



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 25, 2025

Licensee  
Volante of Hanover  
10875 Settlers Lane, Building 2  
Hanover, MN 55341

RE: Project Number(s) SL40633015

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on July 15, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

#### **STATE CORRECTION ORDERS**

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

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

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

The correction order documentation should include the following:

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

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

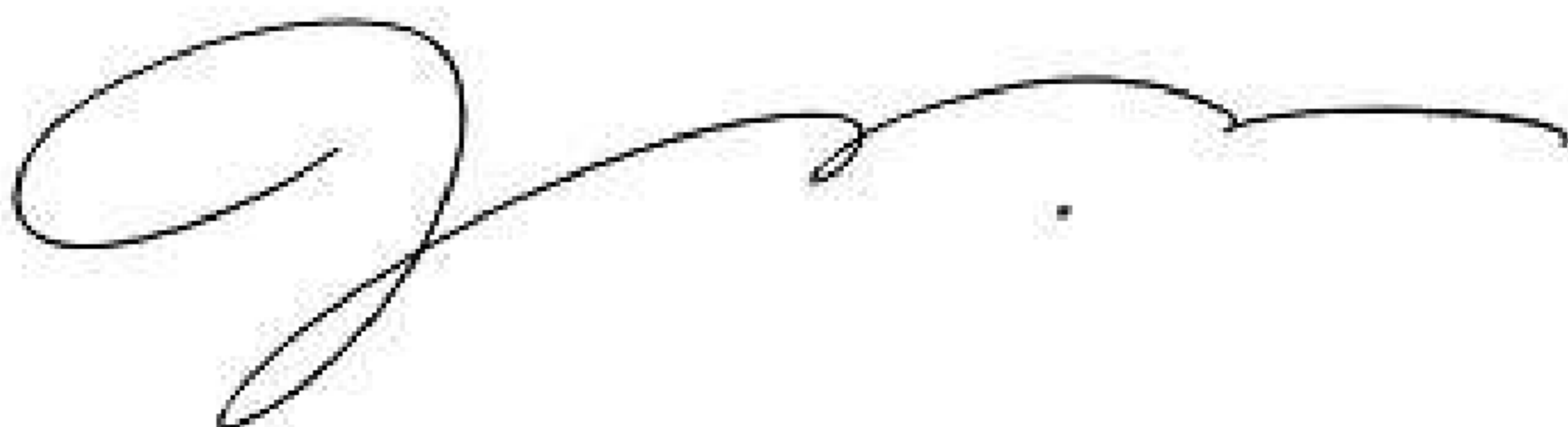
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

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

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

If you have any questions, please contact me.

Sincerely,



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



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>40633</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOLANTE OF HANOVER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10875 SETTLERS LANE, BUILDING 2 HANOVER, MN 55341</b>
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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
0 000	<p><b>Initial Comments</b></p> <p><b>***ATTENTION***</b></p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p><b>INITIAL COMMENTS:</b></p> <p><b>SL40633015-0</b></p> <p>On July 14, 2025, through July 15, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there was one (1) resident receiving services under the Provisional Assisted Living Facility license.</p>	0 000	<p>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.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
01880 SS=D	<b>144G.71 Subd. 19 Storage of medications</b>	01880		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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01880	<p>Continued From page 1</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for one of one resident (R2) with medication management service.</p> <p>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).</p> <p>The findings include:</p> <p>On July 15, 2025, at 9:45 a.m., during a tour of R2's private bathroom with clinical nurse supervisor (CNS)-C, the following over the counter (OTC) medications were noted unsecured and accessible by R2:</p> <ul style="list-style-type: none"> <li>- Pain relief cream (4% lidocaine HCl);</li> <li>- Anti-diarrheal (loperamide 2 milligram (mg) capsules);</li> <li>- Anti-Itch cream (diphenhydramine HCl 2% / Zinc Acetate 0.1%);</li> <li>- Murine Tears (Polyvinyl alcohol 5 mg/mL (milliliter) / Povidone 6 mg/mL) eye drops;</li> <li>- Refresh Relieva PF (Carboxymethylcellulose sodium - 0.5 % / Glycerin - 0.9 %) eye drops;</li> </ul>	01880		
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01880	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Hemorrhoidal Cream (glycerin 14.4% / phenylephrine HCl 0.25% / pramoxine HCl 1% / white petrolatum 15%); and</li> <li>- Hydrocortisone cream (hydrocortisone 1%).</li> </ul> <p>R2 was admitted on February 4, 2025.</p> <p>R2's Service Plan authenticated on July 3, 2025, indicated R2 required medication management services provided by the licensee.</p> <p>R2's VSL.HSE.v1.MN Results dated July 3, 2025, was identified by CNS-C as R2's most recent assessment. The assessment read under Evaluation Section: Medication, "Extensive: Resident requires daily assistance or cueing, must be reminded to take medication and treatments; does not know medication routine."</p> <p>R2's Individualized Medication Management Plan (IMMP) sample form dated June 10, 2025, was identified by CNS-C as R2's annual IMMP assessment. The assessment indicated under section Storage of Medications; the licensee would store R2's medications in a locked medication cart.</p> <p>On July 15, 2025, at 9:45 a.m., CNS-C stated R2 should not have any medications, including OTC meds stored in their room. CNS-C stated family must have provided R2 with the medications without the licensee's knowledge. CNS-C stated R2's provider and pharmacy would need to be updated with the list of medications to ensure compatibility with R2's provider order medications. CNS-C stated all medications should be secured in the medication cart and administered by the licensee.</p>	01880		

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01880	Continued From page 3  The licensee's 7.11 Medication Storage policy dated May 28, 2025, indicated medications would be stored securely and only authorized staff would have access to any medications to prevent diversion by the resident or others who may have access to medications.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01910 SS=D	144G.71 Subd. 22 Disposition of medications  (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.  This MN Requirement is not met as evidenced by: Based on interview and record review, the	01910		

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01910	<p>Continued From page 4</p> <p>licensee failed to document the disposition of medications for one of one discharged resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted on April 28, 2025, and discharged on May 7, 2025.</p> <p>R1's Discharge Summary authenticated by clinical nurse supervisor (CNS)-C on June 25, 2025, included pages three (3) and four (4) of five (5) titled Reconciliation/Disposition of Medications but were blank. On top of page 3 of 5 there was a hand written note which read, "Not in chart or notes."</p> <p>On July 15, 2025, at 8:55 a.m., CNS-C stated R1's disposition of medications was not completed, and no evidence was located in R1's record. CNS-C stated they were not sure why a complete disposition was not completed when R1 was discharged, but it was the expectation of the licensee to complete one with all required content.</p> <p>The licensee's 7.23 Medication Disposal policy dated May 28, 2025, indicated upon discharge, the licensee would document in the resident</p>	01910		
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01910	<p>Continued From page 5</p> <p>record the medication's name, strength, prescription number, whom the medications were given to or who and how the medications were destroyed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01910		



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

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Volante of Hanover  
10875 Settlers Land  
Buidling 2  
Hanover, MN 55341  
Hennepin County  
Parcel:  
Phone:

### License Info

License: HFID 40633  
Risk:  
License:  
Expires on:  
CFPM: ELIZABETH JOHNSON  
CFPM #: FM50645; Exp: 04/17/2026

### Inspection Info

Report Number: F8087251058  
Inspection Type: Full - Single  
Date: 7/15/2025 Time: 9:30:00 AM  
Duration: minutes  
Announced Inspection: No  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery: Emailed

No orders were issued for this inspection report.

## Food & Beverage General Comment

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH CULINARY SPECIALIST RENE SORIANO.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING

NOROVIRUS

BARE HAND CONTACT WITH READY TO EAT FOODS

EMPLOYEE ILLNESS

EMPLOYEE EXCLUSION

COOLING METHODS

REHEATING METHODS

SANITIZER CONCENTRATION

DATE MARKING

ALL ITEMS ON THIS REPORT

ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT AND HRD SURVEYOR.

**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the Metro District Office inspection report number F8087251058 from 7/15/2025**

*John Boettcher*

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RENE SORIANO  
CULINARY SPECIALIST

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John Boettcher,  
Public Health Sanitarian 3  
651-201-5076  
john.boettcher@state.mn.us



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

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## Temperature Observations/Recordings

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Page: 1

### Establishment Info

Volante of Hanover  
Hanover  
County/Group: Hennepin County

### Inspection Info

Report Number: F8087251058  
Inspection Type: Full  
Date: 7/15/2025  
Time: 9:30:00 AM

**Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air**

**Location:** Upright Freezer at 0 Degrees F.

Comment:

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air**

**Location:** Upright Cooler at 36 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Upright Cooler at 36 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Upright Cooler at 36 Degrees F.

Comment:

*Violation Issued?: No*