



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 4, 2026

Licensee

H & A Assisted Living Inc

1020 5th Avenue

South Saint Paul, MN 55075

RE: Project Number(s) SL39475016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 2, 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 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$500.00

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

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

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in

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a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a stylized flourish at the end.

Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER H & A ASSISTED LIVING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 5TH AVENUE SOUTH SAINT PAUL, MN 55075			
(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: SL39475016-0 On March 30, 2026, through April 2, 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 two residents; two receiving services under the 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.		
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request	0 460			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 460	Continued From page 1 assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect all current residents. 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:	0 460			

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0 460	Continued From page 2 On March 30, 2026, at 12:56 p.m. during the entrance conference, clinical nurse supervisor (CNS)-B stated the licensee did not have a call light or pendant system the residents could use to summon staff. CNS-B also stated residents would verbally call out to the licensee's staff or leave their rooms and locate a staff member, if they needed assistance. On March 30, 2026, at 1:43 p.m. during facility tour, the surveyor observed the facility was a multi-level home with a main floor, upper level, and lower level. The surveyor also observed no pendants, call light system, or means to request assistance were available in the residents' rooms. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 460			
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week,	0 470			

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0 470	Continued From page 3 who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have an accurate daily work schedule posted in a central location accessible to staff, residents, volunteers, and the public as required. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a client'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: The licensee lacked a daily staffing schedule developed by the clinical nurse supervisor to: - include direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked; - identify the direct-care staff member's resident	0 470			

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0 470	Continued From page 4 assignments or work location; and - be posted after redacting direct-care staff member's resident assignments, at the beginning of each work shift in a central location in each building On March 30, 2026, at 1:52 p.m. during the facility tour, the surveyor observed the main entry area and the licensee lacked the required posting of the staff schedule as listed above. Licensed assisted living director (LALD)-A stated the staff schedule is usually posted on the cork board on side A, and wasn't sure why it wasn't. The licensee's Staffing policy dated January 20, 2023, indicated a daily staff schedule is prepared by the clinical nurse supervisor and addresses: -home health aide work schedules for each home health aide showing all work shifts with days/hours worked; and -the home health aide's resident assignments or work location. The schedule is posted at the beginning of the shift in a central location in each building accessible to staff, residents, volunteers and the public. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 470			
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.	0 480			

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0 480	Continued From page 5 (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant	0 480			

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0 480	Continued From page 6 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 March 30, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			

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0 485	Continued From page 7	0 485			
0 485 SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. 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 require any resident to include and pay for meals as a part of their assisted living package fee. This had the potential to affect all residents of the facility. 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 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:	0 485			

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0 485	Continued From page 8 The licensee's Residency Agreement that is used by all residents dated 2022, indicated "1. Food service: Three (3) meals/day are served in the dining area as planned and prepared [The Licensee] Assisted Living staff." The licensee's Residency Agreement- Assisted Living Contracts lacked an option for residents to opt out of payment for one, two, or three meals a resident would not want. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated the same assisted living contract was used for all residents and did not offer residents to opt out of one or two meals the resident would not want. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485			
0 500 SS=F	144G.41 Subd. 2 Policies and procedures Each assisted living facility must have policies and procedures in place to address the following and keep them current: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) conducting and handling background studies on employees; (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those	0 500			

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0 500	Continued From page 9 services; (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (7) orientation to and implementation of the assisted living bill of rights; (8) infection control practices; (9) reminders for medications, treatments, or exercises, if provided; (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (12) medication and treatment management; (13) delegation of tasks by registered nurses or licensed health professionals; (14) supervision of registered nurses and licensed health professionals; and (15) supervision of unlicensed personnel performing delegated tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required. This had the potential to affect all residents, staff, and visitors.	0 500			

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0 500	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 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: During the entrance conference on March 30, 2026, at 12:42 p.m., clinical nurse supervisor (CNS)-B stated the licensee's employees in charge of the facility were familiar with the assisted living regulations and the licensee provided medication and treatment management services. The licensee's Application for Assisted Living Licensure, Assisted Living Change of Ownership (CHOW) Application License, section titled Official Verification of Owner or Authorized Agent, (page 5 and 6 of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]: - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my	0 500			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 500	Continued From page 11 building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be	0 500			

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0 500	Continued From page 12 classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. - I attest that the assisted living facility has provided services to at least one resident during the immediately preceeding license year as required by Minn. Stat. sect. 144G.17 (5). Page 6 was electronically signed by the owner on December 8, 2025. The licensee had an assisted living license issued on December 8, 2025, with an expiration date of	0 500			

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0 500	Continued From page 13 December 7, 2026. The licensee failed to ensure the following policies and procedures were developed and/or implemented: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) conducting and handling background studies on employees; (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (7) orientation to and implementation of the assisted living bill of rights; (8) infection control practices; (12) medication and treatment management; (13) delegation of tasks by registered nurses or licensed health professionals; and (15) supervision of unlicensed personnel performing delegated tasks. As a result of this survey, the following orders were issued 0550, 0650, 0660, 1320, 1330, 1440, 1730, 1750, 1760, 1880, 1890, 1940, 1950, 1960, 2320, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95.	0 500			

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0 500	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 500			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the facility's grievance procedure with the required content. This had the potential to affect the licensee's current residents, staff, and visitors. 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	0 550			

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0 550	Continued From page 15 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 March 30, 2026, at 1:58 p.m. during a facility tour with licensed assisted living director (LALD)-A, the surveyor did not observe a posting with information about the facility's grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. In addition, the surveyor did not observe a posting that included the contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities. LALD-A stated there was no posting, but the staff and residents knew how to contact the LALD-A and clinical nurse supervisor (CNS)-B. The licensee's Grievance policy dated January 20, 2023, indicated a copy of the grievance procedure would be posted conspicuously with the following information: -name, phone number and email contact information for the individuals who are responsible for handling resident complaints; -contact information for the state and any regional Office of Ombudsman for Long-Term-Care; -contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities; -contact information for the Minnesota Adult Abuse Reporting Center; and -contact information for the Minnesota Department of Health, Office of Health Facility Complaints if an individual has a complaint about	0 550			

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0 550	Continued From page 16 the facility or person providing services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 550			
0 570 SS=C	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to display the original current license at the main entrance of the assisted living facility as required. This had the potential to affect all residents, staff, and visitors. 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 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: The licensee held an assisted living license effective December 8, 2025, with an expiration date of December 7, 2026. On March 30, 2026, at 1:58 p.m., the surveyor observed a posted expired license in the facility's common areas with an effective date of	0 570			

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0 570	Continued From page 17 December 8, 2024, and an expiration date of December 7, 2025. Licensed assisted living director (LALD)-A stated the renewed license was not provided by the state, but later provided it to the surveyor, stating the owner had it in his email. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570			
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 580			

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0 580	Continued From page 18 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 the residents). The findings include: On March 30, 2026, at 12:42 p.m. during the entrance conference with clinical nurse supervisor (CNS)-B, CNS-B stated the licensee has quality management meetings and the last meeting was on March 27, 2026. CNS-B stated the current focus/topic is quality of care for the residents, and reviewing things that can be improved on. On March 30, 2026, at 1:40 p.m., the surveyor emailed owner (O)-D and licensed assisted living director (LALD)-A requesting a copy of the current quality management plan; however, it was not provided. The licensee's Quality Improvement policy dated January 20, 2023, indicated documentation of Quality Improvement activities is maintained and updated as needed, but not less than annually. Documentation of the Quality Improvement Program is maintained for at least two years and will be provided to the commissioner at the time of survey, investigation or renewal as requested. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580			

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0 650	Continued From page 19	0 650			
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of one employee (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a	0 650			

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0 650	Continued From page 20 limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired on July 26, 2023, to provide direct care services. ULP-C's employee record lacked the following: - current job description, including qualifications and identification of staff persons providing supervision; and - documentation of a current annual performance review that identified areas of improvement needed and training needs. On March 31, 2026, at 10:07 a.m., licensed assisted living director (LALD)-A stated ULP-C's job description did not include the information as stated above and would have the owner update that. In addition, LALD-A stated ULP-C did not have a current annual performance review. The licensee's Personnel Records policy dated January 20, 2023, indicated a job description is maintained that includes qualifications, responsibilities and identification of supervisors for each job classification. The licensee's Performance Evaluation policy dated January 20, 2023, indicated a formal performance evaluation will be conducted for all staff providing assisted living services at least annually. The staff member's supervisor will complete the evaluation using a standard tool based on the employee's job description. The performance evaluation will address any of the following: - areas of improvement needed; and	0 650			

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0 650	Continued From page 21 - the performance evaluation will include any additional education or training needs for the staff member. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650			
0 660 SS=D	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 observation, interview, and record review, the licensee failed to maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of TB screening for active symptoms of TB for one of one employee (unlicensed personnel (ULP)-C).	0 660			

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0 660	Continued From page 22 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: The licensee's TB facility risk assessment dated December 1, 2025, indicated the licensee was a low risk. ULP-C was hired July 26, 2023, to provide direct care services. On March 31, 2026, at 8:02 a.m., the surveyor observed ULP-C administer R2's morning medications. ULP-C's Tuberculosis Screening result dated June 6, 2025, indicated ULP-C was negative for TB based on a QuantiFERON blood test. ULP-C's employee record lacked completion of a Baseline TB Screening Tool for Health Care Workers (HCWs) assessing symptoms of active TB disease. On March 31, 2026, at 9:56 a.m., licensed assisted living (LALD)-A stated ULP-C's employee file was missing the required TB screening tool as stated above. The licensee's Tuberculosis Screening/Prevention policy dated January 20,	0 660			

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0 660	Continued From page 23 2026, indicated the licensee will observe the recommended precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH). The precautions include the following elements: -risk assessment; -TB Screening; and -staff Education 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 residents after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (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. Baseline TB screening should be documented in the employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an	0 680			

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0 680	Continued From page 24 emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors. 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: The licensee's Emergency Preparedness	0 680			

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0 680	Continued From page 25 Program (EPP) last reviewed August 23, 2025, lacked evidence of the following required content: - emergency prep training program; and - emergency prep testing requirements. On March 31, 2026, at 3:23 p.m., licensed assisted living director (LALD)-A stated the EPP was recently updated and the licensee needs to do the training and to complete the emergency prep testing at least twice a year. The licensee's Emergency Preparedness policy dated January 20, 2023, indicated education is provided to staff and offered to residents: -all staff members will be oriented on hire to the emergency preparedness plan and their associated responsibilities; -ongoing education will be provided to staff annually; and -emergency and disaster training is offered to all residents annually. A disaster drill is conducted at the residence at least annually. Results of the drill will be documented. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 690 SS=D	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.	0 690			

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0 690	Continued From page 26 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an entry in the resident's record was dated and authenticated by the title of the person making the entry for one of two residents (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 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: R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. R3's care plan/service plan was undated and lacked authentication by the person who completed the plan. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated she was unsure why the service plan lacked a date and authentication by the name and title of the person making the entry as it was done prior to her starting with the licensee. The licensee's Clinical Records policy dated January 20, 2023, indicated all entries into the clinical record will be legible, permanently recorded in ink, dated and authenticated with the name and title of the person making the entry.	0 690			

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0 780	Continued From page 28 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 March 31, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780			
01320 SS=D	144G.60 Subd. 4 (a) Unlicensed personnel (a) Unlicensed personnel providing assisted living services must have: (1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a); or (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the	01320			

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01320	Continued From page 29 topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61, subdivision 2, paragraph (a), clauses (5), (7), and (8), by a practical skills test. Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure competency evaluations were completed as required prior to providing direct care for one of one employee (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired July 26, 2023, to provide direct care services. On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications. ULP-C's record lacked evidence of the following competencies had been completed prior to providing direct cares:	01320			

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01320	Continued From page 30 -appropriate and safe techniques in personal hygiene and grooming, including: -hair care and bathing; -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; -dressing and assisting with toileting; and -standby assistance techniques and how to perform them; On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated ULP-C was missing competencies and CNS-B stated the competencies should be completed for the missing competencies as stated above. The licensee's Staff Competency policy dated January 20, 2023, indicated staff would be competency trained in the areas listed above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01320			
01330 SS=D	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides	01330			

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01330	Continued From page 31 or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure competency evaluations were completed as required prior to providing direct care for one of one employee (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired July 26, 2023, to provide direct care services. On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications. ULP-C's record lacked evidence of the following competencies had been completed prior to providing direct cares: - safe transfer techniques and ambulation; and - range of motioning and positioning.	01330			

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01330	Continued From page 32 On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated ULP-C was missing competencies and CNS-B stated the competencies should be completed for the missing competencies as stated above. The licensee's Staff Competency policy dated January 20, 2023, indicated staff would be competency trained in the areas listed above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01330			
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an 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	01440			

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01440	Continued From page 33 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 one of one unlicensed personnel (ULP)-C was supervised by a registered nurse (RN) within 30 days after providing delegated tasks with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired July 26, 2023, to provide direct care services. On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications. ULP-C's employee record lacked evidence of direct supervision within 30 days after beginning work and first performing delegated tasks. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated ULP-C's 30-day supervision was not completed by the prior CNS and should have been. The licensee's Supervision: Unlicensed Staff	01440			

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01440	Continued From page 34 policy dated January 20, 2023, indicated that direct supervision of home health aides performing delegated tasks will be provided within 30 days after the individual begins working for the assisted living provider and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440			
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced	01640			

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01640	Continued From page 35 by: Based on observation, interview, and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident and staff to document agreement on the services to be provided for two of two residents (R2, 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 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: R2 R2 was admitted on February 28, 2024, with a diagnosis that included schizophrenia. On March 31, 2026, at 8:04 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's morning medications. R2's care Plan/service plan dated February 28, 2024, lacked a signature or other authentication by the resident and staff documenting agreement on the services to be provided. R3 R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications.	01640			

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01640	Continued From page 36 R3's undated, care plan/service plan lacked a signature or other authentication by the resident and staff documenting agreement on the services to be provided. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated the service plan should be signed by the person who completed it. CNS-B stated the licensee was 'waiting for the service plan to be sent' by R3's new county worker. The surveyor then explained to CNS-B what the service plan was (because it is different). The licensee's Service Plan policy dated January 20, 2023, indicated the initial service plan and any revisions are signed by a representative from the licensee and the resident or resident's representative, indicating agreement with the services to be provided. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01640			
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident;	01650			

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01650	Continued From page 37 (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a service plan included the required content for two of two residents (R2, 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 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: R2	01650			

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01650	Continued From page 38 R2 was admitted on February 28, 2024, with a diagnosis that included schizophrenia. On March 31, 2026, at 8:04 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's morning medications. R2's care plan/service plan dated February 28, 2024, indicated R2 received services to include assistance with reminders, meals, weekly vital signs, behavior monitoring, housekeeping and laundry. The service plan did not include the following required content: -the fees for services and the frequency of each service; -the identification of the staff or categories of staff who will provide the services; -a contingency plan that includes: -the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; -names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. R3 R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications. R3's undated and unsigned, care plan/service plan indicated R3 received services to include	01650			

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01650	Continued From page 39 assistance with reminders, grooming, meals, blood glucose monitoring, behavior monitoring, medication administration, housekeeping, and laundry. The service plan did not include the following required content: -the fees for services and the frequency of each service; -the identification of the staff or categories of staff who will provide the services; -a contingency plan that includes: -the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; -names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated R2 and R3's service plans were missing the content listed above. CNS-B further stated the same format was used for all service plans. The licensee's Service Plans policy dated January 20, 2023, indicated the service plan will include the following: -the fees for services and the frequency of each service, according to the resident's current review or assessment and resident preferences; -the identification of the staff or categories of staff who will provide the services; -a contingency plan that includes the following: -action to be taken if the scheduled service cannot be provided; -names and contact information of persons the	01650			

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01650	Continued From page 40 resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition; and -circumstances in which emergency medical services are not to be summoned and declarations made by the resident related to health care directives. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650			
01730 SS=F	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 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	01730			

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NAME OF PROVIDER OR SUPPLIER H & A ASSISTED LIVING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 5TH AVENUE SOUTH SAINT PAUL, MN 55075			
(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
01730	Continued From page 41 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 observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content and failed to include current medication management services in the service plan for two of two residents (R2, 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 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).	01730			

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01730	Continued From page 42 The findings include: R2 R2 was admitted on February 28, 2024, with a diagnosis that included schizophrenia. On March 31, 2026, at 8:04 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's morning medications. R2's care plan/service plan dated February 28, 2024, indicated R2's services included a verbal reminder to take medications. However, the licensee provided medication administration as noted above. R2's medication management plan dated February 28, 2024, did not include the following: -a written statement of the current medication management services that will be provided to the resident; -medication management services provided by nurse and unlicensed personnel (ULP) (included PRN); -type of medication storage system, based on resident's needs; and -medication management tasks that may be delegated to ULPs. R3 R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications. R3's undated, care plan/service plan indicated R3's services included a verbal reminder to take medications. However, the licensee provided	01730			

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01730	Continued From page 43 medication administration as noted above. R3's undated and unsigned, medication management plan did not include the following: -a written statement of the current medication management services that will be provided to the resident; -medication management services provided by nurse and unlicensed personnel (ULP) (included PRN); -type of medication storage system, based on resident's needs; and -medication management tasks that may be delegated to ULPs. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated R2 and R3's medication management plan was missing the above information and she was 'waiting for the county to send out a new service plan.' The licensee's Service Plan for Medication Management policy dated January 20, 2023, indicated the written Medication Management Plan includes the following provisions: -a statement describing the medication management services to be provided; -a description of the storage of medications based on the resident assessment; and -a description of medication management tasks to be delegated to unlicensed personnel. The Medication Management Plan will be kept current and updated with any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			

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01750	Continued From page 44	01750			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, 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 records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) documented resident-specific instructions for an as needed (PRN) medication for one of two residents (R3) whose medication administration was delegated to unlicensed personnel (ULP). 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: R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes.	01750			

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01750	Continued From page 45 On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications. R3's unsigned and undated, medication management plan indicated R3 received services including daily and PRN medication administration. R3's provider orders dated February 11, 2026, included: -acetaminophen extra strength 500 milligrams (mg) oral tablet. Take 1 tablet (500 mg) by mouth every six hours PRN for mild pain. R3's record did not include specific directions on a medication administration record (MAR)for staff to utilize with PRN acetaminophen. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated the staff administering medications should use a MAR for direction and documentation. CNS-B said she is not used to the paper documentation and doesn't know why the paper MAR did not include a PRN medication. The licensee's Medication Documentation policy dated January 20, 2023, indicated each medication administered by the licensee staff will be documented in the resident's clinical record. Documentation will be complete, accurate and legible. For PRN medications, documentation will include, when appropriate, the reason for the medication and follow-up to determine its effectiveness. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01750			

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01750	Continued From page 46	01750			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication administration was documented accurately and failed to follow up on an as needed (PRN) medication for one of one resident (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 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:	01760			

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01760	Continued From page 47 R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. R3's undated and unsigned, care plan/service plan indicated R3 received services to include assistance with reminders, grooming, meals, blood glucose monitoring, behavior monitoring, medication administration, housekeeping, and laundry. R3's prescriber orders dated November 21, 2025, included orders for: -acetaminophen extra strength 500 milligrams (mg), take 500 mg by mouth every six hours PRN for pain; and -carbidopa-levodopa 25-100 mg, take one tablet by mouth three times daily. R3's medication administration record (MAR) dated March 1, 2026, through March 31, 2026, included the above orders as written and scheduled times for carbidopa-levodopa 25-100 mg at 6:00 a.m., 2:00 p.m., and 10:00 p.m. On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications and PRN acetaminophen. ULP-C asked R3's pain level, R3 responded with pain level of 5/10 and ULP-C asked R3 if he wanted PRN acetaminophen. R3 answered yes. ULP-C washed his hands at the kitchen sink, applied gloves, and prepared the morning medications and PRN acetaminophen. ULP-C handed R3 the oral medication at the kitchen table with soda, and ULP-C documented the medications as administered in the EMR. The surveyor asked if the 6:00 a.m. dose of carbidopa-levodopa 25-100 mg was given. ULP-C stated it was not administered at 6:00 a.m. as scheduled, and this	01760			

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01760	Continued From page 48 was the first scheduled dose of the day. ULP-C stated this is a new medication and has three scheduled throughout the day. ULP-C documented administration on the EMR for the 6:00 a.m. dose rather than the actual time at 11:30 a.m. The surveyor asked ULP-C where the PRN acetaminophen is documented. ULP-C stated, "on a different form and he also has a PRN cream, I believe it's documented somewhere but I'm not sure." ULP-C's EMR lacked documentation of administration for PRN acetaminophen administered at 11:30 a.m. In addition, ULP-C's EMR lacked follow-up to determine acetaminophen's effectiveness. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated ULP-C should use the EMR for medication administration, document when medications are given with the correct time, should document PRN medications and do a medication follow up for a response to the medication. Staff should use the 6 "rights" for medication administration. CNS-B verbalized she planned to follow up with education for all employees on medication administration. The licensee's Medication Documentation policy dated January 20, 2023, indicated each medication administered by the licensee staff will be documented in the resident's clinical record. Documentation will be complete, accurate and legible. The following must be documented in the resident's medication record after providing medication assistance or administration: -the date, -the time, -the quantity of dosage, -the method of administration of all prescribed legend and over-the-counter medications, and -signature and title of the authorized person who	01760			

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01760	Continued From page 49 provided the assistance and/or administration of medications. If medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided. For PRN medications, documentation will include, when appropriate, the reason for the medication and follow-up to determine its effectiveness. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored according to the manufacturer's recommendations in one of one medication refrigerator. 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	01880			

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01880	Continued From page 50 situation has occurred only occasionally). The findings include: On March 31, 2026, at 8:32 a.m., the surveyor reviewed the medication refrigerator located on the counter of side B kitchen with unlicensed personnel (ULP)-E. The refrigerator was unlocked and contained the following medication: -three boxes of Ozempic 8 milligrams/3 milliliter (mg/ml) injectable pen. The temperature of the medication refrigerator could not be obtained by the surveyor as the medication fridge did not have a thermometer inside. ULP-E and clinical nurse supervisor (CNS)-B did not know the medication fridge did not have a thermometer inside and stated the medication should be stored per manufacturer's instruction. On March 31, 2026, at 9:11 a.m., CNS-B stated the licensee should check the medication refrigerator temperature daily. CNS-B stated the owners/management check basically every day and should document the temperatures. The manufacturer guidelines for storing of Ozempic injectable pen dated October 2025, indicated store unopened Ozempic pens in the refrigerator (36 to 46 degrees Fahrenheit) or until the expiration date. Once in use, pens can be kept in the refrigerator or at room temperature or for up to 56 days. The licensee's Storage/Control of Medications policy dated January 20, 2023, indicated when the licensee is providing storage of medications outside of the resident's private living space, all prescription drugs are securely locked in substantially constructed compartments	01880			

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01880	Continued From page 51 according to the manufacturer's directions. Only authorized personnel have access to the stored medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication was labeled correctly for two of two residents (R2, R3) and failed to ensure medication was not expired for one of two residents (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 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:	01890			

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01890	Continued From page 52 MEDICATION LABEL R2 R2's medication administration record (MAR) dated March 2026, included an order for Vitamin D3 50 micrograms (mcg) 2000 units by mouth daily. R2's medication management plan dated February 28, 2024, included the service of daily and as needed medication administration. On March 31, 2026, at 8:04 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare morning medication to be administered to R2. ULP-C poured Vitamin D3 50 mcg medication bottle into the medication cap and administered one capsule to R2. The surveyor observed the Vitamin D3 mcg medication bottle and noted the bottle did not have a label on it. ULP-E stated R2's Vitamin D3 is not covered by insurance and buys it over the counter. R3 R3's undated and unsigned, medication management plan included the service of daily and as needed medication administration. On March 31, 2026, at 8:13 a.m., the surveyor and ULP-E reviewed the medication file cabinet. The surveyor and ULP-E observed an opened bottle of Dayquil, Nyquil, and glucose gummies. ULP-E stated the bottles belonged to R3 and the medication bottles did not have a label on them. On March 31, 2026, at 9:11 a.m., clinical nurse supervisor (CNS)-B stated all medications should be labeled. EXPIRED MEDICATION R3's undated and unsigned, medication	01890			

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01890	Continued From page 53 management plan included the service of daily and as needed medication administration. On March 31, 2026, at 8:13 a.m., the surveyor and ULP-E reviewed the medication file cabinet. The surveyor and ULP-E observed an expired bottle of glucose gummies with an expiration date of December 2024. ULP-E stated the bottle was expired, and she did not check for that. On March 31, 2026, at 9:11 a.m., CNS-B stated medications should be removed from the medication cabinet and disposed of once expired. The licensee's Storage/Control of Medications policy dated January 20, 2023, indicated medication is labeled completely and legibly. The medication label should contain the following: -prescription number and name of medication; -strength and quantity; -expiration date for time-dated drugs; -directions for use; -resident's name; -prescriber's name; -date issued; and -name and address of licensed pharmacy issuing the medication. Over-the-counter (OTC) medications and dietary supplements that are not prescribed should be retained in their original, labeled container with directions for use. Over the counter medications will be kept in the original labeled containers and may be retained in general stock supply. As specified in the resident's medication management program, a licensed nurse will regularly set up medications in a clearly labeled container based on the resident's medication regimen. At this time, the nurse checks medication expiration dates and notes medications needing to be reordered.	01890			

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NAME OF PROVIDER OR SUPPLIER H & A ASSISTED LIVING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 5TH AVENUE SOUTH SAINT PAUL, MN 55075			
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01890	Continued From page 54 The licensee's Medication Administration policy dated January 20, 2023, indicated the licensed nurse is responsible for assessing medications to assure that all medications are current and ordered by the prescriber and to identify any expired or outdated medications, which will be disposed according to policy. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01890			
01940 SS=F	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 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	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER H & A ASSISTED LIVING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 5TH AVENUE SOUTH SAINT PAUL, MN 55075			
(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 55 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 interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for the licensee's one resident (R3) who had an ordered treatment. 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 the residents). The findings include: During the entrance conference on March 30, 2026, at 12:42 p.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services. R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. R3's undated and unsigned, care plan/service plan indicated R3 received services to include blood glucose monitoring.	01940			

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01940	Continued From page 56 R3's provider's orders dated February 11, 2016, included an order for blood glucose monitoring three times daily. R3's Treatment Plan was blank, unsigned, undated, and lacked identification of blood glucose monitoring. R3's record lacked a treatment management plan to include the following required content: - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatments 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 treatments or therapy services; and - 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. On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated blood glucose checks were not included in the treatment plan and should have been. CNS-B stated she is used to working with a licensee who has a electronic medical record to use for forms/assessments, rather than paper. CNS-B stated she checks R3's blood glucose weekly. The licensee's Treatment and Therapy Management policy dated January 20, 2023,	01940			

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01940	Continued From page 57 indicated the RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services, which addresses: -type of service to be provided; -procedures for documenting treatments or therapies; -procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions; -identification of treatment or therapy tasks delegated to unlicensed personnel; and -procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
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	01950			

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01950	Continued From page 58 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 the registered nurse (RN) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record for the licensee's one resident (R3) who had an ordered treatment. 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 the residents). The findings include: R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. R3's undated and unsigned, care plan/service plan indicated R3 received services to include blood glucose monitoring. R3's provider's orders dated February 11, 2026, included an order for blood glucose monitoring three times daily. R3's record did not include in writing, specific instructions for blood glucose monitoring.	01950			

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01950	Continued From page 59 On April 2, 2026, at 12:37 p.m., clinical nurse supervisor (CNS)-B stated R3's record lacked specific written instructions related to blood glucose monitoring. CNS-B stated she checks R3's blood glucose weekly and will get an updated provider's order for clarification on how often it should be monitored. The licensee's Treatment and Therapy Management policy dated January 20, 2023, indicated the Registered Nurse or licensed health professional is responsible for assessing and developing the treatment and/or therapy service plan for residents. The RN or licensed professional will provide education to the resident, the resident's designated representative and/or the resident's legal representative regarding the treatment or therapy and may, as appropriate, instruct other team members, including paraprofessionals, to provide on-going teaching based on the written resident education instructions prepared by the RN or licensed professional. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950			
01960 SS=F	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When	01960			

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01960	Continued From page 60 treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the license failed to ensure documentation that treatments were completed as instructed for the licensee's one resident (R3) who had an ordered treatment. 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: R3 was admitted on February 23, 2024, with diagnoses that included cancer and diabetes. R3's undated and unsigned, care plan/service plan indicated R3 received services to include blood glucose monitoring. R3's provider orders dated February 11, 2016, included an order for blood glucose monitoring three times daily. R3's record did not include documentation of blood glucose monitoring. On April 2, 2026, at 12:43 p.m., clinical nurse supervisor (CNS)-B stated R3's record lacked	01960			

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01960	Continued From page 61 documentation for blood glucose monitoring. CNS-B stated she checks R3's blood glucose weekly but does not document results in R3's record. The licensee's Treatment and Therapy Management policy dated January 20, 2023, indicated the licensee would develop and maintain a current individualized treatment and each staff member who administers a treatment or therapy is responsible for documenting this in the clinical record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure residents received appropriate care and services when staff failed to competently follow the medication administration procedure for one of one employee (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a	02320			

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02320	Continued From page 62 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired July 26, 2023, and provided direct care for the licensee's residents. ULP-C's employee record included documentation of medication administration training and competencies completed August 16, 2023. The documented training included all routes and procedures including the "3 safety checks on the checklist" of medication administration. R2 R2's medication management plan dated February 28, 2024, included the service of daily and as needed medication administration. R2's care plan/service plan dated February 28, 2024, indicated R2 received services to include assistance with reminders, meals, weekly vital signs, behavior monitoring, housekeeping and laundry. R2's signed provider orders dated March 10, 2026, included: -divalproex, 500 milligrams (mg), take 500 mg by mouth at bedtime; -finasteride 5 mg, take 5 mg by mouth daily in the morning; -olanzapine 15 mg, take 30 mg by mouth at	02320			

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02320	Continued From page 63 bedtime; and -acetaminophen (for pain) 325 mg, take two tablets every six hours as needed. R2's medication administration record (MAR) dated March 2026, included: -divalproex, 500 mg, take 500 mg by mouth at bedtime; -olanzapine 20 mg, take 20 mg by mouth at bedtime; -olanzapine 10 mg, take 10 mg by mouth at bedtime; and -vitamin D3 50 micrograms (mcg), (2,000 units) by mouth daily. On March 31, 2026, at 8:04 a.m., the surveyor observed ULP-C administer R2's morning medication. ULP-C washed his hands at the kitchen sink, applied gloves, and prepared the medication. ULP-C did not compare the medication to the electronic medical record (EMR), nor perform 6 "rights" of medication administration (right resident, right medication, right date, right time, right route, and right dose) to ensure medication was being administered properly. ULP-C handed R2 the oral medication with water. The surveyor asked how ULP-C knew what to give and he stated he knows R2 only gets Vitamin D3 in the morning. ULP-C stated he will document administration later in the day-electronically, when he gets free time and updates R2's file. R3 R3's unsigned and undated, medication management plan indicated R3 received services including daily and as needed medication administration. R3's undated, care plan/service plan lacked a	02320			

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02320	Continued From page 64 signature or other authentication by the resident and staff documenting agreement on the services to be provided. R3's signed provider orders dated March 3, 2026, included: -acetaminophen extra strength 500 mg, take 500 mg by mouth every six hours as needed for pain; -alfuzosin 10 mg, take 10 mg by mouth daily; -arthritis pain relieving 0.075 % cream, apply to skin irritation on both/all feet three times daily as directed; -atorvastatin 40 mg, take 40 mg by mouth daily; -autolet kit use twice daily for blood sugar checks; -calcium carb-cholecalciferol 500-5 mg-mcg, take 1 tablet by mouth twice daily; -carbidopa-levodopa 25-100 mg, take three times daily; -countour next test strips, test three times daily; -lisinopril-hydrochlorothiazide 20-25 mg, take by mouth daily; -metformin 500 mg ER, take 2 tablets (1,000 mg) by mouth twice daily with meals; -Ozempic 2 mg/dose 8 mg/3 milliliter (ml) pen, inject 0.75 ml (2 mg) subcutaneous every week; and -sure comfort lancets, test three times daily. R3's medication administration record (MAR) dated March 2026, included: -atorvastatin 40 mg, take 40 mg by mouth daily; -alfuzosin 10 mg, take 10 mg by mouth daily; -lisinopril-hydrochlorothiazide 20-25 mg, take by mouth daily; -metformin 500 mg ER, take 2 tablets (1,000 mg) by mouth twice daily with meals; -carbidopa-levodopa 25-100 mg, take three times daily (6 a.m., 2 p.m., 10 p.m.); and -Ozempic 2 mg/dose 8 mg/3 ml pen, inject 0.75 ml (2 mg) subcutaneous every week.	02320			

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02320	Continued From page 65 On March 31, 2026, at 11:30 a.m., the surveyor observed ULP-C administer R3's morning medications. ULP-C washed his hands at the kitchen sink, applied gloves, and prepared the medication. ULP-C did not compare the medication to the electronic medical record (EMR), nor perform 6 "rights" of medication administration (right resident, right medication, right date, right time, right route, and right dose) to ensure medication was being administered properly. ULP-C handed R3 the oral medication with water. ULP-C documented the medications given after on the EMR. The surveyor asked who trained ULP-C when he started, ULP-C stated he shadowed the nurse. The surveyor asked if the RN watched a return medication administration demonstration and ULP-C replied, "I believe so." On April 2, 2026, at 12:32 p.m., clinical nurse supervisor (CNS)-B stated ULP-C was trained to administer medications to the residents by the licensee's previous nurse. CNS-B further stated ULP-C should have completed the 6 rights of medication administration before administering the medications to R2 and R3. CNS-B verbalized she planned to follow up with education for all employees on medication administration. The licensee's Delegation of Assisted Living Tasks policy dated January 20, 2023, indicated all home health aides providing delegated nursing services to residents of the licensee are oriented by the clinician prior to initiation of the service. This orientation may be verbal, written, electronic or on-site according to the clinician's judgment. The licensee's Medication Administration policy date January 20, 2023, indicated the registered nurse may delegate medication administration to	02320			

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02320	Continued From page 66 an unlicensed staff member (home health aide) according to the following protocol: -all home health aides have passed a competency evaluation with respect to all medication routes to be administered; -the registered nurse has prepared written instructions for the home health aide in the proper methods to administer medications with respect to each resident; and -the registered nurse has communicated with/provided orientation to the home health aide regarding the individual needs of the resident. All staff with responsibility for medication administration have access to information about the medication being administered, including but not limited to: -purpose; -dosage; -route; -frequency; -instructions related to the medication and specific to the residents, as appropriate; -side effects; and -resident allergies to medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320			
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this	03090			

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03090	Continued From page 67 subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors to the facility. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident 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 potential to affect a large portion or all of the residents). The findings include: On March 30, 2026, at 12:29 p.m. upon arriving at the establishment, the surveyor observed outside the front entrance, or just inside the front entrance, lacked the required posting for electronic monitoring devices. On March 30, 2026, at 1:46 p.m., licensed assisted living director (LALD)-A stated the entry door to side A and side B lacked the required electronic monitoring statue language as regulated. The licensee's Electronic Monitoring policy dated January 20, 2026, indicated the licensee will post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio	03090			

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03090	Continued From page 68 devices, may be present to record persons and activities." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	03090			



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

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Establishment Info

H&A ASSISTED LIVING INC
1020 5TH AVENUE
South St Paul, MN 55075
Dakota County
Parcel:

Phone:
kabusuri@gmail.com

License Info

License: HFID 39475

Risk:
License:
Expires on:
CFPM: Kassim Busuri
CFPM #: 51471; Exp: 1/9/2028

Inspection Info

Report Number: F1031261117
Inspection Type: Full - Single
Date: 3/30/2026 Time: 11:30am
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 2
Total Priority 3 Orders: 3
Delivery:

New Order: 3-500A Microbial Control: cooling

3-501.13ABC Priority Level: Priority 3 CFP#: 35

MN Rule 4626.0380ABC Thaw TCS food by one of the following methods: 1. under mechanical refrigeration that maintains the food temperature at 41 degrees F (4 degrees C) or less; 2. completely submerged under running water at 70 degrees F (21 degrees C) or less with a velocity to remove loose particles on an overflow and the food is maintained at 41 degrees F (5 degrees C) or less; 3. in a microwave oven or; 4. as part of the cooking process.

COMMENT:

DISCONTINUE THAWING IN BOWL OF WATER WITHOUT RUNNING COLD WATER INTO BOWL.
USE ABOVE THAWING PROCEDURES ONLY.

Comply By: 4/2/2026 Originally Issued On: 3/30/2026

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:

ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE.
SANI TEST STRIPS LEFT ON SITE.
PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT) ON REGULAR BASIS.

Comply By: 4/3/2026 Originally Issued On: 3/30/2026

New Order: 4-900 Protecting Clean Items

4-903.11A Priority Level: Priority 3 CFP#: 44

MN Rule 4626.0955A Store all clean equipment, utensils, linens, single-service and single-use articles in a clean dry location where not exposed to splash, dust, or other contamination and at least six inches above the floor.

COMMENT:

OBSERVED FEATHER DUSTER STORED ON TOP OF FOOD GLOVES IN KITCHEN (B).
DUSTER REMOVED FROM AREA.
KEEP UNCLEANABLE/UNSANITARY ITEMS STORED AWAY FROM FOOD CONTACT SURFACES.

Comply By: Complied On Site Originally Issued On: 3/30/2026

New Order: 6-300 Physical Facility Numbers and Capacities

6-301.12 *Priority Level: Priority 2 CFP#: 10*

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

COMMENT:

BATHROOM HANDWASH STATION MISSING PAPER TOWELS.

PURCHASE PAPER TOWEL HOLDER AND KEEP PAPER TOWELS IN BATHROOMS AT ALL TIMES.

Comply By: 4/3/2026 Originally Issued On: 3/30/2026

New Order: 6-300 Physical Facility Numbers and Capacities

6-301.14A *Priority Level: Priority 3 CFP#: 10*

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.

COMMENT:

HANDWASH REMINDER SIGN MISSING FROM HANDWASH STATIONS IN BATHROOMS.

COPY OF REMINDER SIGN SENT WITH REPORT.

PRINT AND POST SIGNS OR PURCHASE SIMILAR.

Comply By: 4/15/2026 Originally Issued On: 3/30/2026

Food & Beverage General Comment

Nurse Evaluator on site: Jenn Panitzke

All violations discussed with PIC during the inspection.

NOTES:

Facility has 2 residential kitchens, both with the following finishes:

Laminate wood flooring

Wood cabinetry

Quartzite countertops

Textured ceiling

2-comp sink with left basin designated for handwashing.

Since establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.

Discussed the following with pic:

Hand washing

Ware washing and dish machine temp (160F or greater)

Illness and illness log

No undercooked foods and cooking temps

Pasteurized egg use

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.

Report Number: F1031261117
Inspection Type: Full
Date: 3/30/2026

Page: 3

I acknowledge receipt of the Metro District Office inspection report number F1031261117 from 3/30/2026



Kassim Busuri
Manager

Chris Foster, REHS/RS
Public Health Sanitarian 3
651-201-4728
chris.j.foster@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

H&A ASSISTED LIVING INC
South St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261117
Inspection Type: Full
Date: 3/30/2026
Time: 11:30am

Food Temperature: **Product/Item/Unit:** Butter; **Temperature Process:** Cold-Holding

Location: Refrigerator (A) at 33 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** Deli Meat; **Temperature Process:** Cold-Holding

Location: Refrigerator (B) at 35 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

H&A ASSISTED LIVING INC
South St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261117
Inspection Type: Full
Date: 3/30/2026
Time: 11:30am

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen (A) **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Spray Bottle

Location: Kitchen (A) **Equal To** 100 PPM

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen (B) **Equal To** 160 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Spray Bottle

Location: Kitchen (B) **Equal To** 100 PPM

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL39475016	Date: 3/31/2026
Facility Name: H&A Assisted Living Inc.	
Facility Address: 1020 5 th Ave S, South St. Paul, MN 55075	

☒ TAG IDENTIFICATION: 0780

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Smoke alarms shall be interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

Comments: The smoke alarms installed in the facility did not properly interconnect. The facility had two sets of smoke alarms, one set in the Southern portion of the building which was identified as side A, and another set that was installed in the Northern portion of the building which was identified as side B. The activation of alarms on side A would only trigger alarms on side A of the facility to sound, and likewise the activation of alarms on side B would only trigger alarms on the side B portion of the facility to sound. There was no separation between side A and side B of the facility, and the smoke alarms should be configured such that the activation of any alarm causes all other alarms to sound throughout the facility.