Electronically Delivered

November 14, 2025

Licensee
Wholesome Senior Living LLC
8409 33rd Ave North
Crystal, MN 55427

RE: Project Number(s) SL41253015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on October 31, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the

correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/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 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 the Department of Health 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

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

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax:1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41253	A. BUILDING: _____ B. WING _____	10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLESOME SENIOR LIVING LLC	8409 33RD AVE NORTH CRYSTAL, MN 55427

(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: SL41253015-0 On October 27, 2025, through October 31, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were five (5) residents; 5 receiving services under the Provisional Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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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 October 28, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24	0 480		

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0 480	Continued From page 3 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included maintaining a current Facility TB Risk Assessment and baseline history and symptom screening for two of two employees (unlicensed personnel (ULP)-C, ULP-D). This practice resulted in a level two violation (a	0 660		

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0 660	Continued From page 4 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: The licensee did not have a Facility TB Risk Assessment. ULP-C ULP-C was hired on February 3, 2025, and began providing assisted living services. ULP-C's employee record included an undated TB history and symptom screen. ULP-C's employee record lacked a TB history and symptom screen, and a negative tuberculin skin test (TST) dated August 30, 2025. ULP-C's employee record lacked a second TST performed one to three weeks after the first TST was read. ULP-D ULP-D was hired on August 27, 2025, and began providing assisted living services. ULP-D's employee record included a TB screen dated August 27, 2025, and a negative TST dated August 30, 2025. ULP-D's employee record lacked a second TST performed one to three weeks after the first TST	0 660		

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0 660	Continued From page 5 was read. On October 27, 2025, at 10:23 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they had not yet completed a TB Facility Risk Assessment. On October 28, 2025, at 2:08 p.m., LALD/CNS-A stated they had not completed the second TST for ULP-C or ULP-D. LALD/CNS-A stated they did not get the second test completed in the required time frame and would need to re-start the TB testing process. The Minnesota Department of Health (MDH) guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a IGRA (a serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients and should be administered one to three weeks after the first TST result was read. The licensee's undated Tuberculosis Prevention and Control policy indicated licensee would complete the community TB risk assessment annually. The policy also indicated licensee would offer a TST or blood test to employees at the time of hire. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		

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0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property for two of two residents (R1, R2). This practice resulted in a level one violation (a violation that that will cause only minimal impact on the residents and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 R1was admitted on November 14, 2024, and began receiving assisted living services. R1's Service Plan signed November 28, 2024, indicated R1's services included assistance with mobility, dressing, bathing, meals, and safety checks.	0 970		

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0 970	Continued From page 7 R1's record included a Resident Contract for Assisted Living signed on November 14, 2024, which included the following language: -under section 24. A. Damage of Injury to Resident of Resident's Property (page 10-11), the contract read "We are not responsible for any damage or injury suffered by you, your property ...that was not caused by us"; and -under section 25. A. Indemnification (page 11), the contract read " ...you agree to Indemnify and home harmless {licensee], our employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury, or damage to property arising from our out of your use of the rented premised or any other part of our property, caused wholly or in part by an act or omission of you or your guests or agents". R2 R2 was admitted on February 7, 2025, and began receiving assisted living services. R2's Addendum to Contract - Waiver (service plan) signed August 22, 2025, indicated R2's services included assistance with medication administration, dressing, grooming, bathing, mobility, and behavior management. R2's record included a Resident Contract for Assisted Living signed on February 7, 2025, which included the following language: -under section 24. A. Damage of Injury to Resident of Resident's Property (page11), the contract read "We are not responsible for any damage or injury suffered by you, your property ...that was not caused by us"; and -under section 25. A. Indemnification (page 12), the contract read " ...you agree to Indemnify and	0 970		

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0 970	Continued From page 8 home harmless {licensee], our employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury, or damage to property arising from our out of your use of the rented premised or any other part of our property, caused wholly or in part by an act or omission of you or your guests or agents". On October 28, 2025, at 2:20 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and chief financial officer (CFO)-B stated they were unaware their contract included liability waivers. LALD/CNS-A and CFO-B stated the contracts were reviewed by their legal team and they would have them reviewed again. The licensee's undated Assisted Living Contracts policy indicated the contract would not include a waiver of facility liability for the health and safety or personal property of a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation;	01060		

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01060	Continued From page 9 (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for two of two residents (R1, R2).	01060		

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01060	Continued From page 10 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 residents). The findings include: R1 R1was admitted on November 14, 2024, and began receiving assisted living services. R1's Service Plan signed November 28, 2024, indicated R1's services included assistance with mobility, dressing, bathing, meals, and safety checks. R1's Resident Notes dated March 27, 2025, indicated R1 was admitted to the hospital after a fall. R1 did not return to the facility and was discharged by licensee on May 31, 2025. R1's record included an undated Emergency Relocation Notification indicating R1 had been transferred to the hospital on March 27, 2025. R1's Emergency Relocation Notification and Resident Notes lacked documentation that the Office of Ombudsman for Long-Term Care was notified after R1 had not returned to the facility within four (4) days. R2 R2 was admitted on February 7, 2025, and	01060		

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01060	Continued From page 11 began receiving assisted living services. R2's Addendum to Contract - Waiver (service plan) signed August 22, 2025, indicated R2's services included assistance with medication administration, dressing, grooming, bathing, mobility, and behavior management. R2's record included an Emergency Relocation Notification, undated, indicating R2 was transferred to the hospital on February 25, 2025, and R2's estimated return to the facility was March 3, 2025. R2's record included an Assessment dated March 2, 2025, which indicated R2 had returned to the facility following a five-day hospital stay. R2's Assessment and Emergency Relocation Notice lacked documentation that the Office of Ombudsman for Long-Term Care was notified after R1 had not returned to the facility within four (4) days. On October 28, 2025, at 10:09 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they had sent emergency notices when residents were transferred to the hospital and did not notify the Office of the Ombudsman for Long-Term Care. LALD/CNS-A stated they recently learned the ombudsman notification was a requirement. On October 29, 2025, at 10:06 a.m., the surveyor received an email from regional ombudsman (RO)-E indicating they had received one emergency relocation notice from licensee in the past 24 months.	01060		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHOLESOME SENIOR LIVING LLC	8409 33RD AVE NORTH CRYSTAL, MN 55427

(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
01060	Continued From page 12 The licensee's Assisted Living Contract Termination policy, undated, indicated the licensee would notify the Office of the Ombudsman for Long-Term Care if the resident had been relocated and had not returned to the facility within four days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		

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

WHOLESOME SENIOR LIVING LLC
8409 33RD AVE NORTH
Crystal, MN 55427
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41253

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

Inspection Info

Report Number: F1039251178
Inspection Type: Full - Single
Date: 10/28/2025 Time: 10 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 2-100 Supervision
2-102.12AMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
COMMENT: J. Sphatt completed a food safety course on 4/4/2024 but didn't register with MDH CFPM program. Plan to complete a food safety course or proctored exam, then register with MDH within 6 months of completion. Search "MDH CFPM" for more details.
Comply By: 10/28/2025 Originally Issued On: 10/28/2025

! **New Order: 3-500D Microbial Control: disposition of food**
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: OPEN PACKAGED OF COOKED DELI MEAT IN DOWNSTAIRS REFRIGERATOR HAS DATE LABEL SHOWING 10/19. FOOD DISCARDED.
Comply By: 10/28/2025 Originally Issued On: 10/28/2025

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: NO CHLORINE TEST STRIPS ON-HAND. MAINTAIN TEST STRIPS ON-HAND.
Comply By: 10/28/2025 Originally Issued On: 10/28/2025

Food & Beverage General Comment

MILK - COLD HOLD, KITCHEN REFRIGERATOR - 41 DEGREES F
YOGURT - COLD HOLD, BASEMENT REFRIGERATOR - 40 DEGREES F
FREEZERS - FROZEN

This inspection was completed as part of MDH HRD assisted living facility survey. The inspection was conducted with the person-in-charge and reviewed with MDH HRD nurse evaluator Michelle Winters.

The kitchen is of residential build and should serve food for same-day service only.

The kitchen facilities and equipment are of residential standard, are in good repair, clean and well maintained.

The kitchen refrigerator/freezer are of residential grade.

Additional freezer and refrigerator are in basement

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen.

Verified hand sink correctly set-up, gloves, illness policy, UST thermometer.

Discussed the following with the person-in-charge: food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing, clean-up of vomit and fecal matter, all orders on this report.

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 F1039251178 from 10/28/2025

Jacob Sphatt
person-in-charge

Aron Goodner,
Public Health Sanitarian 1
651-201-4910
aron.goodner@state.mn.us

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

Sanitizer Observations/Recordings

Establishment Info

WHOLESOME SENIOR LIVING LLC
Crystal
County/Group: Hennepin County

Inspection Info

Report Number: F1039251178
Inspection Type: Full
Date: 10/28/2025
Time: 10 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Spray Bottle
Location: Equal To 100 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Equal To 168 Degrees F.
Comment: FROM DAILY LOG, USING DISK THERMOMETER
Violation Issued?: No