Electronically Delivered

December 3, 2025

Licensee
Hayden Grove Senior Living
8715 Portland Avenue South
Bloomington, MN 55420

RE: Project Number(s) SL36913016

Dear Licensee:

On November 10, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on August 13, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Renee L Anderson

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

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Electronically Delivered

October 1, 2025

Licensee
Hayden Grove Senior Living
8715 Portland Avenue South
Bloomington, MN 55420

RE: Project Number(s) SL36913016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 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 - 2320 - 144g.91 Subd. 4 (b) - Appropriate Care And Services - $1,000.00

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

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

The correction order documentation should include the following:

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

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

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

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Renee L Anderson

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36913	A. BUILDING: _____ B. WING _____	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYDEN GROVE SENIOR LIVING	8715 PORTLAND AVENUE SOUTH BLOOMINGTON, MN 55420

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL36913016-0 On August 11, 2025, through August 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 173 residents; 89 receiving services under the Assisted Living Facility with Dementia Care license. An immediate correction order was issued August 13, 2025, for SL36913016-0 correction tag 2320. The correction order 2320 was edited to correct the identifier of the clinical nursing supervisor from DON-C to CNS-C.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.	
02320 SS=G	144G.91 Subd. 4 (b) Appropriate care and services	02320		

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02320	Continued From page 1 (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services with continuity and as agreed to in the service plan by not following the care plan and transfer method for one of five residents (R1). 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). The findings include: R1's current Service Plan, printed August 12, 2025, indicated R1 received services including assistance with transfers, physical therapy, and medication management. The service plan indicated R1 required "assist of two and Hoyer [a mechanical lifting device] for all transfers". R1's nursing assessment completed June 17, 2025, indicated the following level of assistance: -transfers: "physical assist of 2 and sit to stand or hoyer", and -toileting and/or continence care: "physical assist	02320		

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02320	Continued From page 2 of 2 with mechanical lift". R1's physical therapy order, dated July 24, 2025, documented R1 was receiving maximum assist with Hoyer lift for all transfers due to reduced mobility, muscle weakness, history of falls, hemiplegia and hemiparesis. Unlicensed personnel (ULP)-H and ULP-I were hired on April 15, 2025, and January 9, 2025, respectively, to provide direct care services to residents. On August 12, 2025, at 7:37 a.m., the surveyor observed ULP-H and ULP-I assisting R1 to transfer from a manual wheelchair to a power wheelchair. ULP-H retrieved the Hoyer lift. ULP-I stated, "I am not comfortable using the Hoyer lift. He doesn't need it." ULP-H then retrieved an EZ Stand (a type of standing frame designed to offer transfer assistance to weight-bearing residents). ULP-H and ULP-I assisted R1 to transfer from a manual wheelchair to an electric wheelchair using the EZ Stand. On August 13, 2025, at 9:00 a.m., the surveyor observed R1 sitting in a power wheelchair in their room. R1 stated two staff assisted them to transfer from bed to chair without the use of a device, "They just got me up." ULP-J, ULP-K, and ULP-L were hired on August 11, 2024, June 19, 2025, and July 3, 2025, respectively to provide direct care services to residents. On August 13, 2025, at 9:10 a.m., ULP-K stated they observed ULP-J and ULP-L transfer R1 from bed to wheelchair without using an assistive	02320		

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02320	Continued From page 3 device. On August 13, 2025, at 9:19 a.m., ULP-J stated they transferred R1 from bed to wheelchair with assistance from ULP-L, using a gait belt and the pivot transfer technique. -ULP-L stated, "I always use a Hoyer. This was so much easier." -ULP-K stated staff was trained to use "all types of lifts." -ULP-J stated staff was directed to follow the residents' plan of care accessible on the portable computer. ULP-J retrieved the computer. The surveyor observed R1's plan of care indicated to use a Hoyer lift with two staff assistance for all transfers. ULP-J stated R1 sometimes refused to use the Hoyer lift, but they did not report that to the nurse. On August 13, 2025, at 10:49 a.m., clinical nursing supervisor (CNS)-C stated following hospital return and change of condition, R1 was assessed to require a Hoyer lift for all transfers with two person assist. CNS-C stated all unlicensed staff were trained and tested to be competent to use the Hoyer lift for transfers and to follow the current plan of care for each resident. CNS-C further stated all deviations from the plan of care should be reported to nursing for further direction. The Transfer/Mechanical Lift policy dated, November 2, 2022, indicated: -unlicensed personnel would demonstrate competency on methods to transfer clients as part of orientation including but not limited to one-person transfer with a gait belt, two-person transfer with a gait belt, mechanical sit-to-stand style lifts and mechanical full body lifts,	02320		

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02320	Continued From page 4 -the client's service plan would identify the number of staff and assistance needed to transfer the client as determined by the RN, MD,or PT, -a sit-to-stand style lif was used, a client should be able to bear some weight, have upper body strength and be able to follow simple commands. Sit-to stand style lifts, such as EZ way, Sara Stedy, are designed to be operated by one person, but the number of staff members to be used will be determined by the RN and identified on the client's service plan, -clients who did not meet the criteria in a will be transferred using a full body lift and at least two staff members, -staff would notify the RN and not use the mechanical lifts, including its accessories such as slings or harnesses, if they observe any worn or damaged parts, error messages, or if it fails to operate, -staff would notify the RN of any complications related to the client during the transfer, -if at any time while using a mechanical lift, staff questioned the safety of the procedure for any reason, they would stop using the lift and notify the RN. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	02320		