



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 28, 2026

Licensee
Alliance Residences
9383 Union Terrace Lane North
Maple Grove, MN 55369

RE: Project Number(s) SL42471001

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on August 28, 2026, 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.

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,



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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42471	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/28/2026
NAME OF PROVIDER OR SUPPLIER ALLIANCE RESIDENCES		STREET ADDRESS, CITY, STATE, ZIP CODE 9383 UNION TERRACE LN N MAPLE GROVE, MN 55369			
(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: SL42471016-0 On August 24, 2026, through August 26, 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 was one resident(s); whom was receiving services under the Provisional Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 630	Continued From page 1 (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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: R1 was admitted to the licensee and began receiving services on April 29, 2026. R1's record lacked an individualized review or assessment of the resident's susceptibility to abuse by other individuals, and the specific measures to be taken to minimize the risk of abuse to the resident or other vulnerable adults	0 630			

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0 630	Continued From page 2 and risk of self-abuse. On August 24, 2026, at 12:35 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C acknowledged they were missing the above-mentioned items, and stated, "I know I am missing a key question; I wanted to go in and get it fixed (during the survey process) but that would have changed the date of the assessment so I can work on that now." The licensee's 6.05 Individual Abuse Prevention Plan policy dated April 20, 2026, indicated, "1. Complete the IAPP at admission. 2. Identify specific risks: cognitive, behavioral, physical, isolation, family conflict. 3. Document interventions for each risk. 4. Review at every assessment and after any incident. 5. File in the resident record, accessible to all caregivers." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that	0 660			

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0 660	Continued From page 3 covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a current facility TB risk assessment utilizing the Regulations for Tuberculosis Control in Minnesota Health Care Settings guide. 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: On August 24, 2026, at 11:40 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C provided a word doc he had created titled, "[Licensee] Annual Tuberculosis (TB) Facility Risk Assessment" dated April 26, 2026, and indicated it was for two addresses located in different cities. On August 24, 2026, at 11:47 a.m., CNS/LALD-C	0 660			

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0 660	Continued From page 4 acknowledged he did not use the Regulations for Tuberculosis Control in Minnesota Health Care Settings guide, and stated, "I think I used that form to create my own and I took some of the items from that one and put it on here." The Licensee's 8.16 Tuberculosis Screening policy dated April 20, 2026, indicated the licensee would conduct an annual facility risk assessment to determine ongoing screening needs. The Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 dated May 16, 2019, indicated all health care personnel should have a baseline TB screening including an individual risk assessment. 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 emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents;	0 680			

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0 680	Continued From page 5 (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 have a written emergency preparedness plan (EPP) with all the required content. 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 EPP plan lacked evidence of the following required content: - Address resident population, including, but not limited to, persons at-risk, the type of services the facility can provide in an emergency, and the	0 680			

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0 680	Continued From page 6 continuity of operations, including delegations of authority and succession plans. Review that the EPP contains language specific to the specific needs of the residents in the facility; - Review documentation and description of the facility's resident populations that would be at risk during an emergency event; - Review documentation of strategies the facility has put in place to address the needs of at-risk or vulnerable resident populations; - Must develop policies and procedures to provide for adequate subsistence for all residents and staff for the duration of an emergency. This must address food, water, medical and pharmaceutical supplies, alternative sources of energy, sewage, and waste disposal; and - Develop P/P of arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents. On August 24, 2026, at 12:15 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C acknowledged they were missing the above-mentioned items and stated, "No, we don't have those things in there." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision	01470			

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01470	Continued From page 7 of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;	01470			

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01470	Continued From page 8 (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure staff providing services completed an orientation to assisted living facility licensing requirements and regulations before providing services for two of two unlicensed personnel ((ULP)-B and ULP-D). 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: ULP-B ULP-B was hired on April 30, 2026, to provide direct care services to residents. On August 25, 2026, at 7:40 a.m., surveyor	01470			

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01470	Continued From page 9 observer ULP-B prepare and serve breakfast to R1. ULP-D ULP-D was hired on April 30, 2026, to provide direct care services to residents. ULP-B and ULP-D's employee records lacked evidence of orientation to assisted living regulations (144G.63, Sub. 2) effective August 1, 2021, for the following: -Reporting maltreatment of vulnerable adults or minors. On August 25, 2026, at 9:47 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C acknowledged the missing training and stated, "Well, I am not sure why it was not [in the training record], but it looks like it was missed for everyone, so I will get it assign right away." The licensee's 5.01 Orientation of Staff and Supervisors & Content policy dated April 20, 2026, indicated, "All staff and supervisors complete role-specific orientation before independently providing assisted living services. Orientation includes the content required by Minn. Stat. § 144G.63 and Minn. R. 4659.0190, plus facility policies, resident rights, vulnerable-adult reporting, infection control, emergency procedures, organizational roles, services disclosed on the UDALSA, and resident-specific orientation before providing services to an individual resident." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470			

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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 by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included a signature or other authentication by the resident or resident's designated representative to document agreement on the services to be provided for one of one residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	01640			

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01640	Continued From page 11 cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 was admitted to the licensee and began receiving services on April 29, 2026. R1's record included a Resident Assisted Living Contract signed by R1 on April 29, 2026. On August 25, 2026, at 7:25 a.m., surveyor observer ULP-B prepare and administer medications to R1. R1's Service Recap Summary - Monthly form dated, August 1, 2026, through August 31, 2026, indicated R1 received assistance with her CPAP/BIPAP and LVAD daily. R1's unsigned and undated Service Plan, indicated R1's services included ambulation, bathing assistance, CPAP/BIPAP, equipment care, equipment check, INR draws, monitoring, and coordination, laundry, LVAD safety and maintenance, mean arterial pressure doppler blood pressure, medication administration, and vital signs. On August 24, 2026, at 12:10 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated, "I will need to work with them (Residex - an electronic charting system) to get these items added, and we will make sure to sign and have [residents] sign going forward." The licensee's 6.08 Service Plan policy dated,	01640			

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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
01640	Continued From page 12 April 20, 2026, indicated the service plan would include service-plan timing, required content, authentication, implementation, revisions, and resident-record requirements. No further information was provided. TIME PERIOD FOR CORRECTION: 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; (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	01650			

Minnesota Department of Health

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01650	Continued From page 13 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 the service plan included the required content for one of one residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 was admitted to the licensee and began receiving services on April 29, 2026. R1's record included a Resident Assisted Living Contract signed by R1 on April 29, 2026. On August 25, 2026, at 7:25 a.m., surveyor observer ULP-B prepare and administer medications to R1. R1's Service Recap Summary - Monthly form dated, August 1, 2026, through August 31, 2026, indicated R1 received assistance with her CPAP/BIPAP and LVAD daily. R1's unsigned and undated Service Plan, indicated R1's services included ambulation, bathing assistance, CPAP/BIPAP, equipment care, equipment check, INR draws, monitoring,	01650			

Minnesota Department of Health

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01650	Continued From page 14 and coordination, laundry, LVAD safety and maintenance, mean arterial pressure doppler blood pressure, medication administration, and vital signs. R1's service plans lacked the following content: - the schedule and methods of monitoring assessments of the resident; - the schedule and methods of monitoring staff providing services; - a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (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 - 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. On August 24, 2026, at 12:10 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated, "I will need to work with them (Residex - an electronic charting system) to get these items added, and we will make sure to sign and have [residents] sign going forward." The licensee's 6.08 Service Plan policy dated, April 20, 2026, indicated, "1. Use the current assessment/reassessment and resident preferences to develop the service plan. 2. Finalize the written service plan no later than 14 calendar days after services are first provided. 3. Include the services and fees, frequency, staff/categories providing services, monitoring schedule/methods, and the required	01650			

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01650	Continued From page 15 contingency-plan elements. 4. Obtain resident and facility signatures or other authentication documenting agreement. 5. Provide and implement all services required by the current service plan; ensure staff providing services are informed of the current plan. 6. Revise the plan when needed based on reassessment or changes in needs/services and enter the current/revised plan and applicable fee-change notice in the resident record." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650			
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic	01820			

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01820	Continued From page 16 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 was admitted to the licensee and began receiving services on April 29, 2026. R1's record included a Resident Assisted Living Contract signed by R1 on April 29, 2026. On August 25, 2026, at 7:13 a.m., surveyor observer ULP-B assist R1 with TEDS. R1's unsigned and undated Service Plan, indicated R1's services included ambulation, bathing assistance, CPAP/BIPAP, equipment care, equipment check, INR draws, monitoring, and coordination, laundry, LVAD safety and maintenance, mean arterial pressure doppler blood pressure, medication administration, and vital signs. R1's Medication Admin Summary dated August 1, 2026, through August 31, 2026, included R1 received Tyrvaya nasal spray 0.03 milligrams twice daily. R1's record lacked doctors orders for Tyrvaya nasal spray 0.03 milligrams twice daily. On August 25, 2026, at 8:27 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C acknowledged he did not have an order for the nasal spray and indicated he would be getting one and stated, "I think I just missed that one." The Licensee's 7.20 Medications - Medication & Treatment Orders policy, dated April 20, 2026,	01820			

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01820	Continued From page 17 indicated, "PROCEDURE 1. Maintain a current list of medication prescriptions and treatment/therapy orders for each resident receiving facility management of those services. 2. Renew medication prescriptions at least every 12 months, or more frequently when indicated by the resident's medication assessment, prescriber direction, or applicable law. 3. Keep treatment/therapy orders current according to the ordered duration, parameters, prescriber instructions, and resident condition; obtain renewal or clarification before an expired or discontinued order is implemented. 4. Compare new, changed, renewed, or discontinued orders against the MAR/TAR, service plan, and resident-specific instructions and update all affected records promptly. 5. Clarify discrepancies with the prescriber and pharmacy/provider before administration or treatment whenever resident safety permits. 6. Document renewal, discontinuation, clarification, and implementation in the resident record." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written	01940			

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01940	Continued From page 18 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 documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content and failed to include all treatments or therapies ordered for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	01940			

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01940	Continued From page 19 cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee and began receiving services on April 29, 2026. R1's record included a Resident Assisted Living Contract signed by R1 on April 29, 2026. On August 25, 2026, at 7:13 a.m., surveyor observer ULP-B assist R1 with TEDS. R1's Treatment and Therapy Plan dated as of August 21, 2026, included assistance with ambulation and transfers. R1's Treatment and Therapy Plan lacked any information on R1's TEDS (compression stockings to assist in reducing swelling) , CPAP/BIPAP (continuous positive airway pressure/ bilevel positive airway pressure - used for sleep apnea), or LVAD (left ventricular assist device - a small mechanical pump connected to the heart to assist with moving blood throughout the body). R1's Service Recap Summary - Monthly form dated, August 1, 2026, through August 31, 2026, indicated R1 received assistance with CPAP/BIPAP and LVAD daily. R1's unsigned and undated Service Plan, indicated R1's services included ambulation, bathing assistance, CPAP/BIPAP, equipment care, equipment check, INR draws, monitoring, and coordination, laundry, LCAD safety and maintenance, mean arterial pressure doppler	01940			

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01940	Continued From page 20 blood pressure, medication administration, and vital signs. On August 24, 2026, at 12:10 p.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated, "I will need to work with them (Residex - an electronic charting system) to get these items added, and we will make sure to sign and have [residents] sign going forward." The licensee's 7.001 Treatment & Therapy Management Services (Master) policy, dated April 20, 2026, indicated, "PROCEDURE 1. Confirm that each managed treatment or therapy is supported by a current order or prescription when required. 2. Include the treatment/therapy service, frequency, responsible staff category, and monitoring needs in the resident's current service plan. 3. Maintain a current treatment/therapy management record that reflects the resident-specific order, procedure, precautions, parameters, and documentation expectations. 4. Ensure only trained and competent staff perform treatment/therapy tasks and that delegated nursing tasks are delegated and supervised consistent with Minnesota law. 5. Document each treatment/therapy service, refusal, omission, adverse response, or significant finding in the resident record and notify the RN/prescriber when indicated. 6. Update the treatment/therapy plan and service plan whenever orders, resident condition, or service needs change." No further information provided.	01940			

Minnesota Department of Health

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01940	Continued From page 21	01940			
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written or electronically recorded orders were obtained for one of one resident (R1) with treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to 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: During the entrance conference on August 24, 2026, at 10:45 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C stated the licensee provided	01970			

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01970	Continued From page 22 treatment or therapy management services for their residents. R1 was admitted to the licensee and began receiving services on April 29, 2026. R1's record included a Resident Assisted Living Contract signed by R1 on April 29, 2026. On August 25, 2026, at 7:13 a.m., surveyor observer ULP-B assist R1 with TEDS (compression stockings to assist in reducing swelling). R1's unsigned and undated Service Plan, indicated R1's services included ambulation, bathing assistance, CPAP/BIPAP (continuous positive airway pressure/ bilevel positive airway pressure - used for sleep apnea), equipment care, equipment check, INR draws, monitoring, and coordination, laundry, LVAD (left ventricular assist device - a small mechanical pump connected to the heart to assist with moving blood throughout the body) safety and maintenance, mean arterial pressure doppler blood pressure, medication administration, and vital signs. R1's Treatment and Therapy Plan dated as of August 21, 2026, included assistance with ambulation and transfers. R1's Treatment and Therapy Plan lacked any information on R1's TEDS, CPAP/BIPAP, or LVAD. R1's Service Recap Summary - Monthly form dated, August 1, 2026, through August 31, 2026, indicated R1 received assistance with her CPAP/BIPAP and LVAD daily. R1's record lacked doctors orders for TEDS.	01970			

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01970	Continued From page 23 On August 25, 2026, at 8:47 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-C acknowledged he did not have an order for the TEDS and indicated he would be getting one and stated, "No I do not have an order for TEDS, I guess I missed that." The Licensee's 7.20 Medications - Medication & Treatment Orders policy, dated April 20, 2026, indicated, "PROCEDURE 1. Maintain a current list of medication prescriptions and treatment/therapy orders for each resident receiving facility management of those services. 2. Renew medication prescriptions at least every 12 months, or more frequently when indicated by the resident's medication assessment, prescriber direction, or applicable law. 3. Keep treatment/therapy orders current according to the ordered duration, parameters, prescriber instructions, and resident condition; obtain renewal or clarification before an expired or discontinued order is implemented. 4. Compare new, changed, renewed, or discontinued orders against the MAR/TAR, service plan, and resident-specific instructions and update all affected records promptly. 5. Clarify discrepancies with the prescriber and pharmacy/provider before administration or treatment whenever resident safety permits. 6. Document renewal, discontinuation, clarification, and implementation in the resident record." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01970			

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01970	Continued From page 24 days	01970			



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

ALLIANCE RESIDENCES
9383 Union Terrace Lane N
Maple Grove, MN 55369
Hennepin County
Parcel:

Phone:

License Info

License: HFID 42471

Risk:
License:
Expires on:
CFPM: JONAH NYAKUNDI MOGENI
CFPM #: FM60276; Exp: 07/22/2028

Inspection Info

Report Number: F8087261186
Inspection Type: Full - Single
Date: 8/24/2026 Time: 9:30 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 ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF HRD NURSE EVALUATOR.

THE FOLLOWING OBSERVATIONS WERE MADE:

CEILING: PAINTED, ROUGH, APPEARS TO BE DURABLE - NON COMPLIANT

FLOORS: LAMINATE PLANK - NON COMPLIANT

COUNTERTOPS: QUARTZ - COMPLIANT

CABINETS: WOOD - NON COMPLIANT

REFRIGERATOR/FREEZER: GE

DISHWASHER: GE

STOVE/RANGE: GE

MICROWAVE: GE

HAND WASHING SINK: YES - RIGHT SIDE OF 2-BIN STAINLESS STEEL KITCHEN SINK

NON COMPLIANT CEILING, FLOOR, AND CABINETS ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE OPTION. TEMPERATURE PROBE USED TO ENSURE UTENSIL SURFACE TEMPERATURES REACH 165.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES.

INSPECTION REPORT EMAILED TO FACILITY AND HRD NURSE 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 F8087261186 from 8/24/2026

John Boettcher

ROBIN NYANGENA
REGISTERED NURSE

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

Temperature Observations/Recordings

Page: 1

Establishment Info

ALLIANCE RESIDENCES
Maple Grove
County/Group: Hennepin County

Inspection Info

Report Number: F8087261186
Inspection Type: Full
Date: 8/24/2026
Time: 9:30 AM

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

Location: Upright Freezer at -2 Degrees F.

Comment:

Violation Issued?: No

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

Location: Upright Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: DELI MEAT; Temperature Process: Cold-Holding

Location: Upright Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

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

Location: Upright Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: POTATO SALAD; Temperature Process: Cold-Holding

Location: Upright Cooler at 38 Degrees F.

Comment:

Violation Issued?: No