



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

Electronically Delivered

November 3, 2025

Licensee

Vitality Living Of Upsala LLC  
200 Walnut Avenue West  
Upsala, MN 56384

RE: Project Number(s) SL39080016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 14, 2025, 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.

MDH 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. 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:

**0510 - 144g.41 Subd. 3 - Infection Control Program - \$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.

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To submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/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,



Jessie Chenze, Supervisor

State Evaluation Team

Email: [jessie.chenze@state.mn.us](mailto:jessie.chenze@state.mn.us)

Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VITALITY LIVING OF UPSALA LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WALNUT AVENUE WEST UPSALA, MN 56384</b>
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</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>INITIAL COMMENTS:</p> <p>SL39080016-0</p> <p>On October 13, 2025, through October 14, 2025, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider. At the time of the survey, there were 20 residents; all 20 receiving services under the Assisted Living Facility with Dementia Care 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>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 510 SS=F	144G.41 Subd. 3 Infection control program	0 510		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 510	<p>Continued From page 1</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program to comply with accepted health care, medical, and nursing standards for infection control for two of two employees (unlicensed personnel/ULP-E, ULP-G).</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 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).</p> <p>The findings include:</p> <p>ULP-E On October 14, 2025, at 7:30 a.m., the surveyor observed ULP-E assist R1 with toileting. With</p>	0 510		
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0 510	<p>Continued From page 2</p> <p>gloved hands, ULP-E assisted R1 to stand, provided perineal care with a wipe, removed both gloves, pulled up the incontinent brief, adjusted R1's skirt, placed the package of wipes in her pant pocket, and assisted R1 to walk to the wheelchair outside the bathroom while holding onto the transfer belt. ULP-E then assisted R1 to sit in the wheelchair, lifted R1's feet to place them on the footrest, removed the transfer belt, opened the closet door and removed a brush, brushed R1's hair, returned the brush and closed the closet door, opened the apartment door, and performed hand hygiene with hand sanitizer located on the wall the hallway.</p> <p>On October 14, 2025, at 8:55 a.m., ULP-E stated she performed hand hygiene after exiting the room. ULP-E stated they previously had paper towels in resident rooms, but resident were flushing them down the toilet causing sewer problems, so they were removed.</p> <p>ULP-G On October 14, 2025, at 7:40 a.m., the surveyor observed ULP-G provide medications to R2 in her apartment. With gloved hands, ULP-G wiped R2's right abdomen with an alcohol wipe, handed the insulin pen to R2 to independently administer the insulin, took the pen back and placed the needle in the sharps container, removed both gloves, exited R2's apartment, went to the medication cart and performed hand hygiene with hand sanitizer on the medication cart.</p> <p>On October 14, 2025, at 9:50 a.m., ULP-G stated she performed hand hygiene with sanitizer from the hallway after exiting the resident's room since there was no sanitizer inside resident rooms.</p>	0 510		
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0 510	<p>Continued From page 3</p> <p>On October 14, 2025, at 10:12 a.m., registered nurse (RN)-C stated she expected staff to perform hand hygiene after toileting a resident, after removing gloves, and between tasks.</p> <p>The licensee's Hand Hygiene policy dated December 3, 2024, noted the use of gloves does not replace hand washing. It also noted hands should be washed before and after direct contact with a resident, and after removing gloves.</p> <p>The Centers for Disease Control's (CDC), "CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings" dated April 12, 2024, under section 5a.1 indicated:</p> <ol style="list-style-type: none"> <li>1.) Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations.</li> <li>2.) Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:               <ol style="list-style-type: none"> <li>a.) Immediately before touching a patient;</li> <li>b.) Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices;</li> <li>c.) Before moving from work on a soiled body site to a clean body site on the same patient;</li> <li>d.) After touching a patient or the patient's immediate environment;</li> <li>e.) After contact with blood, body fluids or contaminated surfaces; and</li> <li>f.) Immediately after glove removal.</li> </ol> </li> </ol> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
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0 810	Continued From page 4	0 810		
0 810 SS=F	<p><b>144G.45 Subd. 2 (b-f) Fire protection and physical environment</b></p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:                      (1) location and number of resident sleeping rooms;                      (2) staff actions to be taken in the event of a fire or similar emergency;                      (3) fire protection procedures necessary for residents; and                      (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p><b>This MN Requirement is not met as evidenced</b></p>	0 810		

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0 810	<p>Continued From page 5</p> <p>by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. This had the potential to directly affect all residents, staff, and visitors.</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 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).</p> <p>The findings include:</p> <p>On October 13, 2025, at 2:45 p.m., maintenance worker (MW)-D provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p><b>FIRE SAFETY AND EVACUATION PLAN:</b></p> <p>The FSEP included standard employee procedures but failed to provide specific employee and resident actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The FSEP was a general guidance for fire response including responding to a fire alarm, activating the RACE systems but did not provide specific employee and resident actions to take in the event of a fire or similar emergency geared to this facility.</p>	0 810		
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0 810	Continued From page 6  MW-D stated that they understood what was lacking in this plan.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01540 SS=D	<p><b>144G.64 (a) (3) Training in Dementia, Mental Illness, and De-</b></p> <p>(3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (clinical nurse supervisor/CNS-A) received the</p>	01540		

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01540	<p>Continued From page 7</p> <p>required amount of mental illness and de-escalation training within the required time frame.</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>The facility held an assisted living with dementia care license effective August 1, 2025, with a current census of 20 residents.</p> <p>During the entrance conference on October 13, 2025, at 10:25 a.m., licensed assisted living director (LALD)-B stated they were aware of the required contents of the employee records.</p> <p>CNS-A was hired on November 11, 2024, to provide direct care services to residents and to provide staff supervision at the facility.</p> <p>CNS-A's employee record lacked documented evidence of completed training in mental illness or de-escalation by July 1, 2025.</p> <p>On October 14, 2025, at 2:03 p.m., registered nurse (RN)-C and LALD-B stated the required training had been assigned but not completed by CNS-A.</p> <p>No further information was provided.</p>	01540		
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01540	Continued From page 8	01540		
02410 SS=D	<p><b>144G.91 Subd. 13 Personal and treatment privacy</b></p> <p>(a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan.</p> <p>(b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.</p> <p>(c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure privacy was maintained for one of two residents (R2) observed during medication administration.</p>	02410		

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02410	<p>Continued From page 9</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>R2's diagnoses included Alzheimer's disease, anxiety disorder, and depression.</p> <p>R2's Service Plan dated July 1, 2025, noted R2 received services including assistance with bathing, dressing, and medication administration.</p> <p>R2's prescribe orders dated March 19, 2025, included: - diclofenac sodium 1% gel. Apply 2 grams topically to low back four times daily.</p> <p>On October 14, 2025, at 8:40 a.m., the surveyor observed unlicensed personnel (ULP)-G enter R2's apartment, applied the prescribed diclofenac sodium gel to R2's lower back. The surveyor observed the window blinds opened horizontally and was able to visualize the vehicles parked in the parking lot outside the window.</p> <p>On October 14, 2025, at 10:15 a.m., registered nurse (RN)-C stated she would expect staff at the very least offer to close the blinds before performing a treatment on residents in their apartment.</p>	02410		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VITALITY LIVING OF UPSALA LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 WALNUT AVENUE WEST UPSALA, MN 56384</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
02410	Continued From page 10  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	02410		



St Cloud District Office  
Minnesota Department of Health  
4140 Thielman Lane, Suite 101  
St Cloud, MN 56301  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Vitality Living of Upsala LLC  
200 WALNUT AVENUE WEST  
Upsala, MN 56384  
Morisson County  
Parcel:  
  
Phone:

### License Info

License: HFID 39080  
  
Risk:  
License:  
Expires on:  
CFPM: DESAREE PROCOPIO  
CFPM #: 39039; Exp: 9/22/2027

### Inspection Info

Report Number: F1037251151  
Inspection Type: Full - Single  
Date: 10/13/2025 Time: 12:03:58 PM  
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

DISCUSSED BARE HAND CONTACT, EMPLOYEE ILLNESS RECORDING, COOLING, MENU INCLUDING POTENTIALLY HIGH RISK FOOD ITEMS, AND ALICIA'S CERTIFICATION.

**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 St Cloud District Office inspection report number F1037251151 from 10/13/2025

ERICA

Michelle Hovanes,  
Public Health Sanitarian 2  
320-223-7307  
michelle.hovanes@state.mn.us



St Cloud District Office  
Minnesota Department of Health  
4140 Thielman Lane, Suite 101  
St Cloud, MN 56301

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## Temperature Observations/Recordings

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Page: 1

### Establishment Info

Vitality Living of Upsala LLC  
Upsala  
County/Group: Morisson County

### Inspection Info

Report Number: F1037251151  
Inspection Type: Full  
Date: 10/13/2025  
Time: 12:03:58 PM

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

**Location:** Upright Cooler at 39 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** BEEF SANDWICH; **Temperature Process:** Cooking

**Location:** Oven at 171 Degrees F.

Comment:

*Violation Issued?: No*



St Cloud District Office  
Minnesota Department of Health  
4140 Thielman Lane, Suite 101  
St Cloud, MN 56301

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## Sanitizer Observations/Recordings

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Page: 1

### Establishment Info

Vitality Living of Upsala LLC  
Upsala  
County/Group: Morisson County

### Inspection Info

Report Number: F1037251151  
Inspection Type: Full  
Date: 10/13/2025  
Time: 12:03:58 PM

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Spray Bottle

**Location:** Dishwashing Area **Equal To** 200 PPM

Comment:

*Violation Issued?: No*

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

**Location:** Dishwashing Area **Equal To** 160.5 Degrees F.

Comment:

*Violation Issued?: No*

# Food Establishment Inspection Report

<p>St Cloud District Office Minnesota Department of Health 4140 Thielman Lane, Suite 101 St Cloud, MN 56301</p>	No. of Risk Factor/Intervention/Violations	0	Date: 10/13/2025
	No. of Repeat Risk Factor/Intervention/Violations		Time: 12:03:58 PM
	Score (optional)		Dur: min
Establishment: Vitality Living of Upsala LLC	Address: 200 WALNUT AVENUE WEST	City/State: Upsala, MN	Zip: 56384
License/Permit #: HFID 39080	Permit Holder:	Purpose of Inspection: Full	Est. Type: Risk Category:

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R
<b>Supervision</b>			
1	IN		
Person in charge present, demonstrate knowledge and performs duties			
2	IN		
Certified Food Protection Manager			
<b>Employee Health</b>			
3	IN		
knowledge, responsibilities, and reporting			
4	IN		
Proper use of restriction and exclusion			
5	IN		
Response to vomiting, diarrheal events			
<b>Good Hygienic Practices</b>			
6	IN		
Proper eating, tasting, drinking, tobacco use			
7	IN		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
8	IN		
Hands clean and properly washed			
9	IN		
No bare hand contact with RTE foods, alternatives			
10	IN		
Adequate handwashing sinks supplied and access			
<b>Approved Source</b>			
11	IN		
Food obtained from approved source			
12	N/O		
Food Received at proper temperature			
13	IN		
Food in good condition, safe & unadulterated			
14	N/A		
Records available: shellstock tags, parasite dest.			
<b>Protection From Contamination</b>			
15	IN		
Food separated and protected			
16	IN		
Food-contact surfaces; cleaned & sanitized			
17	IN		
Proper Disposition of returned, previously served, reconditioned, & unsafe food			

  

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	IN		
Proper cooking time & temperatures			
19	N/O		
Proper reheating procedures for hot holding			
20	N/O		
Proper cooling time and temperature			
21	N/O		
Proper hot holding temperatures			
22	IN		
Proper cold holding temperatures			
23	IN		
Proper date marking & disposition			
24	N/A		
Time as public health control; procedures & record			
<b>Consumer Advisory</b>			
25	N/A		
Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>			
26	IN		
Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>			
27	N/A		
Food additives; approved & properly used			
28	N/A		
Toxic substances properly identified; stored; used			
<b>Conformance with Approved Procedures</b>			
29	N/A		
Compliance with variance, specialized processes & HACCP plan			

**Risk factors** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance      Mark "X" in appropriate box for COS and/or R      **COS**=corrected on-site during inspection      **R**=repeat violation

Compliance Status		COS	R
<b>Safe Food and Water</b>			
30	N/A		
Pasteurized eggs used where required			
31			
Water & ice from approved source			
32	N/A		
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33			
Proper cooling methods used; adequate equipment for temperature control			
34	N/O		
Plant food properly cooked for hot holding			
35	N/O		
Approved thawing methods used			
36			
Thermometers provided & accurate			
<b>Food Identification</b>			
37			
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38			
Insects, rodents, & animals not present; no unauthorized person			
39			
Contamination prevented during food prep, storage, & display			
40			
Personal cleanliness			
41			
Wiping cloths: properly used & stored			
42			
Washing fruits & vegetables			

  

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43			
In-use utensils; Properly stored			
44			
Utensils, equipment & linens; properly stored, dried, handled			
45			
Single-use & single-service articles, properly stored and used			
46			
Gloves used properly			
<b>Utensils, Equipment and Vending</b>			
47			
Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48			
Warewashing facilities: installed, maintained, used; test strips			
49			
Non-food contact surfaces clean			
<b>Physical Facilities</b>			
50			
Hot & cold water available; adequate pressure			
51			
Plumbing installed; proper backflow devices			
52			
Sewage & waste water properly disposed			
53			
Toilet facilities; properly constructed, supplied & cleaned			
54			
Garbage & refuse properly disposed; facilities maintained			
55			
Physical facilities installed, maintained & clean			
56			
Adequate ventilation & lighting; designated areas used			
57			
Compliance with MCIAA			
58			
Compliance with licensing and plan review			

Person in Charge (signature)  Inspector (signature) <i>Michael J. Aronson</i>	Follow-up:      Follow-up Date:
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