Electronically Delivered

July 31, 2026

Licensee
Hands Care LLC
7041 Aberdeen Curve
Woodbury, MN 55125

RE: Project Number(s) SL35315017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 1, 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 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - $500.00

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

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

The correction order documentation should include the following:

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

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

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

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

factor.

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDS CARE LLP	7041 ABERDEEN CURVE WOODBURY, MN 55125

(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: SL35315017-0 On June 29, 2026, through July 1, 2026, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 4 residents, all of whom were receiving services under the provider's Assisted Living Facility license.	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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter	0 480		

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0 480	Continued From page 1 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 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part	0 480		

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0 480	Continued From page 2 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 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, Food and Beverage Establishment Inspection Report (FBEIR) dated June 30, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		

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0 690	Continued From page 3	0 690		
0 690 SS=D	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure entries in the resident records were permanently recorded, dated, and authenticated when they signed and backdated a service plan for one of one resident (R1). 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: R1 admitted May 1, 2025, and received services including medication administration. On June 30, 2026, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-B assisting R1 with medication administration. R1's record included an initial service plan, effective June 16, 2026, and printed June 30,	0 690		

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0 690	Continued From page 4 2026. The service plan was hand-signed by R1 and by a facility representative, and dated May 1, 2025, over a year prior to the date the paper was printed. On June 30, 2026, at 1:40 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated she had not been able to figure out how to print the service plan when R1 first admitted, and she "figured it out with RTask (an online medical record system) today," CNS/LALD-A stated she and R1 signed and dated the service plan based on when R1 first began services, and she did not realize that was not allowed. The licensee's undated Resident Record-Information and Content policy indicated "(licensee) will maintain appropriate and accurate records for each resident that is receiving assisted living services." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 690		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and	0 810		

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0 810	Continued From page 5 (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. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic	0 810		

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0 810	Continued From page 6 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 June 30, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (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; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;	01470		

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01470	Continued From page 7 (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 (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), 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: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received orientation to include all required content for one	01470		

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01470	Continued From page 8 of one employee (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C was hired on January 31, 2026, to direct care services for the licensee's residents. ULP-C's employee record lacked documentation the following orientation topics were completed prior to providing assisted living services: - consumer advocacy services On June 30, 2026, at 9:20 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated she thought ULP-C had all the required orientation and it must have been missed. The licensee's undated 5.01 Orientation of Staff and Supervisors and Content policy, indicated orientation would include all the required topics and documented in the employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		

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01530	Continued From page 9	01530		
01530 SS=D	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (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; (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	01530		

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01530	Continued From page 10 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 interview and record review the licensee failed to ensure employees completed initial dementia care training (at least eight hours within 160 working hours of the employment start date), two hours of initial training on mental illness and de-escalation topics, and two hours of annual dementia care training for one of three employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C was hired on January 31, 2026, to assist residents with direct care services. ULP-C's record indicated they had completed 5.5 hours of initial dementia care training and .75 hours of mental illness training in February 2026. ULP-C's record further indicated they had completed an additional 3 hours of dementia care training and 1.5 hours of mental illness training June 30, 2026. (during the survey period). ULP-C's record lacked documentation they completed at least eight hours of initial dementia	01530		

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01530	Continued From page 11 care training and 2 hours of mental illness training on required topics within 160 working hours. On June 30, 2026, at 9:20 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated ULP-C started work in January and worked at least three days per week and had worked more than 160 hours from the time of hire. CNS/LALD-A stated she did not realize ULP-C had not completed all the required training hours for dementia care and mental illness. CNS/LALD-A stated ULP-C had come from another licensee where she thought ULP-C had received the required training, but she was not sure where that documentation was. The licensee's undated 5.03 Dementia Training policy, indicated supervisors of direct care staff would complete eight hours of initial dementia care training within 120 hours of the employment start date, and direct care staff would complete eight hours of initial dementia care training within160 hours of the employment start date. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDS CARE LLP	7041 ABERDEEN CURVE WOODBURY, MN 55125

(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
01640	Continued From page 12 service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to finalize a current written service plan within 14 calendar days after the date services were first provided, for one of three residents for one of one resident (R1). 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: R1 was admitted for services May 1, 2025. On June 30, 2026, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-B assisting	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	07/01/2026

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HANDS CARE LLP	7041 ABERDEEN CURVE WOODBURY, MN 55125

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01640	Continued From page 13 R1 with medication administration. R1's record included an initial service plan, effective June 16, 2026, and printed June 30, 2026. The service plan indicated R1 received services including medication administration. The service plan was hand-signed by R1 and by a facility representative, and dated May 1, 2025, over a year prior to the date the paper was printed. R1's record lacked a service plan finalized within 14 days after the date services were first provided, and including a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. On June 30, 2026, at 1:40 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated R1's service plan had not been authenticated within 14 calendar days after the initiation of services. CNS/LALD-A stated she had not been able to figure out how to print the service plan at that time, and she "figured it out with RTask (an online medical record system) today," CNS/LALD-A stated she and R1 signed and dated the service plan with the date when R1 first began services. The licensee's undated 6.08 Service Plan policy indicated a finalized service plan would be completed no later than 14 days after initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANDS CARE LLP	7041 ABERDEEN CURVE WOODBURY, MN 55125

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02320	Continued From page 14	02320		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (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 ensure staff followed the steps of the medication administration process one of one resident (R1). 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: R1's service plan, effective June 16, 2026, indicated R1 received services including assistance with medication administration. R1's prescriber orders dated June 25, 2026, included orders for Symbicort 160/4.5 inhaler (used to reduce inflammation and relax airway muscles).	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35315	A. BUILDING: _____ B. WING _____	07/01/2026

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HANDS CARE LLP	7041 ABERDEEN CURVE WOODBURY, MN 55125

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02320	Continued From page 15 On June 30, 2026, at 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-B assisting R1 with medication administration. ULP-B removed R1's medication from a locked medication cart in the dining room area and placed R1's medications into a medication cup. ULP-B then retrieved R1's Symbicort inhaler from the cart and brought all the morning medications to R1. ULP-B handed R1 the medications, which R1 swallowed, and then the inhaler, which R1 self administered. R1 handed the inhaler back to ULP-B. ULP-B did not instruct R1 to rinse their mouth out with water. ULP-B returned the inhaler to the medication cart. Without rinsing their mouth R1 proceeded back to their bedroom. On June 30, 2026, at 8:40 a.m. ULP-B stated they should have asked R1 to rinse their mouth without swallowing after they used the inhaler, but they forgot. On June 30, 2026, at 8:40 a.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated staff were taught the correct way to prepare and administer medications and they should have asked R1 to rinse their mouth without swallowing after using the inhaler. CNS/LALD-A stated she would need to reeducate staff on the use of an inhaler. The licensee's undated 7.35 Inhaler policy indicated staff would allow the resident the opportunity to rinse out their mouth. The Symbicort patient information dated December 2017 indicated the most common side effect of Symbicort was thrush in the mouth and throat. The instructions further indicated, to prevent thrush, the mouth should be rinsed with water without swallowing.	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02320	Continued From page 16 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Hands Care LLP
7041 ABERDEEN CURVE
Woodbury, MN 55112
Washington County
Parcel:

Phone:

License Info

License: HFID 35315

Risk:
License:
Expires on:
CFPM: Gloria Macrae
CFPM #: CFPM-10099; Exp: 09/13/2028

Inspection Info

Report Number: F1005261162
Inspection Type: Full - Single
Date: 6/30/2026 Time: 11:30 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A *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: TCS FOODS IN THE REFRIGERATOR WERE BETWEEN 44 AND 48 DEGREES F. REFRIGERATOR WAS TURNED TO A COLDER SETTING AND HAD AN AMBIENT TEMPERATURE OF 41 DEGREES F (AND DROPPING) BY END OF INSPECTION. MONITOR FOOD TEMPERATURES TO ENSURE THEY COME TO 41 DEGREES F OR BELOW.
Comply By: 6/30/2026 Originally Issued On: 6/30/2026

New Order: 3-500C Microbial Control: date marking
3-501.17B *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.
COMMENT: DATE MARKING WAS NOT OBSERVED IN THE FACILITY. DISCUSSED MARKING THE DATE THAT RTE, TCS FOODS ARE OPENED, TO ENSURE THEY ARE USED OR DISCARDED WTIHIN 7 DAYS. FACT SHEET EMAILED WITH REPORT.
Comply By: 6/30/2026 Originally Issued On: 6/30/2026

! **New Order: 3-700 Contaminated Food: discarded**
3-701.11A *Priority Level: Priority 1 CFP#: 17*
MN Rule 4626.0445A Discard or recondition food that is unsafe, adulterated or not honestly presented.
COMMENT: A CONTAINER OF CREAM CHEESE IN THE REFRIGERATOR WAS COVERED IN MOLD. CREAM CHEESE WAS DISCARDED.
Comply By: 6/30/2026 Originally Issued On: 6/30/2026

Food & Beverage General Comment

INSPECTION COMPLETED WITH OPERATOR AND REVIEWED WITH HRD NURSING EVALUATOR TAMMY CARLSON. DISCUSSED ALL ORDERS ON REPORT.

OPERATOR HAD AN IRREVERSIBLE REGISTERING THERMOMETER ON SITE AND PUT IT IN THE DISHWASHER DURING INSPECTION. OPERATOR EMAILED INSPECTOR A PICTURE OF THE THERMOMETER, SHOWING THE DISHWASHER REACHED 165.1 DEGREES F.

DISCUSSED DATE MARKING, GLOVE USE, COOKING TEMPERATURES, CROSS-CONTAMINATION, AND EMPLOYEE ILLNESS.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

FLOORING IS LAMINATE, CABINETS ARE WOOD WITH HOLLOW BASE, AND COUNTERS ARE LAMINATE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

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 F1005261162 from 6/30/2026

GLORIA MACRAE
OPERATOR

Jessica Davis, REHS
Public Health Sanitarian 3
651-201-3961
jessica.davis@state.mn.us

Date Marking

SEVEN DAY LIMIT FOR READY-TO-EAT FOOD

What to date mark

Date marking is marking food containers to show when time/temperature control for safety (TCS) food was prepared or opened, or when food must be used or discarded. Date mark food meeting **ALL** of these criteria:

- Ready-to-eat TCS food
- Refrigerated
- Held in the establishment for longer than 24 hours

How to date mark

An effective date marking method can include using calendar dates, days of the week or color-coded marks. Employees must use and be able to explain the food establishment's method to the regulatory authority upon request.

Use an effective date marking method to clearly indicate the seven-day period. Your establishment's method can use either the start date or the end date.

Day one is:

- The day food is prepared (for food prepared in the food establishment)
- The day the original container is opened (for food prepared and packaged by a food processing plant)

Storing date marked food

You can keep ready-to-eat TCS food in the refrigerator for up to seven days. Freezing food stops the date marking clock, but does not reset it. Always store date marked ready-to-eat TCS food at 41°F or below, including during thawing.

Disposing of date marked food

Serve, sell or discard all refrigerated ready-to-eat TCS food within seven days. Do not exceed the use-by date placed on the original container by a food manufacturer.

Exemptions

Certain products may be exempt from date marking because they are manufactured and packaged in a regulated food processing plant and meet other specific requirements. These products may include:

- Commercially prepared deli salads, such as ham salad, seafood salad, chicken salad, egg salad, pasta salad, potato salad and macaroni salad
- Certain hard cheeses, such as cheddar, gruyere, parmesan reggiano and romano
- Certain semi-soft cheeses, such as blue, edam, gorgonzola, gouda and Monterey jack
- Cultured dairy products, such as yogurt, sour cream and buttermilk

- Preserved fish products, such as pickled herring and dried or salted cod and certain other acidified fish products
- Shelf-stable, dry fermented sausages, such as pepperoni and Genoa salami
- Shelf-stable salt-cured products, such as prosciutto and Parma (ham)

Other ready-to-eat TCS food that does not require date marking includes:

- Shellstock
- Individual meal portions served or repackaged for sale from a bulk container upon a consumer's request

Frequently asked questions

What is "ready-to-eat?"

Ready-to-eat food is reasonably expected to be eaten in that form. The food is edible without washing, cooking or additional preparation.

If food from individually date marked containers is mixed, what date applies?

Use the date mark for the oldest food as the date mark for the combined food. This applies to both combining two containers of the same food and to preparing a separate food product using date marked food.

For example, on Tuesday, chicken is cooked, cooled and date marked. On Thursday, the chicken is combined with other ingredients to make chicken salad. The chicken salad container is date marked to show Tuesday as the date of preparation.

Resources

Minnesota Department of Health Food Business Safety (www.health.state.mn.us/foodbizsafety)

Minnesota Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
651-201-4500
health.foodlodging@state.mn.us
www.health.state.mn.us

Minnesota Department of Agriculture
Food and Feed Safety Division
625 Robert Street N
St. Paul, MN 55155-2538
651-201-6027
MDA.FFSD.Info@state.mn.us
www.mda.state.mn.us

JANUARY 2019

To obtain this information *in a different format, call: 651-201-4500 or 651-201-6000. Printed on recycled paper.*

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL35315017-0	**Date:** 6/30/2026
Facility Name: Hands Care LLC	
Facility Address: 7041 Aberdeen Curve, Woodbury, MN 55125	

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not contain any specific facility information, only generalized evacuation information.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not include any staff actions specific to the facility, only generalized information.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not include any resident actions, only generalized information.

4. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include 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. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not include any evacuation steps for residents that may have unique or unusual needs for evacuation.