that she had been listed on the assisted living facility application as the CNS responsible for healthcare services provided by the licensee.</p> <p>During interview on September 2, 2025, at 4:00 p.m., unlicensed personnel (ULP)-C stated all unlicensed personnel working for the licensee assisted residents with medication administration.</p> <p>R1, R2, R3<br/>A resident roster provided September 3, 2025, listed current residents, including:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: no admit date provided; diagnoses included cognitive impairment.<br/>-R3: admit date listed as January 1, 2025; diagnoses included Parkinson's disease.<br/>The roster indicated R1, R2, and R3 received assisted living services including assistance with medication administration.</p> <p>R1, R2, R3's records lacked documentation of monitoring and reassessment of the residents' medication management services at a minimum, annually.</p> <p>On September 3, 2025, at approximately 12:00 p.m., the surveyor observed ULP-E assisting R1 with medication administration.</p> <p>R4<br/>A resident roster provided September 3, 2025, lacked an admit date for R4, and indicated a diagnoses of chronic obstructive pulmonary disease (COPD). The roster indicated R4 received assisted living services including assistance with medication administration, however staff interviews indicated R4 was</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01710                                                          | <p>Continued From page 77</p> <p>independent with medication administration.</p> <p>On September 3, 2025, at 3:15 p.m., ULP-E stated R4 was independent with medications and she was not sure what he took for medications, but thought he was taking Methadone (An Opiod used to treat heroin or other illicit drug use).</p> <p>Assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated he drove R4 to get a 30-day supply of Methadone every month. ALDIR/LPN-A further stated he did not monitor the time or amount of Methadone R4 used. ALDIR/LPN-A further stated there was no documentation (nursing assessment) regarding Methadone use by R4 or that he was capable of managing the Methadone himself.</p> <p>R4's record lacked documentation he had been assessed to ensure he was safe and appropriate to self-administer medications such as Methadone, and that the Methadone and R4's other medications were stored safely.</p> <p>On September 3, 2025, at 1:00 p.m., ALDIR/LPN-A stated he could not provide assessments, medication management plans, service plans, or medication orders for the residents. ALDIR/LPN-A stated he thought he had those documents, but could not find them. ALDIR/LPN-A added he thought some of the information might be in RTASKS (electronic medical record), but he had not been able to get RTASKS to work for many months.</p> <p>On September 3, 2025, at 3:30 p.m., ALDIR/LPN-A stated due to RTASKS not working, he would not be able to print any medication administration records, but would try to print medication lists for the residents.</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



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| 01710                                                          | Continued From page 78<br><br>A policy was requested and not provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01710                                                                                       |                                                                                                                          |  |                                                        |
| 01730<br>SS=I                                                  | 144G.71 Subd. 5 Individualized medication<br>management plan<br><br>(a) For each resident receiving medication<br>management services, a registered nurse,<br>advanced practice registered nurse, or qualified<br>staff delegated the task by a registered nurse<br>must prepare and include in the service plan a<br>written statement of the medication management<br>services that will be provided to the resident. The<br>facility must develop and maintain a current<br>individualized medication management record for<br>each resident based on the resident's<br>assessment that must contain the following:<br>(1) a statement describing the medication<br>management services that will be provided;<br>(2) a description of storage of medications based<br>on the resident's needs and preferences, risk of<br>diversion, and consistent with the manufacturer's<br>directions;<br>(3) documentation of specific resident instructions<br>relating to the administration of medications;<br>(4) identification of persons responsible for<br>monitoring medication supplies and ensuring that<br>medication refills are ordered on a timely basis;<br>(5) identification of medication management<br>tasks that may be delegated to unlicensed<br>personnel;<br>(6) procedures for staff notifying a registered<br>nurse or appropriate licensed health professional<br>when a problem arises with medication | 01730                                                                                       |                                                                                                                          |  |                                                        |



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| 01730                                                          | <p>Continued From page 79</p> <p>management services; and<br/>(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.<br/>(b) The medication management record must be current and updated when there are any changes.<br/>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include all required content for four of four residents (R1, R2, R3, R4).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01730                                                          | <p>Continued From page 80</p> <p>According to Minnesota Statute § 144G.41, Subd. 4, all assisted living facilities are required to employ a clinical nurse supervisor who is a registered nurse (RN) licensed in the state of Minnesota.</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated, via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the licensee.</p> <p>On September 2, 2025, at 2:00 p.m., owner (O)-B stated the licensee did not employee an RN and had not for several months.</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).<br/>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration, however, staff interviews indicated R4 self-administered his medications.</p> <p>On September 3, 2025, at 12:00 p.m., the surveyor observed unlicensed personnel (ULP)-E assisting R1 with medication administration.</p> <p>R1, R2, R3, and R4's records all lacked current individualized medication management plans to include the following:<br/>-a statement describing the medication</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                          | <p>Continued From page 81</p> <p>management services that will be provided;</p> <ul style="list-style-type: none"><li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li><li>-documentation of specific resident instructions relating to the administration of medications;</li><li>-identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li><li>-identification of medication management tasks that may be delegated to unlicensed personnel;</li><li>-procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li><li>-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.</li><li>-the medication management record must be current and updated when there are any changes.</li><li>-medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</li></ul> <p>On September 3, 2025 at 1:00 p.m., ALDIR/LPN-A stated that he could not provide assessments, service plans, or medication management plans for the residents. ALDIR/LPN-A stated that he thought he had the documents, but could not find them. ALDIR/LPN-A added he thought some of the information might be in RTASKS (electronic medical record program), but he had not been able to get RTASKS to work for months.</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                          | <p>Continued From page 82</p> <p>On September 3, 2025, at 3:30 p.m., ALDIR/LPN-A stated due to RTASKS not working, he would not be able to print any medication administration records (MARs), but would try to print medication lists for the residents.</p> <p>On September 4, 2025, at 9:15 a.m., during an observation of medication administration, ULP-C stated staff did not have access to the residents' MAR, to reference while administering medications. ULP-C further stated staff documented medication administration by writing their initials and the time on the back of medication bubble-pack cards provided by the pharmacy.</p> <p>ULP-C and ALDIR/LPN-A both stated they could not see any medication orders for the residents because they were only located in RTASKS, which had not been working.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01730                                                                  |                                                                                                                          |  |                                                     |
| 01750<br>SS=L                                                  | <p><b>144G.71 Subd. 7</b> Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 01750                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01750                                                          | <p>Continued From page 83</p> <p>each resident and documented those instructions in the resident's records; and<br/>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) instructed the unlicensed personnel (ULP) in the proper medication administration procedure, and the ULP had demonstrated the ability to competently follow the procedure prior to delegating medication administration, for two of two employees (ULP-C, ULP-E).</p> <p>This practice resulted in a level four violation (a violation that harmed a resident ' s health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> <p>The licensee's assisted living license was effective December 30, 2024, after a change in ownership (CHOW).</p> <p>On September 2, 2025, at 9:17 a.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated, via phone, he was the acting director, owner, and clinical nurse supervisor (CNS) for the licensee.</p> <p>According to Minnesota Statute § 144G.41, Subd. 4, all assisted living facilities are required to</p> | 01750                                                                  | The licensee submitted a plan of correction; the scope and severity remain at level 4, widespread.                       |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01750                                                          | <p>Continued From page 84</p> <p>employ a clinical nurse supervisor who was a RN licensed in the state of Minnesota.</p> <p>On September 2, 2025, at 2:00 p.m., owner (O)-B stated the licensee did not employee an RN and had not for several months.</p> <p>The licensee's Application for Assisted Living Provisional License, signed by O-B August 16, 2024, indicated RN-F would be the clinical registered nurse supervisor for the licensee.</p> <p>On September 3, 2025, at 2:13 p.m., Minnesota Department of Health manager (M)-G interviewed RN-F via phone and RN-F stated she knew the licensee, but had never worked in the facility and was not aware that she had been listed on the assisted living facility application as the CNS responsible for healthcare services provided by the licensee.</p> <p>During interview on September 2, 2025, at 4:00 p.m., unlicensed personnel (ULP)-C stated all unlicensed personnel working for the licensee assisted residents with medication administration.</p> <p>A resident roster dated September 3, 2025, indicated four current residents (R1, R2, R3, and R4) received assisted living services including assistance with medication administration.</p> <p>ULP-E was hired on May 29, 2025, and provided direct cares for residents.</p> <p>On September 3, 2025, at 12:00 p.m., the surveyor observed ULP-E assist R1 with medication administration.</p> <p>ULP-C was hired on January 1, 2025, and provided direct cares for residents.</p> | 01750                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01750                                                          | <p>Continued From page 85</p> <p>On September 4, 2025, at approximately 9:00 a.m., the surveyor observed ULP-C assisting R2 with medication administration.</p> <p>ULP-E and ULP-C's employee records lacked evidence ULP-E and ULP-C completed training, and lacked evidence an RN determined the ULPs were competent, prior to delegating medication administration tasks.</p> <p>On September 4, 2025, at 9:15 a.m., during an observation of medication administration, ULP-C stated staff did not have access to the residents' MAR, to reference while administering medications. ULP-C further stated staff documented medication administration by writing their initials and the time on the back of medication bubble-pack cards provided by the pharmacy.</p> <p>-ULP-C and ALDIR/LPN-A both stated they could not see any medication orders for the residents because they were only located in RTASKS, which had not been working.</p> <p>On September 4, 2025 at 10:15 a.m., ALDIR/LPN-A stated he had no training records for ULP-C or ULP-E and had no documentation to show that they were determined competent to administer medications.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> | 01750                                                                  |                                                                                                                          |  |                                                     |
| 01760<br>SS=I                                                  | 144G.71 Subd. 8 Documentation of administration of medication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 86</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were documented as administered per provider orders, or why medication administration was not completed as prescribed for three of three residents with medication administration (R1, R2, and R3).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 87</p> <p>traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025;<br/>diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration, however staff interviews indicated R4 self-administered his medications.</p> <p>On September 3, 2025, at 1:00 p.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated he could not provide resident records, including any provider (physician) orders for any residents in the facility. ALDIR/LPN-A stated staff had previously used "RTASKS" (an electronic record system) for documentation, but he had not been able to access that account for many months.</p> <p>On September 3, 2025, at 3:30 p.m., ALDIR/LPN-A stated due to RTASKS not working, he would not be able to print any medication administration records, but stated he would "try" to print medication lists for the residents.</p> <p>R1's medication list printed September 3, 2025, indicated R1 was prescribed the following:<br/>-gabapentin 100 mg orally<br/>-Ferosul 325 (iron supplement) milligrams (mg) orally<br/>-oxybutynin (for urinary urgency) 5 mg orally<br/>-docusate sodium (stool softener) capsule 100 mg orally<br/>-pantoprazole (for gastroesophageal reflux disease) 40 mg orally</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                          | <p>Continued From page 88</p> <p>-famotidine (for gastroesophageal reflux disease) 20 mg orally<br/>-atorvastatin (for high cholesterol) tablet (tab) 10 mg,<br/>-cetirizine (for allergies) tab 10 mg,<br/>-doxazosin (for high blood pressure) tab 4 mg,<br/>-polyethylene glycol powder (for constipation).</p> <p>R1's medication list further included the following "as-needed" (PRN) medications:<br/>-acetaminophen (for pain/fever) tab 500 mg,<br/>-acetaminophen tab 325 mg,<br/>-Baza Protect Cream (skin protectant) 12%,<br/>-bisacodyl (for constipation) suppository 10 mg,<br/>-bisacodyl tab 5 mg,<br/>-calcium antacid chewable 500 mg,<br/>-cough suppressant syrup,<br/>-Milk of Magnesia,<br/>-moisture barrier ointment,<br/>-Refresh tears 0.5%,<br/>-senexon (for constipation) 8.6-50 mg,<br/>-sore throat lozenge 15-3.6 mg,<br/>-stool softener tab 8.6-50 mg.</p> <p>R2's medication list printed September 3, 2025, indicated R2 was prescribed the following medications:<br/>-Eliquis (anti-platelet medication) tab 5 milligrams (mg),<br/>-mirtazapine (antidepressant) tab 15 mg,<br/>-mirtazapine tab 7.5 mg,<br/>-nutritional supplement,<br/>-omeprazole (for acid reflux) capsule 20 mg.</p> <p>R2's medication list further included the following PRN medications, listed as "standing orders":<br/>-acetaminophen (for pain/fever) 500 mg,<br/>-acetaminophen 325 mg,<br/>-bisacodyl (for constipation) 5 mg,<br/>-bisacodyl suppository 10 mg,</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                          | <p>Continued From page 89</p> <p>-Cepacol or therapeutic equivalent 1 lozenge,<br/>-guaifenesin (for cough)100 mg/5milliliters (ml),<br/>-loperamide (for diarrhea) 2 mg capsule,<br/>-Maalox (for indigestion) 30 ml,<br/>-Milk of Magnesia (for constipation) 30 ml,<br/>-moisture barrier ointment,<br/>-Narcan (naloxone, for opioid overdose) 4 mg/0.1ml,<br/>-senna plus (for constipation) 8.6-50 mg,<br/>-tums (calcium carbonate, for heartburn or indigestion) 500 mg.</p> <p>R3's medication list indicated R3 was prescribed the following medications:<br/>-amantadine (for Parkinson's disease) tab 100 mg,<br/>-Benadryl 25 mg,<br/>-bupropion hydrochloride (HCL) (for depression) tab 150 mg,<br/>-carbidopa/levodopa (for Parkinson's disease) tab 25-100 mg, 2 tablets daily at bedtime,<br/>-carbidopa/levodopa tab 25-100mg, 2 tablets three times daily,<br/>-cholestyramine (reduces bile acids) powder 4 grams (gm),<br/>-fluoxetine (for depression) 40 mg capsule,<br/>-ketoconazole 2% shampoo (for face rash),<br/>-lisinopril (for high blood pressure) 10 mg tablet (indicated "**HOLD UNTIL HEAR FROM [physician]**"),<br/>-melatonin (for sleep) 10 mg tab,<br/>-men's multivitamin gummy,<br/>-ropinirole (for Parkinson's disease) 0.5 mg,<br/>-tamsulosin (for enlarged prostate) 0.4 mg capsule,<br/>-vitamin C 1,000 mg,</p> <p>R3's medication list further included the following PRN medications:<br/>-Claritin (for itching) 10mg,</p> | 01760                                                                                       |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 01760                                                          | <p>Continued From page 90</p> <p>-DayQuil (for cough) 2 "LiquiCaps" every four hours,<br/>-desonide 0.05% (for rash),<br/>-hydrocortisone 2.5% cream (for rash),<br/>-ibuprofen 200 mg,<br/>-tacrolimus 0.1 % ointment (for rash),<br/>-ventolin hfa (albuterol sulfate) 90 microgram (mcg) inhaler (for "seasonal allergies").</p> <p>R3's record lacked instruction as well as a medication administration record (MAR) to verify the medication carbidopa/levodopa (used for managing the motor symptoms of Parkinson's disease, including slowness, stiffness, and tremor) was administered close to the same time each day and either one hour before or two hours after meals.</p> <p>R1, R2 and R3's records lacked a method to document when a medication was refused, and any follow-up actions that were provided to meet the resident's needs.</p> <p>The records further lacked direction for when to administer PRN medications such as signs of opioid overdose for Naloxone, the type of rash for PRN "itching" and "rash" medications, or signs of respiratory distress for administering PRN albuterol sulfate inhaler.</p> <p>The records further lacked a process for documenting when PRN medications had been administered, if they were effective, and any additional follow-up.</p> <p>The records lacked documentation of medication administration to include:<br/>-medication name,<br/>-dosage,<br/>-date and time administered, and<br/>-method and route of administration,<br/>-the reason why medication administration was</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b> |                                                                                                                          |  |                                                     |
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| 01760                                                          | <p>Continued From page 91</p> <p>not completed as prescribed, and<br/>-any follow-up procedures that were provided to<br/>meet the resident's needs when medication was<br/>not administered as prescribed.</p> <p>On September 4, 2025, at 9:00 a.m., and 9:15<br/>a.m.,the surveyor observed unlicensed personnel<br/>(ULP)-C assisting R2 and R1, respectively, with<br/>medication administration. ULP-C did not access<br/>a MAR, a medication list or provider orders to<br/>verify the medications were correct. The<br/>medications administered were in a bubble<br/>compartment card provided by the pharmacy.<br/>After ULP-C administered the medication she<br/>recorded the medication administration by writing<br/>the date and her initials on the back of the<br/>medication card near the opening where the<br/>medication was punched out.<br/>-ULP-C stated staff did not have access to the<br/>residents' MAR, to reference while administering<br/>medications, and only documented medication<br/>administration by writing her initials and the time<br/>on the back of medication cards.<br/>-ULP-C and ALDIR/LPN-A both stated they could<br/>not see any medication orders for the residents<br/>because they were only located in RTASKS,<br/>which had not been working.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)<br/>days</p> | 01760                                                                                       |                                                                                                                          |  |                                                     |
| 01820<br>SS=I                                                  | <p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically<br/>recorded prescription as defined in section</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01820                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01820                                                          | <p>Continued From page 92</p> <p>151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure there were current written or electronically recorded prescriptions as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility was managing for three of three residents (R1, R2, and R3).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>A resident roster provided September 3, 2025, listed four current residents:<br/>-R1: no admit date provided; diagnoses included traumatic brain injury.<br/>-R2: admit date listed as January 1, 2025; diagnoses included cognitive impairment.<br/>-R3: no admit date provided; diagnoses included Parkinson's disease.<br/>-R4: no admit date provided; diagnoses included chronic obstructive pulmonary disease (COPD).</p> <p>The roster indicated R1, R2, R3, and R4 received assisted living services including assistance with medication administration, however staff interviews indicated R4 self-administered his</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                          | <p>Continued From page 93</p> <p>medications.</p> <p>On September 3, 2025, at 1:00 p.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated he could not provide resident records, including any provider orders for any residents in the facility. ALDIR/LPN-A stated staff had previously used "RTASKS" (an electronic record system) for documentation, but he had been unable to access that account for many months.</p> <p>On September 3, 2025, at 3:30 p.m., ALDIR/LPN-A stated due to RTASKS not working, he would not be able to print any medication administration records, but stated he would "try" to print medication lists for the residents.</p> <p>On September 4, 2025, at 9:00 a.m., and 9:15 a.m., the surveyor observed unlicensed personnel (ULP)-C assisting R2 and R1, respectively, with medication administration. ULP-C did not access a medication administration record (MAR) or any medication list or provider orders to verify the medications were correct. The medications administered were in a bubble compartment card provided by the pharmacy. After ULP-C administered the medication she recorded the medication administration by writing the date and her initials on the back of the medication card near the opening where the medication was punched out. ULP-C administered the following medications to R1:</p> <ul style="list-style-type: none"><li>-gabapentin 100 mg orally</li><li>-Ferosul 325 (iron supplement) milligrams (mg) orally</li><li>-oxybutynin (for urinary urgency) 5 mg orally</li><li>-docusate sodium (stool softener) capsule 100 mg orally</li></ul> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                          | <p>Continued From page 94</p> <p>-pantoprazole (for gastroesophageal reflux disease) 40 mg orally<br/>-famotidine (for gastroesophageal reflux disease) 20 mg orally</p> <p>R1's medication list printed September 3, 2025, included the following medications in addition to those listed above:<br/>-atorvastatin (for high cholesterol) tablet (tab) 10 mg,<br/>-cetirizine (for allergies) tab 10 mg,<br/>-doxazosin (for high blood pressure) tab 4 mg,<br/>-polyethylene glycol powder (for constipation).</p> <p>R1's medication list further included the following "as-needed" (PRN) medications:<br/>-acetaminophen (for pain/fever) tab 500 mg,<br/>-acetaminophen tab 325 mg,<br/>-Baza Protect Cream (skin protectant) 12%,<br/>-bisacodyl (for constipation) suppository 10 mg,<br/>-bisacodyl tab 5 mg,<br/>-calcium antacid chewable 500 mg,<br/>-cough suppressant syrup,<br/>-Milk of Magnesia,<br/>-moisture barrier ointment,<br/>-Refresh tears 0.5%,<br/>-senexon (for constipation) 8.6-50 mg,<br/>-sore throat lozenge 15-3.6 mg,<br/>-stool softener tab 8.6-50 mg.</p> <p>R2's medication list printed September 3, 2025, included the following medications:<br/>-Eliquis (anti-platelet medication) tab 5 milligrams (mg),<br/>-mirtazapine (antidepressant) tab 15 mg,<br/>-mirtazapine tab 7.5 mg,<br/>-nutritional supplement,<br/>-omeprazole (for acid reflux) capsule 20 mg.</p> <p>R2's medication list further included the following</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                   | <p>Continued From page 95</p> <p>PRN medications, listed as "standing orders":</p> <ul style="list-style-type: none"><li>-acetaminophen (for pain/fever) 500 mg,</li><li>-acetaminophen 325 mg,</li><li>-bisacodyl (for constipation) 5 mg,</li><li>-bisacodyl suppository 10 mg,</li><li>-Cepacol or therapeutic equivalent 1 lozenge,</li><li>-guaifenesin (for cough) 100 mg/5 milliliters (ml),</li><li>-loperamide (for diarrhea) 2 mg capsule,</li><li>-Maalox (for indigestion) 30 ml,</li><li>-Milk of Magnesia (for constipation) 30 ml,</li><li>-moisture barrier ointment,</li><li>-Narcan (naloxone, for opioid overdose) 4 mg/0.1 ml,</li><li>-senna plus (for constipation) 8.6-50 mg,</li><li>-tums (calcium carbonate, for heartburn or indigestion) 500 mg.</li></ul> <p>R3's medication list printed September 3, 2025, included the following medications:</p> <ul style="list-style-type: none"><li>-amantadine (for Parkinson's disease) tab 100 mg,</li><li>-Benadryl 25 mg,</li><li>-bupropion hydrochloride (HCL) (for depression) tab 150 mg,</li><li>-carbidopa/levodopa (for Parkinson's disease) tab 25-100 mg, 2 tablets daily at bedtime,</li><li>-carbidopa/levodopa tab 25-100mg, 2 tablets three times daily,</li><li>-cholestyramine (reduces bile acids) powder 4 grams (gm),</li><li>-fluoxetine (for depression) 40 mg capsule,</li><li>-ketoconazole 2% shampoo (for face rash),</li><li>-lisinopril (for high blood pressure) 10 mg tablet (indicated "**HOLD UNTIL HEAR FROM [physician]**"),</li><li>-melatonin (for sleep) 10 mg tab,</li><li>-men's multivitamin gummy,</li><li>-ropinirole (for Parkinson's disease) 0.5 mg,</li><li>-tamsulosin (for enlarged prostate) 0.4 mg capsule,</li></ul> | 01820                                                           |                                                                                                                          |  |                                              |



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| 01820                                                          | <p>Continued From page 96</p> <p>-vitamin C 1,000 mg,</p> <p>R3's medication list further included the following PRN medications:</p> <p>-Claritin (for itching) 10 mg,</p> <p>-DayQuil (for cough) 2 "LiquiCaps" every four hours,</p> <p>-desonide 0.05% (for rash),</p> <p>-hydrocortisone 2.5% cream (for rash),</p> <p>-ibuprofen 200 mg,</p> <p>-tacrolimus 0.1 % ointment (for rash),</p> <p>-ventolin hfa (albuterol sulfate) 90 microgram (mcg) inhaler (for "seasonal allergies").</p> <p>R1, R2, and R3's records lacked signed provider orders for the above-listed medications.</p> <p>On September 4, 2025, at 9:15 a.m., during an observation of medication administration, ULP-C stated staff did not have access to the residents' MAR to reference while administering medications. ULP-C further stated staff documented medication administration by writing their initials and the time on the back of medication bubble-pack cards provided by the pharmacy.</p> <p>-ULP-C and ALDIR/LPN-A both stated they could not see any medication orders for the residents because they were only located in RTASKS, which had not been working.</p> <p>A policy was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01820                                                                     |                                                                                                                          |  |                                                        |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>38664</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                            |  | (X3) DATE SURVEY COMPLETED<br><br><b>09/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                                                                      |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                         |  | (X5)<br>COMPLETE<br>DATE                            |
| 02310                                                          | Continued From page 97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 02310                                                                  |                                                                                                                                                                  |  |                                                     |
| 02310<br>SS=J                                                  | <p><b>144G.91 Subd. 4 (a) Appropriate care and services</b></p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of one residents (R1) who utilized bed rails.</p> <p>This practice resulted in a level four violation (a violation that harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the facility, at an unknown date, under the former owner's license and began receiving assisted living services under the current license, effective December 30, 2024.</p> <p>A current resident roster provided September 2, 2025, indicated R1 had the following diagnoses: metabolic encephalopathy (a chemical imbalance that can cause confusion, memory loss and loss of consciousness), cognitive communication deficit (affects ability to understand and participate in conversations), and major</p> | 02310                                                                  | <p>At the time of survey exit, the licensee did not take sufficient action or provide a plan to mitigate the immediate risk related to the use of bed rails.</p> |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 02310                                                          | <p>Continued From page 98</p> <p>depressive disorder.</p> <p>On September 2, 2025, at approximately 2:00 p.m., the surveyor observed R1's room with unlicensed personnel (ULP)-C. R1's bed included a single half-length hospital-style bed rail in place on one side of the bed. The other side of the bed was against the wall. The bed rail was secured to the frame of the bed and was in the "down" position with a television remote control attached to the rail. ULP-C stated R1 never had the rail in the "up" position and R1 liked the bed rail in the down position because he liked his remote control attached. ULP-C further stated R1 liked to grab the top bar of the rail in the down position to assist in standing up from his bed.</p> <p>On September 3, 2025, at 12:00 p.m., R1 stated he liked the rail on his bed, but never put it in the up position. R1 stated he had the bed rail in up position on his bed previously, and did not like it. He stated that he would like to keep the rail on his bed, in down position, so he can put his remote on the rail and also grab the top bar when he is pulling himself up and out of bed.</p> <p>On September 3, 2025, at 2:45 p.m., assisted living director-in-residency/licensed practical nurse (ALDIR/LPN)-A stated that he did not have any documentation, including no bed rail assessment for R1.</p> <p>R1's record lacked:<br/>-assessment for use of hospital bed rail assistive device;<br/>-documentation the licensee explained the risk versus benefits of the bed rail usage with the resident and/or the resident's representative; and<br/>-documentation of the bed rail zones of entrapment measurements.</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                     |
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| 02310                                                          | <p>Continued From page 99</p> <p>The Food and Drug Administration's (FDA) A Guide to Bed Safety Bed Rails in Hospitals Nursing Homes and Home Health Care dated June 21, 2006, indicated the following information: "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources &amp; Frequently-Asked Questions (FAQs) last updated April 3, 2024, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"><li>- Purpose and intention of the bed rail;</li><li>- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li><li>- The resident's bed rail use/need assessment;</li><li>- Risk vs. benefits discussion (individualized to each resident's risks);</li><li>- The resident's preferences;</li><li>- Installation and use according to manufacturer's</li></ul> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN SPIRIT LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13115 50TH STREET SOUTH<br/>AFTON, MN 55001</b>                              |  |                                                        |
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| 02310                                                          | <p>Continued From page 100</p> <p>guidelines;</p> <ul style="list-style-type: none"><li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and</li><li>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements".</li></ul> <p>Additionally, the MDH website indicated for hospital-style bed rails, the licensee must include in their documentation, the bed rail measurements and that the bed rail has not shifted and is securely attached to the bed frame per manufacturer recommendations.</p> <p>A policy was requested and not provided.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> | 02310                                                                     |                                                                                                                          |  |                                                        |





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

AMERICAN SPIRIT LLC  
13115 50TH STREET SOUTH  
Afton, MN 55001  
Washington County  
Parcel:  
  
Phone:  
americanspiritgv@gmail.com

### License Info

License: HFID 38664  
  
Risk:  
License:  
Expires on:  
CFPM:  
CFPM #: ; Exp:

### Inspection Info

Report Number: F1031251114  
Inspection Type: Full - Single  
Date: 9/2/2025 Time: 10am  
Duration: minutes  
Announced Inspection:  
Total Priority 1 Orders: 4  
Total Priority 2 Orders: 2  
Total Priority 3 Orders: 3  
Delivery: Emailed

### New Order: 2-100 Supervision

2-102.12AMN Priority Level: Priority 3 CFP#: 2

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

COMMENT:

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM).

ENSURE 1 FULL-TIME EMPLOYEE HAS TAKEN AN APPROVED FOOD SAFETY COURSE AND AFTER COMPLETION APPLIES WITH STATE FOR CFPM.

LINKS PROVIDED IN EMAIL WITH REPORT.

Comply By: 9/2/2025 Originally Issued On: 9/2/2025

### ! New Order: 2-200 Employee Health

2-201.11A Priority Level: Priority 1 CFP#: 3

MN Rule 4626.0040A The licensee must ensure that employees and conditional employees report to the person in charge information about their health as it relates to illnesses transmissible through food. A food employee or conditional employee must report to the person in charge the date of onset of symptoms such as vomiting, diarrhea, jaundice, sore throat with fever, boils or infected wounds, diagnosed illnesses such as norovirus, hepatitis A virus, Salmonella spp, Shigella spp, Shiga toxin-producing Escherichia coli or other enteric bacterial, viral, or parasitic pathogens, and if they have been exposed to, or are the suspected source of, a probable or confirmed disease outbreak within the last 30 days.

COMMENT:

ESTABLISHMENT DID NOT HAVE ILLNESS LOG ON SITE.

COPY OF LOG SENT WITH REPORT.

PRINT AND KEEP ILLNESS LOG ON SITE. FILL OUT LOG WHENEVER SOMEONE CALLS IN OR GOES HOME SICK.

Comply By: 9/2/2025 Originally Issued On: 9/2/2025



**! New Order: 3-300B Protection from Contamination: cross-contamination, eggs**

3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*

*MN Rule 4626.0235A(1)* Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

**COMMENT:**

OBSERVED RAW CHICKEN STORED NEXT TO APPLES.

RAW CHICKEN DISCARDED DUE TO TCS VIOLATION.

DISCUSSED PROPER ORGANIZATION WITH PIC.

REFRIGERATOR ORGANIZATION POSTER SENT WITH REPORT.

*Comply By: 9/2/2025 Originally Issued On: 9/2/2025*

**! New Order: 3-500B Microbial Control: hot and cold holding**

3-501.16A2 *Priority Level: Priority 1 CFP#: 22*

*MN Rule 4626.0395A2* Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

**COMMENT:**

ITEMS IN REFRIGERATOR MEASURED 45-46F.

ALL TCS ITEMS IN REFRIGERATOR DISCARDED.

DISCONTINUE USE OF REFRIGERATOR FOR TCS FOODS UNTIL REPAIRED.

*Comply By: 9/2/2025 Originally Issued On: 9/2/2025*

**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 MISSING IRREVERSIBLE MEASURING DEVICE.

PROVIDE IRREVERSIBLE MEASURING AND MEASURE UTENSIL TEMPERATURE (160F REQUIRED) AT REGULAR INTERVALS.

*Comply By: 9/8/2025 Originally Issued On: 9/2/2025*

**New Order: 4-300 Equipment Numbers and Capacities**

4-302.14 *Priority Level: Priority 2 CFP#: 48*

*MN Rule 4626.0715* Provide an appropriate test kit to accurately measure sanitizing solutions.

**COMMENT:**

ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE.

SANI TEST STRIPS LEFT ON SITE.

PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT) ON REGULAR BASIS.

*Comply By: 9/8/2025 Originally Issued On: 9/2/2025*

**New Order: 4-500 Equipment Maintenance and Operation**

4-501.11AB *Priority Level: Priority 3 CFP#: 47*

*MN Rule 4626.0735AB* All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

**COMMENT:**

REFRIGERATOR NOT KEEPING FOODS 41F OR BELOW.

REPAIR OR REPLACE REFRIGERATOR.

CONTACT INSPECTOR ONCE REPAIRED.

*Comply By: 9/2/2025 Originally Issued On: 9/2/2025*



! **New Order: 4-700 Sanitizing Equipment and Utensils**

4-703.11B      *Priority Level: Priority 1   CFP#: 16*

*MN Rule 4626.0905B* Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

COMMENT:

DISH MACHINE INFORMATION NOT PROVIDED AS AGREED WITH PIC.

PROVIDE DISH MACHINE TEMP AS DIRECTED.

IF MACHINE NOT OPERATING AT 160F OR ABOVE, ALL ITEMS MUST BE SANI-DIPPED (50-200PPM CHLORINE) AFTER DISH MACHINE CYCLE IS COMPLETE.

*Comply By: 9/2/2025      Originally Issued On: 9/2/2025*

**New Order: 6-300 Physical Facility Numbers and Capacities**

6-301.14A      *Priority Level: Priority 3   CFP#: 10*

*MN Rule 4626.1457* Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.

COMMENT:

HANDWASH REMINDER SIGN MISSING FROM HANDWASH STATION.

COPY OF REMINDER SIGN SENT WITH REPORT.

PRINT AND POST SIGN OR PURCHASE SIMILAR.

*Comply By: 9/2/2025      Originally Issued On: 9/2/2025*

Food & Beverage General Comment

Nurse Evaluator on site: Robyn Wolley

All violations discussed with PIC during the inspection.

- NOTES:
- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.
  - Staff must prepare sanitizer bucket or squirt bottle daily. Check concentration with test strips (50-200ppm Chlorine) when preparing solution.
  - Establishment does not have pasteurized eggs and does not prepare eggs for consumption under 145F. Purchase pasteurized eggs if intending to serve eggs undercooked.
  - Make sure to datemark any prepared cold items that are kept in refrigerator.
  - Employee food needs to be labeled and separated from residents food.
  - Cutting boards should be utilized as food contact surfaces and not counters or plates.
  - Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.
  - 2-Comp sink has left basin designated for handwashing and the right basin for product washing/prep sink.
  - When preparing food, make sure to use a thin-probe thermometer to check temperatures.

**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 F1031251114 from 9/2/2025**





Redemptor Amuge  
Person in Chrage

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

Page: 1

|                                 |                            |
|---------------------------------|----------------------------|
| Establishment Info              | Inspection Info            |
| AMERICAN SPIRIT LLC             | Report Number: F1031251114 |
| Afton                           | Inspection Type: Full      |
| County/Group: Washington County | Date: 9/2/2025             |
|                                 | Time: 10am                 |

**Food Temperature:** **Product/Item/Unit:** Sr Cream; **Temperature Process:** Cold-Holding  
**Location:** Refrigerator at 45 Degrees F.  
Comment:  
*Violation Issued?: Yes*

**Food Temperature:** **Product/Item/Unit:** Lettuce; **Temperature Process:** Cold-Holding  
**Location:** Refrigerator at 46 Degrees F.  
Comment:  
*Violation Issued?: Yes*





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

Sanitizer Observations/Recordings

Page: 1

|                                 |                            |
|---------------------------------|----------------------------|
| Establishment Info              | Inspection Info            |
| AMERICAN SPIRIT LLC             | Report Number: F1031251114 |
| Afton                           | Inspection Type: Full      |
| County/Group: Washington County | Date: 9/2/2025             |
|                                 | Time: 10am                 |

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Spray Bottle

**Location:** Kitchen **Greater Than 400 PPM**

Comment:

*Violation Issued?: Yes*

**Sanitizing Chemical 2:** Product: Quaternary Ammonia; **Sanitizing Process:** Spray Bottle 2

**Location:** Kitchen **Greater Than 400**

Comment:

*Violation Issued?: Yes*