Electronically Delivered

May 5, 2026

Licensee
The Pillars of Prospect Park
22 Malcolm Avenue Southeast
Minneapolis, MN 55414

RE: Project Number(s) SL36252016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 15, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

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

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

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

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

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

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

The correction order documentation should include the following:

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

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

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

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36252	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF PROSPECT PARK	22 MALCOLM AVENUE SE MINNEAPOLIS, MN 55414

(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: SL36252016-0 On April 13, 2026, through April 15, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 309 residents; 144 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 13, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 14, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		

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01540	Continued From page 4	01540		
01540 SS=E	144G.64 (a) (3) Training in Dementia, Mental Illness, and De- (3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the 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 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; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure direct-care staff completed the required amount of dementia care training in the required time frame for one of three employees (unlicensed personnel (ULP)-E) and the required amount of mental health and de-escalation training for two of three employees (registered nurse (RN)-C, ULP-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01540		

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01540	Continued From page 5 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: RN-C RN-C was hired December 14, 2017, and began providing assisted living nursing services to residents August 1, 2021. On April 14, 2026, at 7:30 a.m., the surveyor observed RN-C check the fourth-floor secured medication cart for the licensee's residents. RN-C's employee record included one hour of mental health illness and de-escalation training completed on January 28, 2026, but lacked the initial two hours of required mental health illness and de-escalation training to be completed before July 1, 2025. ULP-E ULP-E was hired on January 27, 2025, and provided direct cares to residents. On April 14, 2026, from 7:38 a.m. to 8:19 a.m., during continuous observation, the surveyor observed ULP-E assist R2 with personal cares, catheter care, and medication administration. ULP-E's employee record lacked documentation of eight hours initial dementia care training completed within 80 working hours of the employment start date, and two hours of the initial	01540		

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01540	Continued From page 6 required training on topics related to mental illness and de-escalation. On April 15, 2026, at 10:00 a.m., licensed assisted living director (LALD)-A stated RN-C was missing an hour of mental health and de-escalation training and ULP-E had not completed the initial eight hours of dementia training or two hours of mental health training, although it was assigned to her on the licensee's online learning platform. The licensee's Orientation and Training: Employee policy, revised January 1, 2025, indicated on page three, "iii. Assisted Living with Dementia Care License Holders: 1. Supervisors of direct-care staff will complete at least eight (8) hours of initial training on the required dementia care training and two (2) hours of initial training on mental illness and de-escalation topics within 120 working hours of the employment start date 2. Direct-care employees will complete at least eight (8) hours of training on the required dementia care training topics and two (2) hours of initial training on mental illness and de-escalation topics within 80 working hours of the employment start date 3. Staff who do not provide direct care, including maintenance, housekeeping, and food service staff, will complete at least four (4) hours of training on the required dementia care and two (2) hours of initial training on mental illness and de-escalation topics training topics within 160 working hours of the employment start date." The licensee's Dementia Specific Training revised October 2019, indicated, "[Licensee] staff is expected to complete dementia specific training as required by regulations and job function. The	01540		

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01540	Continued From page 7 training is developed and/or approved with the input from the Dimensions Program Coordinator." No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (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 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. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse	01620		

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01620	Continued From page 8 Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (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. (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted resident monitoring and reassessment including a reassessment completed within 14 days after the initiation of services, and ongoing reassessments not to exceed 90 days from the previous assessment, for two of four residents (R2, R5). 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	01620		

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01620	Continued From page 9 situation has occurred repeatedly; but is not found to be pervasive). The findings include: R2 R2 was admitted October 15, 2024, and had diagnoses including cerebral vascular accident (CVA, a stroke), spinal stenosis (narrowing of the spinal canal), and polyneuropathy (breakdown of peripheral nerves). R2's Service Plan Agreement dated December 16, 2025, indicated R2 received services including assistance with housekeeping, laundry, meals, bathing, dressing, grooming, catheter care, and medication administration. On April 14, 2026, from 7:38 a.m. to 8:19 a.m., during continuous observation, the surveyor observed unlicensed personnel (ULP)-E assist R2 with personal cares, catheter care, and medication administration. R2's medical record included an initial nursing assessment, dated October 15, 2024, upon admission to the facility, and a subsequent nursing assessment dated November 7, 2024, greater than 14 days (23 days) after start of services. R2's medical record also included a nursing reassessment, dated December 16, 2025, and a subsequent reassessment dated March 18, 2026, greater than 90 days (92 days) after the previous assessment. R5 R5 was admitted August 14, 2023, and had diagnoses including Alzheimer's disease.	01620		

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01620	Continued From page 10 R5's Service Plan Agreement dated October 7, 2025, indicated R5 received services including assistance with housekeeping, laundry, meals, bathing, dressing, grooming, bed mobility with mechanical lift transfers, and medication administration. On April 14, 2026, at 8:29 a.m., the surveyor observed ULP-G and ULP-H assist R5 with a mechanical lift transfer from bed to wheelchair. R5's medical record included an initial nursing assessment, dated August 14, 2023, upon admission to the facility, and a subsequent nursing assessment dated September 7, 2023, greater than 14 days (24 days) after start of services. R5's medical record also included a nursing reassessment, dated October 7, 2025, and a subsequent reassessment dated January 26, 2026, greater than 90 days (111 days) after the previous assessment. On April 15, 2026, at 9:35 a.m., clinical nurse supervisor (CNS)-B stated R2 and R5's assessments were completed late. CNS-B verbalized with the large number of residents they have they do the best they can to get the assessments completed timely. The licensee's Assessment of Clients - Initial and Ongoing policy, reviewed May 23, 2022, indicated, "A Registered Nurse (RN) will complete an in-person physical and cognitive nursing assessment, using a uniform assessment tool, of each Assisted Living client that is receiving Assisted Living services prior to the date on which a prospective client executes a contract	01620		

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(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
01620	Continued From page 11 with this facility or the date on which a prospective client moves in, whichever is earlier. The assessment will be the basis for the service plan agreement that the RN will recommend to the client and the basis for the service plan that staff will follow when implementing the client's services. If necessitated by either the geographic distance between the prospective client and this facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the client's needs and reflect person-centered planning and care delivery. Resident reassessment and monitoring will be conducted no more than 14 calendar days after initiation of services. Ongoing client reassessment and monitoring will be conducted as needed, based on changes in the needs of the client and not to exceed 90 calendar days from the client's last date of the uniform assessment." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for one of four residents	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36252	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF PROSPECT PARK	22 MALCOLM AVENUE SE MINNEAPOLIS, MN 55414

(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
01880	Continued From page 12 (R2) with medication management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's Service Plan Agreement dated December 16, 2025, indicated R2 received services including assistance with housekeeping, laundry, meals, bathing, dressing, grooming, catheter care, and medication administration. On April 14, 2026, from 7:38 a.m. to 8:19 a.m., during continuous observation, the surveyor observed unlicensed personnel (ULP)-E assist R2 with personal cares, catheter care, and medication administration. During medication preparation ULP-E stated she could not find two of R2's medications in the locked medication cart and maybe these were left in R2's apartment. ULP-E went into R2's apartment to provide cares and administer medications for R2. ULP-E found the two medications, Nystatin powder (an anti-fungal for skin) and diclofenac gel (for arthritis pain) in R2's bathroom on the bathroom counter. ULP-E stated the previous caregiver must have forgotten to place R2's medication creams back into the locked medication cart. Also, ULP-E stated all R2's medications were to be stored in the medication cart. R2's signed Physician Order Sheet dated	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36252	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF PROSPECT PARK	22 MALCOLM AVENUE SE MINNEAPOLIS, MN 55414

(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
01880	Continued From page 13 September 16, 2025, indicated R2 was prescribed the following medications: -diclofenac gel 1 percent (%), apply topically to neck and both hips twice daily; and -Nystatin 100,000 units, apply topically to affected areas twice daily. R2's medication administration record (MAR) dated April 2026 indicated R2 was administered the following medications: -diclofenac gel 1%, apply 2 grams topically to neck and both hips, twice daily; and -Nystatin cream 100000, apply topically to right groin twice daily. Also, noted "in top of drawer of med cart." R2's medical record included a Comprehensive Assessment/Licensed Services document dated December 16, 2025. The assessment indicated under Medication Management that R2's medications were stored in a locked medication cart. On April 14, 2026, at 9:39 a.m., clinical nurse supervisor (CNS)-B stated R2's medications found in his bathroom should have been stored in the locked medication cart. The licensee's Storage of Medication and Key Security policy revised April 19, 2023, indicated on page two, "g. In the client's individualized medication management plan, the nurse may identify the need for secured storage of the medications within the client's private living space or in a central storage area because of the client's cognitive status, concerns about medication diversion or other concerns. When secured storage of the medications is necessary, the nurse will identify where the medications will be stored, how they will be secured or locked	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36252	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF PROSPECT PARK	22 MALCOLM AVENUE SE MINNEAPOLIS, MN 55414

(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
01880	Continued From page 14 under proper temperature controls and who has access to the medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

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

Food & Beverage Inspection Report

Establishment Info

THE PILLARS OF PROSPECT PARK
22 MALCOLM AVENUE SE
Minneapolis, MN 55414
Hennepin County
Parcel:

Phone:
ebenezercares@fairview.org

License Info

License: HFID 36252

Risk:
License:
Expires on:
CFPM: JEREMY FRANCIS SWITZER
CFPM #: 22197; Exp: 6/23/2026

Inspection Info

Report Number: F1029261137
Inspection Type: Follow-up - Single
Date: 4/21/2026 Time: 8:59 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery:

Previous Order: 4-200 Equipment Design and Construction
4-201.11AMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: 4/13/26: RESIDENTIAL FRIDGE/FREEZER COMBOS USED BY ESTABLISHMENT ON 2ND AND 3RD FLOORS FOR CLIENTS' SNACKS. REPLACE WITH COMMERCIAL COOLERS OR ENSURE ALL ITEMS WITHIN COOLERS ARE USED IN SAMEDAY SERVICE WINDOW.

4/20/26 UPDATE: ESTABLISHMENT WORKING ON REMOVAL OF RESIDENTIAL COOLERS. ENSURE ORDER IS CORRECTED BY APRIL 1, 2027.

Comply By: 4/1/2027 *Originally Issued On: 4/13/2026*

Food & Beverage General Comment

ESTABLISHMENT CLEARED 3 OUT OF 3 PRIORTY 1 CORRECTION ORDERS, 3 OUT OF 3 PRIORITY 2 CORRECTION ORDERS, AND 1 OUT OF 2 PRIORITY 3 CORRECTION ORDERS.

HRD SURVEYOR: DEDE HINNENDAEL, BSN, RN, NURSE EVALUATOR

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 F1029261137 from 4/21/2026

JEREMY SWITZER
PERSON IN CHARGE

Trevor McCliment

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@state.mn.us

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

Food & Beverage Inspection Report

Establishment Info

THE PILLARS OF PROSPECT PARK
22 MALCOLM AVENUE SE
Minneapolis, MN 55414
Hennepin County
Parcel:

Phone:
ebenezercares@fairview.org

License Info

License: HFID 36252

Risk:
License:
Expires on:
CFPM: JEREMY FRANCIS SWITZER
CFPM #: 22197; Exp: 6/23/2026

Inspection Info

Report Number: F1029261123
Inspection Type: Full - Single
Date: 4/13/2026 Time: 1:45 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 3
Total Priority 2 Orders: 3
Total Priority 3 Orders: 2
Delivery:

New Order: 2-100 Supervision
2-103.11D,G,H,I,K,M *Priority Level: Priority 2 CFP#: 1*
MN Rule 4626.0035DGHIKM The person in charge must ensure employees follow proper food handling procedures, including: effectively wash their hands; prevent cross-contamination of ready-to-eat food with bare hands by using suitable food utensils such as deli tissue, spatulas, tongs, single-use gloves, or proper dispensing equipment; properly cook TCS foods and verify cooking temperatures with a temperature measuring device; properly cool TCS foods that will not be held hot or consumed within 4 hours; maintain TCS foods at proper hot and cold holding temperatures; plumbing cross connection control, and properly sanitize cleaned multiuse equipment and utensils by monitoring the exposure time and concentration of the chemical sanitizing rinse solution, or by monitoring the exposure time and temperature for hot water sanitizing.
COMMENT: STAFF FOOD MIXED IN WITH FOOD SERVICE ITEMS IN COOLER. SHELL EGGS FROM UNKNOWN SOURCE IN SNACK COOLER. PIC INSTRUCTED TO INCREASE ACTIVE MANAGERIAL CONTROL OVER INDIVIDUALS INTERACTING WITH FOOD/BEVERAGE AREAS AND EQUIPMENT TO ENSURE FOODS ARE IDENTIFIED AND SAFELY STORED.
Comply By: 4/13/2026 Originally Issued On: 4/13/2026

New Order: 3-200B Food Characteristics:Receiving: temperature, condition
3-202.15 *Priority Level: Priority 2 CFP#: 13*
MN Rule 4626.0190 Food packages must be in good condition and must protect the food from adulteration and potential contaminants.
COMMENT: CANS WITH DENTED SEAMS. PIC REMOVED CANS FROM SERVICE. DANGERS OF C. BOT REVIEWED WITH PIC.
Comply By: 4/13/2026 Originally Issued On: 4/13/2026

! **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: UNPASTEURIZED SHELL EGGS IN MEMORY CARE SNACK COOLER AND ABOVE RTE ITEMS. MOVED DURING INSPECTION. PIC INSTRUCTED TO ENSURE RAW ANIMAL FOODS CANNOT INTERACT WITH RTE ITEMS AND SURFACES THAT COULD FACILITATE TRANSFER OF PATHOGENS.
Comply By: 4/13/2026 Originally Issued On: 4/13/2026

! **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: BUTTER BLOCKS SET OUT AT AMBIENT TO SOFTEN FOR FUTURE PROJECT BEYOND CURRENT DATE. WHIPPED BUTTER PACKETS IN CONTAINER ON COOK LINE. NO TPHC. BOTH ITEMS IN DANGER ZONE FOR GREATER THAN APPROXIMATELY 6 HOURS AND DISCARDED BY PIC. PIC INSTRUCTED TO HOLD UNDER MECHANICAL REFRIGERATION UNLESS THE BUTTER IS SET TO BE USED IN A BAKING PROJECT THE SAME DAY OR IF AN APPROVED TPHC WITH TIME TAGGING IS IMPLEMENTED.

1-DOOR UPRIGHT IN MAIN KITCHEN NOT MAINTAINING TCS FOODS AT 41F OR LESS. ITEMS DISCARDED BY PIC. PIC INSTRUCTED TO ADJUST, REPAIR, OR REPLACE COOLER; VERIFY 41F OR LESS THROUGHOUT COOLER PRIOR TO PLACING ADDITIONAL TCS ITEMS WITHIN; AND TO MONITOR COOLER TO ENSURE STAFF DO NOT LEAVE IT OPENED FOR PROLONGED PERIODS.

1-DOOR UPRIGHT IN 2ND FLOOR KITCHEN NOT HOLDING TCS ITEM AT 41F OR LESS. ITEM DISCARDED BY PIC. PIC INSTRUCTED TO ADJUST, REPAIR, OR REPLACE COOLER; VERIFY 41F OR LESS THROUGHOUT COOLER PRIOR TO PLACING ADDITIONAL TCS ITEMS WITHIN; AND TO MONITOR COOLER TO ENSURE STAFF DO NOT LEAVE IT OPENED FOR PROLONGED PERIODS.
Comply By: 4/13/2026 Originally Issued On: 4/13/2026

! **New Order: 3-500D Microbial Control: disposition of food**
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: OPENED SALSA DATE MARKED 3/31 IN NORLAKE 1-DOOR UPRIGHT IN MAIN KITCHEN. MANUFACTURER MAKES NO CLAIMS OF ITEM BEING NON-TCS. PIC INSTRUCTED TO DISCARD AND TO ENSURE REQUIRED ITEMS ARE DISCARDED IF NOT USED BY THE END OF THE 7TH DAY.
Comply By: 4/13/2026 Originally Issued On: 4/13/2026

New Order: 4-200 Equipment Design and Construction
4-201.11AMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: RESIDENTIAL FRIDGE/FREEZER COMBOS USED BY ESTABLISHMENT ON 2ND AND 3RD FLOORS FOR CLIENTS' SNACKS. REPLACE WITH COMMERCIAL COOLERS OR ENSURE ALL ITEMS WITHIN COOLERS ARE USED IN SAMEDAY SERVICE WINDOW.
Comply By: 4/1/2027 Originally Issued On: 4/13/2026

New Order: 4-500 Equipment Maintenance and Operation
4-501.116 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0815 Use the sanitizer test kit or other device to accurately measure the concentration of the sanitizing solution.

COMMENT: NO QUAT TEST STRIPS. LA/DDBSA USE POSTER MOUNTED BY SANITIZER. PIC INSTRUCTED TO MAINTAIN QUAT TEST STRIP SUPPLY AND ENSURE STAFF ARE VERIFYING CONCENTRATIONS OF 200-400 PPM.
Comply By: 4/13/2026 Originally Issued On: 4/13/2026

New Order: 4-900 Protecting Clean Items
4-904.11A *Priority Level: Priority 3 CFP#: 45*
MN Rule 4626.0965A Handle, display, and dispense all single-service and single use articles and clean utensils so that contamination of lip-contact and food-contact surfaces is prevented.
COMMENT: FORKS, SPOONS, AND KNIVES STORED HANDLES DOWN. PIC REMOVED FROM SERVICE. PIC INSTRUCTED TO ENSURE UTENSILS ARE STORED HANDLES UP OR IN A WAY TO PREVENT BAREHAND CONTACT WITH LIP-CONTACT SURFACES.
Comply By: 4/13/2026 Originally Issued On: 4/13/2026

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION OF ALF CONDUCTED AS PART OF HRD SURVEY. INSPECTION FINDINGS COMMUNICATED TO HRD SURVEYOR, DEDE HINNENDAEL, BSN, RN, NURSE EVALUATOR, FOLLOWING INSPECTION.

TOPICS REVIEWED WITH PIC: EMPLOYEE ILLNESS LOGGING, EXCLUSION, AND REPORTING REQUIREMENTS; SANITIZING; HYGIENE AND HANDWASHING; PROTECTION FROM CONTAMINATION; VOMIT/FECAL MATTER CLEANUP PROCEDURE; TEMPERATURE CONTROL; DATE MARKING; ACTIVE MANAGERIAL CONTROL AND OVERSIGHT OVER INDIVIDUALS INTERACTING WITH THE FOOD AND BEVERAGE SERVICE.

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 F1029261123 from 4/13/2026

JEREMY SWITZER
CULINARY DIRECTOR

Trevor McCliment

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

THE PILLARS OF PROSPECT PARK
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029261123
Inspection Type: Full
Date: 4/13/2026
Time: 1:45 PM

New Record: Product/Item/Unit: BUTTER BLOCK**; Temperature Process:** Ambient Air
Location: COUNTER MAIN KITCHEN at 67 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: WHIPPED BUTTER PACKETS**; Temperature Process:** Ambient Air
Location: COUNTER - COOK LINE at 77 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: NORLAKE 1-DOOR UPRIGHT COOLER - MAIN KITCHEN at 43 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: CREAM CHEESE**; Temperature Process:** Cold-Holding
Location: NORLAKE 1-DOOR UPRIGHT COOLER - MAIN KITCHEN at 45 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: SALSA**; Temperature Process:** Cold-Holding
Location: NORLAKE 1-DOOR UPRIGHT COOLER - MAIN KITCHEN at 43 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: SALSA**; Temperature Process:** Cold-Holding
Location: NORLAKE 1-DOOR UPRIGHT COOLER - MAIN KITCHEN at 44 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: CUT MELON**; Temperature Process:** Cold-Holding
Location: NORLAKE 1-DOOR UPRIGHT COOLER - MAIN KITCHEN at 47 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: CUT MELON**; Temperature Process:** Cold-Holding
Location: 2ND FLOOR COMMERCIAL COOLER at 47 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: CUT MELON**; Temperature Process:** Cold-Holding
Location: 2ND FLOOR COMMERCIAL COOLER at 48 Degrees F.
Comment:
Violation Issued?: Yes

New Record: **Product/Item/Unit:** RAW MARINATED CHICKEN**; Temperature Process:** Cooling
Location: Walk-in Cooler at 46 Degrees F.
Comment:
Violation Issued?: No

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

New Record: **Product/Item/Unit:** LASAGNA SOUP**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** SLICED TOMATOES**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** HARD BOILED EGGS**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** RAW BEEF BURGER**; Temperature Process:** Thawing
Location: Prep Cooler at 30 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** MUSHROOM SOUP**; Temperature Process:** Hot-Holding
Location: IN STOCK POT ON RACK ON GRIDDLE at 190 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** MUSHROOM SOUP**; Temperature Process:** Hot-Holding
Location: STEAM WELL KETTLE at 195 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** CUT MELON**; Temperature Process:** Cold-Holding
Location: NORLAKE 1-DOOR UPRIGHT COOLER - MAIN KITCHEN at 42 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** PORK TENDERLOIN**; Temperature Process:** Cooking
Location: OUT OF OVEN at 166 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** PUDDING**; Temperature Process:** Cold-Holding
Location: 3RD FLOOR COMMERCIAL COOLER at 41 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** CREAM CHEESE**; Temperature Process:** Cold-Holding
Location: 3RD FLOOR COMMERCIAL COOLER at 42 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** PEARS**; Temperature Process:** Cold-Holding
Location: 3RD FLOOR SNACK COOLER at 42 Degrees F.
Comment:
Violation Issued?: No

<u>New Record</u>: Product/Item/Unit: PUDDING**; Temperature Process:** Cold-Holding
Location: 2ND FLOOR COMMERCIAL COOLER at 42 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

THE PILLARS OF PROSPECT PARK
Minneapolis
County/Group: Hennepin County

Inspection Info

Report Number: F1029261123
Inspection Type: Full
Date: 4/13/2026
Time: 1:45 PM

Sanitizing Chemical: **Product:** Quaternary Ammonium**; Sanitizing Process:** Wiping Cloth Bucket
Location: MAIN KITCHEN **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonium**; Sanitizing Process:** Dispenser
Location: Equal To 300 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: MAIN KITCHEN **Equal To** 173 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: 3RD FLOOR **Equal To** 161 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL36252016-01	**Date:** 4/14/2026
Facility Name: The Pillars of Prospect Park	
Facility Address: 22 Malcom Ave SE Minneapolis, Mn 55414	

☒ **TAG IDENTIFICATION: 0775**

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

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

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

   Comments: At the time of survey several resident room fire doors equipped with self-closing hinges had the tension reduced, preventing the door from self-closing and latching. The door from the childcare corridor into the kitchen would not self-close. DES-F stated maintenance staff will check all facility resident doors to ensure self-closing and latching.