



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 15, 2026

Licensee

River Oaks Columbia Heights
900 42nd Avenue Northeast
Columbia Heights, MN 55421

RE: Project Number(s) SL21871016

Dear Licensee:

On March 31, 2026, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on January 7, 2026. 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,

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

KKM



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 6, 2026

Licensee

River Oaks Columbia Heights
900 42nd Avenue Northeast
Columbia Heights, MN 55421

RE: Project Number(s) SL21871016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 7, 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.

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

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$**. 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/Bm5uQEpHVu>. 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,

A handwritten signature in cursive script that reads "Kelly Thorson". The signature is written in dark ink on a white background.

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER RIVER OAKS COLUMBIA HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 900 42ND AVENUE NE COLUMBIA HEIGHTS, MN 55421		
(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: SL21871016-0 On January 5, 2026, through January 7, 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 62 residents; 62 receiving services under the Assisted Living Facility with Dementia Care license. An immediate correction order was identified on January 6, 2026 issued for SL21871016, tag identification 1290. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	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			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (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,	0 480			

Minnesota Department of Health

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0 480	Continued From page 2 existing floor, wall, and ceiling finishes are 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 January 6, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480			

Minnesota Department of Health

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0 480	Continued From page 3	0 480			
0 775 SS=F	TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. 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 1/7/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	0 775			

Minnesota Department of Health

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0 800 SS=A	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Minnesota Statute 144G. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 1/7/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Two (2) days.	0 800			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810			

Minnesota Department of Health

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0 810	Continued From page 5 (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 (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	0 810			

Minnesota Department of Health

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0 810	Continued From page 6 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 1/7/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	0 810			
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction	01290			

Minnesota Department of Health

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01290	Continued From page 7 does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and completed for the current health facility identification (HFID) number for two (2) of 63 employees (unlicensed personnel (ULP)-D and dietary staff (DS)-E) on the facility provided employee roster. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). This resulted in an immediate correction order issued on January 6, 2026. The findings include: On January 5, 2026, at 1:00 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered two of the facility's employees were not listed as having a background study submitted with the licensee's HFID 21871. ULP-D was hired on April 14, 2025, to provide direct care and services to the licensee's residents. ULP-D provided direct care services without direct supervision on January 5, 2026. A	01290			

Minnesota Department of Health

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01290	Continued From page 8 background study had not been completed for ULP-D. DS-E was hired on October 1, 2025, to provide assistance in the kitchen to prepare meals and serve residents. A background study had not been completed for DS-E. On January 5, 2026, at 1:30 p.m., licensed assisted living director (LALD)-A agreed the two employees were not showing on the NETStudy 2.0 roster and will check into this. On January 5, 2026, at 2:15 p.m., LALD-A confirmed the two employees were missing from the NETStudy 2.0 roster and were not affiliated with any other HFID owned by the provider, these must have been missed and will work on getting the employees added to the background study roster today. The licensee's Background Studies policy dated June 1, 2023, indicated all employees; as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study through Department of Health Services (DHS). Only those with satisfactory results will continue to work with the facility and it's residents. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	01290			
01440 SS=E	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an	01440			

Minnesota Department of Health

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01440	Continued From page 9 appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. 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 direct supervision of staff performing a delegated task within 30 days of providing services for two of two employees (unlicensed personnel (ULP)-F and ULP-G). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not	01440			

Minnesota Department of Health

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01440	Continued From page 10 found to be pervasive). The findings include: On January 6, 2026, from 12:00 p.m. to 1:00 p.m., the surveyor observed ULP-F administer medications to residents. ULP-F ULP-F was hired on September 15, 2025, to provide direct care services to residents. ULP-F's employee record lacked documentation of direct supervision of performing a delegated task within 30 days of providing services to verify the work was performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. ULP-G ULP-G was hired on April 28, 2025, to provide direct care services to residents. ULP-G's employee record lacked documentation of direct supervision of performing a delegated task within 30 days of providing services to verify the work was performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. On January 7, 2026, at 10:20 a.m., clinical nurse supervisor (CNS)-C stated ULP-F does not have a 30-day supervision in her record and they must have missed it. On January 7, 2026, at 12:00 p.m., registered nurse (RN)-B stated ULP-G does not have a 30-day supervision in her record either and they	01440			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER RIVER OAKS COLUMBIA HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 900 42ND AVENUE NE COLUMBIA HEIGHTS, MN 55421			
(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
01440	Continued From page 11 are doing an audit of all employee records to complete supervisions for any that were missed. The licensee's Supervision of ULP policy dated June 20, 2023, indicated direct supervision of unlicensed staff providing delegated nursing tasks, delegated treatments or assigned therapy tasks must be performed with in 30 days after the person begins work for our facility and has been trained and determined competent to perform all the tasks assigned. The RN will directly supervise staff performing delegated nursing tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440			
01470 SS=F	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;	01470			

Minnesota Department of Health

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01470	Continued From page 12 (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (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.	01470			

Minnesota Department of Health

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01470	Continued From page 13 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations prior to providing services for two of two employees (unlicensed personnel (ULP)-F and ULP-G). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On January 6, 2026, from 12:00 p.m. to 1:00 p.m., the surveyor observed ULP-F administer medications to residents of the facility. ULP-F ULP-F was hired on September 15, 2025, to provide direct care services to residents. ULP-F's employee record lacked the following required orientation content: - an overview of the assisted living statutes; and - review of provider's policies and procedures. ULP-G ULP-G was hired on April 28, 2025, to provide direct care services to residents. ULP-G's employee record lacked the following required orientation content:	01470			

Minnesota Department of Health

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01470	Continued From page 14 - an overview of the assisted living statutes; - review of provider's policies and procedures; - Assisted Living Bill of Rights; - consumer advocacy services; and - review of types of Assisted Living services the employee will provide and provider's scope of license. On January 7, 2026, at 11:10 a.m., licensed assisted living director (LALD)-A stated they do not have evidence of the review of their policies and procedures for any of the staff, they review policies at staff meetings but do not have evidence all staff have reviewed their polices as part of orientation. LALD-A stated the class that covers the assisted living statues is being missed when assigning orientation training for the staff. On January 7, 2026, at 11:45 a.m., LALD-A stated the form that contains evidence of ULP-G's missing orientation classes that included the assisted living bill of rights, consumer advocacy services, and the uniform disclose of assisted living services and amenities must have been missed at onboarding or did not get scanned into her record. The licensee's Assisted Living Orientation -All Staff policy dated June 1, 2023, indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents. At minimum, orientation must include the following topics: - An overview of Minnesota's assisted living law; - An introduction and review of agency policies and procedures related to the provision of assisted living services; - The assisted living Bill of Rights and staff responsibilities to ensuring the exercise and	01470			

Minnesota Department of Health

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01470	Continued From page 15 protection of those rights; - Types of assisted living services as indicated on the Uniform Disclosure Of Assisted Living Services and Amenities and providers scope of licensure; - Contact information for the Office of Health Facility Compliant;s; - Contact information for the Office of the Ombudsman for Long Term Care; - Contact information for the Office of the Ombudsman for Mental Health and Developmental Disabilities; and - A review of the types of assisted living services the employee will be providing and the facility's category of licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470			
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of	01730			

Minnesota Department of Health

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01730	Continued From page 16 diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include all required content for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	01730			

Minnesota Department of Health

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01730	Continued From page 17 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 was admitted February 24, 2025, with diagnoses that included history of Coronavirus disease (COVID), obesity, essential hypertension, and atherosclerotic heart disease. R2's service plan dated August 19, 2025, indicated R2 received services to include medication administration. R2's provider orders dated March 10, 2025, indicated R2 were prescribed the following medication: - Breo Ellipta 100 micrograms (mcg) - 25mcg, inhale one puff by mouth once daily. R2's medication administration record dated January 2026, included the following medication: - Breo Ellipta 100 micrograms (mcg) - 25mcg, inhale one puff by mouth once daily. R2's individualized medication management plan dated June 3, 2025, lacked the following: - documentation of specific resident instructions relating to the administration of medications; and - any resident specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication used to prevent possible complications or adverse reactions.	01730			

Minnesota Department of Health

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01730	Continued From page 18 The manufacturer's directions for Breo Ellipta inhaler dated May 2023, indicated localized infections of the mouth and pharynx with candida albicans have occurred in patients treated with orally inhaled drugs products containing fluticasone furoate. Monitor patients periodically. When such an infection develops, it should be treated with appropriate local or systemic antifungal therapy while treatment with Breo Ellipta continues. In some cases, therapy with Breo Ellipta may need to be interrupted. Advise the patient to rinse his slash her mouth with water without swallowing following administration of Breo Ellipta to help reduce the risk of oropharyngeal candidiasis On January 6, 2026, at 2:10 p.m., clinical nurse supervisor (CNS)-C stated she agrees the medication management plan and the medication administration record (MAR) are missing specific instructions to rinse mouth after each use and monitoring of medication to prevent complications, this is more than likely sue to the pharmacy adding the medication directly to the MAR and the nurse approving it without adding specific instructions. The licensee's individualized Medication, Treatment, and Therapy Management Plans policy dated June 20, 2023, indicated the RN will Develop a medication management plan for each resident receiving medication management services. The medication management plan will include: - documentation of specific resident instructions relating to the administration of medications; and - resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medications	01730			

Minnesota Department of Health

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01730	Continued From page 19 used to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01820 SS=E	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the licensee managed for two of three residents (R2 and R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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: R2 R2 was admitted February 24, 2025, with	01820			

Minnesota Department of Health

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01820	Continued From page 20 diagnoses that included history of Coronavirus disease (COVID), obesity, essential hypertension, and atherosclerotic heart disease. R2's service plan dated August 19, 2025, indicated R2 received services to include clinical monitoring, manage depression, assistance shopping, assistance bathing, meal delivery, assistance dressing, assistance grooming, vital signs, pain monitoring, housekeeping, medication set up, medication administration, skin care, and oxygen assistance. R2's MAR dated January 2026, included the following medications: - fluticasone 50 micrograms (mcg) spray, use two sprays in each nostril daily for nasal congestion; - cepacol sore throat lozenge, use one lozenge every two hours as needed for sore throat; - lidocaine 5% transdermal patch, apply to right shoulder daily for right shoulder pain; and - ondansetron 4 milligram (mg) tablet, take two tablets (8mg) by mouth every two hours as needed for nausea. R2's record lacked signed prescriber orders for fluticasone, cepacol, lidocaine, and ondansetron. On January 6, 2026, at 3:38 p.m., clinical nurse supervisor (CNS)-C stated they were unable to find a few of the medication orders for R2, they have changed nurses a couple of times and the orders must have been misplaced and she will contact the pharmacy to get copies of the electronic prescriptions. R3 R3 was admitted February 24, 2025, with diagnoses that included unspecified illness, type 2 diabetes, chronic obstructive pulmonary	01820			

Minnesota Department of Health

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01820	Continued From page 21 disorder. R3's service plan dated August 20, 2025, indicated R3 received services to include manage verbal aggression, clinical monitoring, programming reminders, assistance bathing, assistance dressing, nail care, housekeeping, medication administration, blood glucose monitoring, oxygen assistance, and insulin assistance. R3's MAR dated January 2026, included the following medications: - colchicine 0.6 mg tablet, take one tablet by mouth once daily; - diphenhydramine 12.5mg/5milliliter (ml) solution, take 30ml by mouth at bedtime; - albuterol 0.083% solution, inhale one vial via nebulizer every six hours as needed for shortness of breath; - albuterol HFA 90 mcg, inhale two puffs by mouth every four hours as needed for chronic obstructive pulmonary disease; - ibuprofen 400 mg tablet, give one tablet two times daily as needed for pain; and - mucus relief DM ER tablet 30mg, take one tablet by mouth up two twice daily as needed for cough. R3's record lacked signed prescriber orders for R3's colchicine, diphenhydramine, albuterol nebulizer, albuterol inhaler, ibuprofen, and mucus relief. On January 7, 2026, at 9:00 a.m., CNS-C stated she was unable to find some of the medication orders for R3. CNS-C stated R3 uses an outside provider rather than their rounding provider and new orders are often sent to the pharmacy without communication to the nurse. CNS-C	01820			

Minnesota Department of Health

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01820	Continued From page 22 stated the nurse has been advised if this happens to get the electronic prescription from the pharmacy but some of the prescriptions must have been missed and she will get the orders from the pharmacy. The licensee's Medication and Treatment Orders: Receiving, Renewal, Implementation, and Reordering policy dated April 4, 2024, indicated a licensed nurse, or other individual qualified to receive orders will obtain medication and treatment orders. Orders will be obtained either in writing, verbally, or electronically with a legal electronic signature, by licensed provider. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that	01940			

Minnesota Department of Health

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01940	Continued From page 23 will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted February 24, 2025, with diagnoses that included history of Coronavirus disease (COVID), obesity, essential hypertension, and atherosclerotic heart disease.	01940			

Minnesota Department of Health

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01940	Continued From page 24 On January 6, 2026, at 3:45 p.m., during an interview with R2 the surveyor observed several stockings hanging in R2's bathroom. R2 stated the staff put her stocking on in the morning and takes it off in the afternoon, they wash the stocking in her bathroom sink and hang it up to dry. R2 stated the staff has been helping her with the stocking for a long time, she is not sure how long the staff has been assisting her with the stocking, but it has been several months at the very least. R2's Service Checkoff List for November and December 2025 and January 2026 all indicated R2 received assistance with Thrombo-Embolic Deterrent (TED) stockings twice daily. R2's Individualized Treatment and Therapy Management Plan dated June 3, 2025, indicated R2 received assistance with Oxygen and daily vital signs but lacked information related to TED stockings. R2's individualized treatment management plan lacked the following required content: - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatment or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatment or therapy services; and -any resident-specific requirements related to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21871	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER RIVER OAKS COLUMBIA HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 900 42ND AVENUE NE COLUMBIA HEIGHTS, MN 55421			
(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
01940	Continued From page 25 treatment or therapy to prevent possible complications or adverse reactions. On January 6, 2026, at 2:10 p.m., clinical nurse supervisor (CNS)-C stated the treatment plan for R2 was missing information for the TED stocking services and the treatment plan must not have been updated when the service was added. The licensee's Individualized Medication, Treatment & Therapy Management Plan policy dated June 20, 2023, indicated the RN will develop a treatment and therapy management plan for each resident receiving treatment and/or therapy management services. The treatment and therapy management plan will include: - statement of the type of services provided; - documentation of specific resident instructions relating to the treatments and/or therapy administration; - identification of treatment or therapy task that may be delegated to an unlicensed staff member; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments and/or therapy services; - resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment and/or therapy to prevent possible complications or adverse reactions; and - medication, treatment, and therapy management plans will be current and updated when there are changes. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			

Minnesota Department of Health

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01950 SS=F	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prior to delegating nursing tasks of treatment administration, unlicensed personnel (ULP) were trained in the proper methods to perform orthotic braces and modified diets and the ULP demonstrated competency back to the registered nurse (RN) for two of two employees unlicensed personnel (ULP-F and ULP-G). 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	01950			

Minnesota Department of Health

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01950	Continued From page 27 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: During the entrance conference on January 5, 2026, at 11:00 a.m., licensed assisted living director (LALD)-A stated the licensee provided treatment services to residents including orthotic braces and modified diets. ULP-F was hired on September 15, 2025, to provide direct care services to residents. ULP-G was hired on April 28, 2025, to provide direct care services to residents. ULP-F and ULP-G's employee records lacked evidence that ULP-F and ULP-G were trained for orthotic braces and modified diets by the RN and demonstrated competency back to the RN. On January 7, 2026, at 10:20 a.m., clinical nurse supervisor (CNS)-C confirmed the employee files were missing the training and competency evaluations for orthotic braces and modified diets, they were not aware that these treatments required training and competency evaluations, so none of the employees would have this in their records and they will need to add these treatments to the employee training. The licensee's Delegation of Nursing Tasks policy dated June 1, 2023, indicated a registered nurse may delegate nursing services, or an authorized licensed health professional may delegate treatments or assign therapy tasks, to unlicensed personnel that:	01950			

Minnesota Department of Health

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01950	Continued From page 28 - have successfully completed the training required for unlicensed personnel; - have been trained in the services to be provided; and - have demonstrated to the RN or licensed health professional the ability to competently follow the procedures for the resident and possess the knowledge and skills consistent with the complexity of the tasks. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950			
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of two residents (R2) who received treatments. 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	01970			

Minnesota Department of Health

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01970	Continued From page 29 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 was admitted February 24, 2025, with diagnoses that included history of Coronavirus disease (COVID), obesity, essential hypertension, and atherosclerotic heart disease. On January 6, 2026, at 3:45 p.m., during an interview with R2 the surveyor observed several stockings hanging in R2's bathroom. R2 stated the staff put her stocking on in the morning and takes it off in the afternoon, they wash the stocking in her bathroom sink and hang it up to dry. R2 stated the staff has been helping her with the stocking for a long time, she is not sure how long the staff has been assisting her with the stocking, but it has been several months at the very least. R2's Service Checkoff List for November and December 2025 and January 2026 all indicated R2 received assistance with Thrombo-Embolic Deterrent (TED) stockings twice daily. R2's record lacked signed provider orders for the following treatments: - TED stockings. On January 6, 2026, at 4:00 p.m., clinical nurse supervisor (CNS)-C stated R2 does not have an order for the TED stockings, she ordered them online and did not notify the nurse and the service was added without notifying the nurse.	01970			

Minnesota Department of Health

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01970	Continued From page 30 The licensee's Medication and Treatment Orders: Receiving, Renewal, Implementation, and Reordering policy dated April 4, 2024, indicated a licensed nurse, or other individual qualified to receive orders will obtain medication and treatment orders. Orders will be obtained either in writing, verbally, or electronically with a legal electronic signature, by licensed provider. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970			
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care must meet the requirements of section 144G.45 and the following additional requirements: (1) an assessment of safety risks must be performed on and around the property. The safety risks identified by the facility on the assessment must be mitigated to protect the residents from harm. The mitigation efforts must be documented in the facility's records; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. 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.	02040			

Minnesota Department of Health

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02040	Continued From page 31 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 1/7/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	02040			
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards related to secure oxygen tank storage for two of two residents (R2 and R3) and with hospital-style bed rails for one	02310			

Minnesota Department of Health

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02310	Continued From page 32 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) 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: Oxygen Storage On January 6, 2026, at 3:20 p.m. the surveyor observed four portable oxygen tanks with attached regulators (attachment that reduces the high pressure of oxygen from a tank to a safe, usable level) stored in R3's apartment. The oxygen tanks were not secured in a noncombustible rack. One tank was freestanding on the floor in front of the concentrator and three tanks were laying in a pile on the R3's couch. R3 stated he would like a rack for his portable tanks. R3 was admitted on February 24, 2025, with diagnoses that included unspecified illness, type 2 diabetes, and chronic obstructive pulmonary disease (COPD). R3's service plan dated August 20, 2025, indicated R3 received services to include manage verbal aggression, clinical monitoring, programming reminders, assistance bathing, assistance dressing, nail care, housekeeping, medication administration, blood glucose monitoring, oxygen assistance, and insulin assistance.	02310			

Minnesota Department of Health

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02310	Continued From page 33 On January 6, 2026, at 3:40 p.m., clinical nurse supervisor (CNS)-C stated R3 should have a rack for his portable tanks and all portable oxygen tanks should be stored in a rack. On January 6, 2026, at 3:45 p.m., the surveyor observed four portable oxygen tanks without attached regulators stored in R2's apartment. The tanks were freestanding upright near her oxygen concentrator. R2 stated she does not have a rack for her oxygen tanks. R2 was admitted February 24, 2025, with diagnoses that included history of Coronavirus disease (COVID), obesity, essential hypertension, and atherosclerotic heart disease. R2's service plan dated August 19, 2025, indicated R2 received services to include clinical monitoring, manage depression, assistance shopping, assistance bathing, meal delivery, assistance dressing, assistance grooming, vital signs, pain monitoring, housekeeping, medication set up, medication administration, skin care, and oxygen assistance, On January 6, 2026, at 4:00 p.m., CNS-C stated they are completing an audit of all of the residents with oxygen to make sure the portable tanks are secured properly in racks and if needed they are ordering racks from the oxygen provider companies. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), noted a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen cylinders, they	02310			

Minnesota Department of Health

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02310	Continued From page 34 must be secured in racks or by chains to prevent them from falling over. Bed Rails On January 6, 2026, at 10:55 a.m., the surveyor observed R1's bed rails attached to her hospital bed. R1 was admitted December 16, 2025, with diagnoses that included dementia with behavioral disturbances, essential hypertension, and atrial flutter (abnormal heart rhythm). R1's service plan dated December 16, 2025, indicated R1 received service to include assistance with assessments, dressing, grooming, bathing, medication administration, managing orientation issues, vital signs, housekeeping and colostomy assistance. R1's Bed Safety Assessment dated December 16, 2025, included: - an assessment; - partial measurements that were completed and documented; and - the risk vs. benefit were discussed and documented with the resident. R1's assessment lacked: - all required measurements were completed and documented; and - the rails were Food and Drug Administration (FDA) compliant. On January 6, 2026, at 2:10 p.m., clinical nurse supervisor (CNS)-C agreed the bed rail assessment was missing all the required measurements and also is missing if the bedrail is FDA compliant, the nurse did not add all the measurements to the assessment and the	02310			

Minnesota Department of Health

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02310	Continued From page 35 assessments will need to be updated to include if the bed rail is FD compliant. The Food and Drug Administration's (FDA) A Guide to Bed Safety Bed Rails in Hospitals Nursing Homes and Home Health Care revised April 2010, indicated the following information: "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently-Asked Questions (FAQs) last updated October 13, 2025, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Best practice for documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail; - Measurements; - The resident's bed rail use/need assessment; - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences;	02310			

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02310	Continued From page 36 - Installation and use according to manufacturer's guidelines; - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". The licensee's Devices and Device Assessments policy dated July 1, 2023, indicated If the resident expresses the desire to use a device or a device is in use/recommended, a nurse will complete a device assessment at the time of move in, upon hospital return, change in condition, and/or upon discovery of a rail. The licensed nurse or designee will review the risk and benefits of device use and the potential device alternatives with the resident and/or responsible party. Devices will be installed as appropriate for the type of bed. Documentation will be entered in the residence record to include: - results of the assessment; - discussion with resident/responsible party regarding risk and benefits and alternatives considered/recommended; and - decision made/outcome of discussion. No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310			



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

Food & Beverage Inspection Report

Page: 1

Establishment Info

RIVER OAKS COLUMBIA HEIGHTS
900 42nd Avenue NE
Columbia Heights, MN 55421
Anoka County
Parcel:

Phone:

License Info

License: HFID 21871

Risk:
License:
Expires on:
CFPM: Christopher Jones
CFPM #: 88711; Exp: 4/19/2026

Inspection Info

Report Number: F1025261005
Inspection Type: Full - Single
Date: 1/6/2026 Time: 12:00 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 2
Delivery:

New Order: 3-500E Microbial Control: time as a control

3-501.19A Priority Level: Priority 2 CFP#: 24

MN Rule 4626.0408A Develop written procedures prior to using time as a public health control for time/temperature control for safety food and maintain the procedures in the food establishment.

COMMENT: Milk put on ice for service during breakfast, during inspection for lunch. Provide a written TPHC policy for milk and any other TCS beverages where time instead of mechanical temperature control is used for safety. (Inclusion of ice extends 4 hour TPHC window to 6 hours). Discussed maintaining a limited working supply as to reduce waste. Discard TCS foods maintained at ambient after 4/6 hours.

About: <https://www.health.state.mn.us/communities/environment/food/docs/fs/tphcfs.pdf>

Form: <https://www.health.state.mn.us/communities/environment/food/docs/fs/tphcform.pdf>

Maintain form on-site

Comply By: 1/16/2026 Originally Issued On: 1/6/2026

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 refrigerator in the memory care neighborhood kitchen used for TCS resident items. When this refrigerator no longer maintains TCS foods at or below 41 deg F, replace with a unit which meets the above requirements, or discontinue using for TCS resident foods.

Comply By: 1/6/2026 Originally Issued On: 1/6/2026

New Order: 4-500 Equipment Maintenance and Operation

4-501.113 Priority Level: Priority 3 CFP#: 16

MN Rule 4626.0800 Maintain the flow pressure of the hot water sanitizing rinse in the warewashing machine within the range specified on the manufacturer's data plate but not less than 5 psi or more than 30 psi.

COMMENT: Rinse pressure on dish machine at 5 PSI. Service/adjust unit; dataplate listed rinse pressure as 25 +/- 5 PSI.

Comply By: 1/30/2026 Originally Issued On: 1/6/2026

Food & Beverage General Comment

Handwashing sink by dish machine repaired and in service

Discussed employee health and hygiene, shell egg use and supplier substitutions, cleaning equipment, removing shipping film from ice machine, cooling TCS foods, cleaning food contact surfaces

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 F1025261005 from 1/6/2026



Chris, Cori

Casey Kipping, MA RS
Public Health Sanitarian 3
651-201-4513
casey.kipping@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

RIVER OAKS COLUMBIA HEIGHTS
Columbia Heights
County/Group: Anoka County

Inspection Info

Report Number: F1025261005
Inspection Type: Full
Date: 1/6/2026
Time: 12:00 PM

Food Temperature: Product/Item/Unit: Enchilada; **Temperature Process:** Cooking (from frozen)

Location: Rear oven at 135 Degrees F.

Comment: Returned to oven to continue cooking

Violation Issued?: No

Food Temperature: Product/Item/Unit: Chicken, diced; **Temperature Process:** Cold holding

Location: Walk-in Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Ambient; **Temperature Process:** Cold holding

Location: Upright expo cooler at 36 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: Enchilada; **Temperature Process:** Hot holding

Location: Serving line at 135 Degrees F.

Comment:

Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Ambient; **Temperature Process:** Cold holding

Location: Memory care refrigerator at 39 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

Page: 1

Establishment Info

RIVER OAKS COLUMBIA HEIGHTS
Columbia Heights
County/Group: Anoka County

Inspection Info

Report Number: F1025261005
Inspection Type: Full
Date: 1/6/2026
Time: 12:00 PM

Sanitizing Equipment: Product: Dish machine; **Sanitizing Process:** High temperature

Location: Dishwashing Area **Equal To** Degrees F.

Comment: W 150

R 183

Contact 160 deg F

Pressure 5 PSI*

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonium; **Sanitizing Process:**

Location: Dishwashing Area **Equal To** PPM

Comment: 400 PPM

Violation Issued?: No

Minnesota (MDH) Version EH Manager; RPT: F1025261005		Food Establishment Inspection Report		Page 1 of 1	
 Metro District Office Minnesota Department of Health 625 Robert St N, PO BOX 64975 St Paul, MN 55164		No. of Risk Factor/Intervention/Violations		2	Date: 1/6/2026
		No. of Repeat Risk Factor/Intervention/Violations			Time: 12:00 PM
		Score (optional)			Dur: min
Establishment: RIVER OAKS COLUMBIA HEIGHTS		Address: 900 42nd Avenue NE		City/State: Columbia Heights, MN	Zip: 55421
License/Permit #: HFID 21871		Permit Holder:		Purpose of Inspection: Full	Est. Type: Risk Category:
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
Designated compliance status (IN, OUT, N/O, N/A) for each numbered item					
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable					
Mark "X" in appropriate box for COS and/or R					
COS=corrected on-site during inspection R=repeat violation					
Compliance Status				COS	R
Supervision					
1	IN	Person in charge present, demonstrate knowledge and performs duties			
2	IN	Certified Food Protection Manager			
Employee Health					
3	IN	knowledge, responsibilities, and reporting			
4	IN	Proper use of restriction and exclusion			
5	IN	Response to vomiting, diarrheal events			
Good Hygienic Practices					
6	IN	Proper eating, tasting, drinking, tobacco use			
7	IN	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	IN	Hands clean and properly washed			
9	IN	No bare hand contact with RTE foods, alternatives			
10	IN	Adequate handwashing sinks supplied and access			
Approved Source					
11	IN	Food obtained from approved source			
12	N/O	Food Received at proper temperature			
13	IN	Food in good condition, safe & unadulterated			
14	N/A	Records available: shellstock tags, parasite dest.			
Protection From Contamination					
15	IN	Food separated and protected			
16	OUT	Food-contact surfaces; cleaned & sanitized			
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food			
Time/Temperature Control for Safety					
18	IN	Proper cooking time & temperatures			
19	N/O	Proper reheating procedures for hot holding			
20	N/O	Proper cooling time and temperature			
21	IN	Proper hot holding temperatures			
22	IN	Proper cold holding temperatures			
23	IN	Proper date marking & disposition			
24	OUT	Time as public health control;procedures & record			
Consumer Advisory					
25	N/A	Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
26	IN	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
27	N/A	Food additives; approved & properly used			
28	IN	Toxic substances properly identified;stored;used			
Conformance with Approved Procedures					
29	N/A	Compliance with variance, specialized processes & HACCP plan			
Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury					
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark "X" or OUT in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
Compliance Status				COS	R
Safe Food and Water					
30	IN	Pasteurized eggs used where required			
31		Water & ice from approved source			
32	N/A	Variance obtained for specialized processing methods			
Food Temperature Control					
33		Proper cooling methods used; adequate equipment for temperature control			
34	N/O	Plant food properly cooked for hot holding			
35	N/O	Approved thawing methods used			
36		Thermometers provided & accurate			
Food Identification					
37		Food properly labeled; original container			
Prevention of Food Contamination					
38		Insects, rodents, & animals not present; no unauthorized person			
39		Contamination prevented during food prep, storage, & display			
40		Personal cleanliness			
41		Wiping cloths: properly used & stored			
42		Washing fruits & vegetables			
Proper Use of Utensils					
43		In-use utensils; Properly stored			
44		Utensils, equipment & linens; properly stored, dried, handled			
45		Single-use & single-service articles, properly stored and used			
46		Gloves used properly			
Utensils, Equipment and Vending					
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48		Warewashing facilities: installed, maintained, used; test strips			
49		Non-food contact surfaces clean			
Physical Facilities					
50		Hot & cold water available; adequate pressure			
51		Plumbing installed; proper backflow devices			
52		Sewage & waste water properly disposed			
53		Toilet facilities; properly constructed, supplied & cleaned			
54		Garbage & refuse properly disposed; facilities maintained			
55		Physical facilities installed, maintained & clean			
56		Adequate ventilation & lighting; designated areas used			
57		Compliance with MCIAA			
58		Compliance with licensing and plan review			
Person in Charge (signature)			Inspector (signature)		
Follow-up:			Follow-up Date:		

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL21871016	Date: 1/7/2026
Facility Name: River Oaks Columbia Heights	
Facility Address: 900 42 nd Ave N, Columbia Heights MN 55421	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. 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: The labeled fire doors for units 310 and 211 would not close and latch on their own.

2. Combustible materials shall not be stored in exits or enclosures for stairways and ramps. [Minn. Stat. 144G.45 subd. 2; MSFC 315.3.2]

Comments: There was wood trim, doors, and other miscellaneous construction material stored in the exit stairwells.

3. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control devices shall not be modified. [Minn. Stat. 144G.45 subd. 2; MSFC 705.2]

Comments: The fusible link on the sliding door at the base of the trash chute was missing. The door was wedged open.

4. Controlled egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center, a nursing station, or other approved location. Building occupants shall not be required to pass through more than one controlled egress locked door before entering an exit. The procedures for operation of the unlocking system shall be described as part of the fire safety and evacuation plan. All clinical staff shall have the keys, codes, or other means necessary to operate the locking device. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

Comments: When interviewed about the magnetic locking system in the memory care unit maintenance (M)-H stated that they were not aware of a button or switch in an approved location that would release the magnetic locks on the exit doors. A switch or button could not be located during the tour.

5. Gates used as a component in a means of egress shall meet the same requirements for doors. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.8.1]

Comments: There was a gate leading out of the memory care courtyard that was only equipped with a magnetic lock. There was no way to open the gate from inside of the courtyard.

6. The means of egress shall be maintained free of obstructions or impediments to full instant use in case of fire or other emergency. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.2]

Comments:

There was a transportation van that was parked directly in the opening path of the gate leading from memory care. The van was approximately 24 inches away from the gate creating an exit obstruction to anyone attempting to access the public way.

The sidewalks in the memory care courtyard were not cleared of snow and had approximately 5 inches of snow covering them.

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 1; Isolated

TIME PERIOD OF CORRECTION: Two (2) days

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1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

Comments: In resident room 315 there was a missing outlet cover in the bedroom, and the smoke alarm was hanging from the ceiling by the wiring.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

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

Comments: During record review licensed assisted living director (LALD)-A and M-H stated that there were no resident actions in writing.

2. 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. [Minn. Stat. 144G.45 subd.2]

Comments: During record review LALD-A and M-H stated that they did not have written documentation of residents receiving training on the fire safety and evacuation policy.

☒ **TAG IDENTIFICATION: 2040**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

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1. An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and have a safety risk assessment performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm. [Minn. Stat. 144G.81 subd.1]

Comments: During record review with LALD-A and M-H both stated that they had not completed a safety risk assessment on and around the property.