



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 18, 2026

Administrator
The Estates at Fridley LLC
5700 EAST RIVER ROAD
FRIDLEY, MN 55432

RE: CCN: 245201
Cycle Start Date: January 29, 2026

Dear Administrator:

On March 5, 2026, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore, no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us



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March 18, 2026

Administrator

The Estates at Fridley LLC

5700 EAST RIVER ROAD

FRIDLEY, MN 55432

Re: Reinspection Results

Event ID: 1E259CH1

Dear Administrator:

On March 5, 2026, survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 29, 2026. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

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Protecting, Maintaining and Improving the Health of All Minnesotans

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February 12, 2026

Administrator
The Estates at Fridley LLC
5700 EAST RIVER ROAD
FRIDLEY, MN 55432

RE: CCN: 245201

Cycle Start Date: January 29, 2026

Dear Administrator:

On January 29, 2026, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued, and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by **April 29, 2026** (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by **July 29, 2026** (six months after the identification of noncompliance), your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

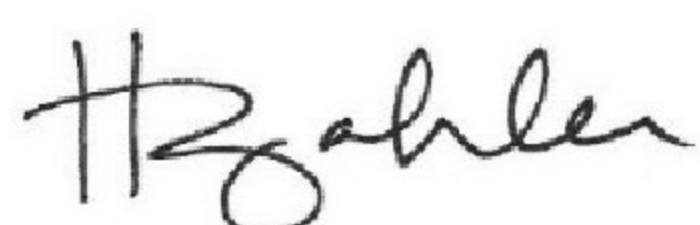
INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Freeman Building | HRD-OLF 3B
625 Robert St. N.

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February 12, 2026

Administrator
The Estates at Fridley LLC
5700 EAST RIVER ROAD
FRIDLEY, MN 55432

Re: State Nursing Home Licensing Orders

Event ID: 1E259C-H1

Dear Administrator:

The above facility survey was completed on January 29, 2026, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a “suggested method of correction” has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion, and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The “suggested method of correction” is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors' findings are the Suggested Method of Correction and 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/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Freeman Building | HRD-OLF 3B
625 Robert St. N.
P.O. Box 64975
St. Paul, MN 55164-0899
Office: 651-201-4384 | Email: holly.zahler@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER The Estates at Fridley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD , FRIDLEY, Minnesota, 55432	
(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) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>On 1/28/26 through 1/29/26, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed:</p> <p>H52014480C (2726140) with a deficiency cited at F925.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		02/26/2026
F0925 SS = F	<p>Maintains Effective Pest Control Program</p> <p>CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to implement effective and timely pest control measures to reduce and/or eliminate a mouse infestation in the facility. This had potential to affect all 49 residents who resided in the facility.</p> <p>Findings include:</p> <p>During interview on 1/28/26 at 5:00 p.m., R2 stated she stays in her bed and can lay and sit up in her bed. R2 stated she has noticed mice in her room all of the time, and last week she noticed a mouse running in her room and then it ran out into the hallway. R2 stated</p>	F0925	<p>R1 discharged from the facility on 1/23/2026. R2, R3, R4 and R5 have all had their rooms deep cleaned by housekeeping and will remain on the monthly deep clean schedule, along with their belongings organized. R2, R3, R4 and R5 rooms have been inspected by facilities pest control vendor to ensure appropriate needed interventions are in place for the elimination of pests. Storage containers for residents' preference of having snacks in their rooms have been offered. Risk vs Benefits have been completed with R2, R3, R4 and R5 specific to snacks not sealed which can lead to pests. The facilities breakroom has been deep cleaned and will remain on the monthly deep clean schedule. The facility has removed all items by the therapy gym. The facility has increased pest control visits from the pest control vendor until further notice. All pest control vendors' recommendations have been implemented and/or completed.</p> <p>Facility completed full house audit and identified resident rooms. These resident rooms have been deep cleaned.</p>	02/26/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0925 SS = F	<p>Continued from page 1 her room is right crossed from where the residents go in and out to smoke on the patio area and thought that was how they were getting in the building. R2 said she had told the maintenance director about the mice in her room, and he had put some sticky mouse traps down but felt the facility could more to control them. In addition, R2 stated the facility should make sure there was not food in resident rooms that were not in containers or being left out.</p> <p>During interview on 1/28/26 at 7:40 p.m., R1 stated she overheard a nurse stating a mouse was seen coming out of a power outlet in the building in her room, there were ten different occasions where she had seen a mouse in her room. In addition, R1 stated she had pressure ulcers on her coccyx and was concerned with a mouse infestation.</p> <p>During observation and interview on 1/29/26 at 8:44 a.m., with R4, food was in containers and bags on the nightstand. R4 stated he had noticed mice running on the floor and had seen one last week. Then R4 opened his seater on his walker and showed a bag of Rat/Mice X (Mouse Ready Trays are a new approach to effectively kill unwanted rats and mice from industrial buildings, livestock premises, homes, barnyards and any area where the unwanted pests inhabit) and stated he treats the problem himself and places the Rat/Mice X in the corners of his room. Also, during observation there was a Guardian pest control cardboard sticky trap noted to be under his closet door.</p> <p>During interview on 1/29/26 at 9:12 a.m., registered nurse (RN)-A stated he had seen mice in the breakroom approximately two weeks ago and had also heard residents complain of mice in their rooms.</p> <p>During observation and interview on 1/29/26 at 9:36 a.m., R5 stated she would see mice and just found a dead one between her stacked plastic totes against her back walls and removed it herself. R5 further stated she had one stuck in one of the sticky traps and could not stand the sound of the screaming mouse, so she took it in the hallway and put it in a garbage can and wrote a note "there is a mouse in here". R5 also stated, one night recently she watched two baby mice playing on her floor by her bed all night long and could not believe they could actually climb the wall; so after that she used one of those coffee glass constrainers from the vending machines and tried to make her own trap with that and using doughnuts in it. R5 stated she never did catch a mouse with that but still hears them in the walls at night. Observation of R5 rooms showed stacks of plastic totes, bags of clothing and miscellaneous</p>	F0925	<p>Continued from page 1</p> <p>Facilities Pest Control Policy was reviewed and remains current.</p> <p>Housekeeping staff were educated to the facilities of Deep Clean Procedures. Facility staff were educated to Pest Control and TELS utilization. The education discusses how to complete a TELS work order, and how to complete the pest sightings log in the pest control binder.</p> <p>The facility will audit 5 rooms (resident and/or offices and/or common areas) per week for 4 weeks, then as needed based on audit findings specific to any clutter and evidence of mice. The facility will audit 2 deep room cleans per week for 4 weeks, then as needed based on audit findings specific to thorough completion of deep clean.</p> <p>The results of these audits will be shared with the facilities QAPI committee for input on the need to increase, decrease, or discontinue the audits.</p> <p>Administrator/Designee will be the responsible party.</p> <p>Date Certain: 2/26/2026</p>	

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F0925 SS = F	<p>Continued from page 2 clothing on her bed.</p> <p>During interview 1/29/26 at 12:55 p.m., the maintenance Director (MD) stated he had been working at the building for almost a year now and he was aware of the mice problem in the building. MD stated it was getting worse during the cold wintertime, and they use Guardian Pest control in addition to anytime there is a citing the nurses were to document that in a book, so when Guardian comes out, they know where to treat. MD stated they come out once a month, and last week he had requested them to come for more bait around the building. MD stated Guardian did reach out to him and informed they were out of bait and will come out this week. MD stated R2 has complained to him about the mice in her room. In addition, the MD stated they are in wooded area with apartments around them, along with the residents going in and out of the door to smoke which causes the mice to come into the older building.</p> <p>During interview on 1/29/26 at 2:08 p.m., facility administrator stated Guardian Pest Control was supposed to come in yesterday to provide pest control products for the mice and was informed they ran out of products and was hoping to arrive later in the week. In addition, the administrator stated the MD does a good job with patching the windows, adding extra traps. The administrator said he is new to the facility and does not know the complete contract but believes they come out monthly and as needed.</p> <p>During interview on 1/29/26 at 4:13 p.m., Dietary Manager (DM) stated the facility does have a mouse problem and feels they need to be more proactive with treating them and doing more. The DM stated she has not seen them in the kitchen but had been informed they have trapped them in the live trap in the kitchen under the three-compartment sink. The DM stated all of the food in the kitchen and storage area was contained in containers and they had not seen any mouse droppings.</p> <p>During observation and interview on 1/29/26 at 4:27 p.m., leaving the therapy room in the back hallway noticed a bed against the wall with stacks of old wheelchair petals, wheelchair cushions, bags of unknown items stacked above the bed. When interviewed Physical Therapy Assistant (PTA)-A stated the bed is broken and all of the equipment is broken or non-useable. PTA-A stated she had observed a resident who liked to store food in the bed and she had seen mouse droppings in the bed.</p> <p>On 1/30/26 at 1:00 p.m., received a return phone call from service technician (ST) from Guardian Pest control</p>	F0925		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/29/2026
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F0925 SS = F	<p>Continued from page 3 which was originally placed prior to exit on 1/29/26 at 3:45 p.m. he stated the plan was to but did not due to lack of supplies. The ST stated he was on his way to the facility and had concerns with the clutter in the facility rooms and hallways and planned to discuss this with the facility. In addition, the ST stated he comes out once a month and as needed to treat pest control and directed me to call the central office for his service logs and treatment.</p> <p>Visit dated 1/30/26 from Guardian indicated, during the visit the administrator asked for recommendations to help with mice activity and he listed the following: fixing any door sweeps that have gaps in them, making sure rooms are decluttered as best as possible and make sure trash is picked up in common areas and rooms and taken care of daily, making sure food debris/crumbs are cleaned up and if food is left in rooms it needs to be in a sealed containers and same goes for kitchen, Physical therapy common area has a lot of old parts in a corner which has been reported of having residents hiding food in it, fix any open holes in walls, usually around pipe fittings in wall are places to look for, and make sure any mouse droppings are cleaned up as soon as possible.</p> <p>The facility Pest Control policy dated 5/08 directed the facility was to maintain on-going pest control program to ensure the building was kept free of insects and rodents. All insecticides and rodenticides are permitted in the facility are to be stored in areas away from food storage areas. Garbage and trash are not permitted to accumulate and are removed from the facility daily.</p>	F0925		

Minnesota State Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 1/28/26 through 1/29/26, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	20000		02/26/2026

Office of Primary Care and Health Systems Management

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

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NAME OF PROVIDER OR SUPPLIER The Estates at Fridley LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5700 EAST RIVER ROAD , FRIDLEY, Minnesota, 55432	
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20000	Continued from page 1 The following complaint was reviewed: H52014480C (2726140) with a licensing order issued at 1730. Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	20000		
21730	Plant Housekeeping, Operation, & Maintenance CFR(s): MN Rule 4658.1415 Subp. 11 Subp. 11. Insect and rodent control. Any condition on the site or in the nursing home conducive to the harborage or breeding of insects, rodents, or other vermin must be eliminated immediately. A continuous pest control program must be maintained by qualified personnel. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and document review,	21730	Corrected.	02/26/2026

Minnesota State Department of Health

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21730	<p>Continued from page 2</p> <p>the facility failed to implement effective and timely pest control measures to reduce and/or eliminate a mouse infestation in the facility. This had potential to affect all 49 residents who resided in the facility.</p> <p>Findings include:</p> <p>During interview on 1/28/26 at 5:00 p.m., R2 stated she stays in her bed and can lay and sit up in her bed. R2 stated she has noticed mice in her room all of the time, and last week she noticed a mouse running in her room and then it ran out into the hallway. R2 stated her room is right crossed from where the residents go in and out to smoke on the patio area and thought that was how they were getting in the building. R2 said she had told the maintenance director about the mice in her room, and he had put some sticky mouse traps down but felt the facility could more to control them. In addition, R2 stated the facility should make sure there was not food in resident rooms that were not in containers or being left out.</p> <p>During interview on 1/28/26 at 7:40 p.m., R1 stated she overheard a nurse stating a mouse was seen coming out of a power outlet in the building in her room, there were ten different occasions where she had seen a mouse in her room. In addition, R1 stated she had pressure ulcers on her coccyx and was concerned with a mouse infestation.</p> <p>During observation and interview on 1/29/26 at 8:44 a.m., with R4, food was in containers and bags on the nightstand. R4 stated he had noticed mice running on the floor and had seen one last week. Then R4 opened his seater on his walker and showed a bag of Rat/Mice X (Mouse Ready Trays are a new approach to effectively kill unwanted rats and mice from industrial buildings, livestock premises, homes, barnyards and any area where the unwanted pests inhabit) and stated he treats the problem himself and places the Rat/Mice X in the corners of his room. Also, during observation there was a Guardian pest control cardboard sticky trap noted to be under his closet door.</p> <p>During interview on 1/29/26 at 9:12 a.m., registered nurse (RN)-A stated he had seen mice in the breakroom approximately two weeks ago and had also heard residents complain of mice in their rooms.</p> <p>During observation and interview on 1/29/26 at 9:36 a.m., R5 stated she would see mice and just found a dead one between her stacked plastic totes against her back walls and removed it herself. R5 further stated she had one stuck in one of the sticky traps and could</p>	21730		

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21730	<p>Continued from page 3 not stand the sound of the screaming mouse, so she took it in the hallway and put it in a garbage can and wrote a note "there is a mouse in here". R5 also stated, one night recently she watched two baby mice playing on her floor by her bed all night long and could not believe they could actually climb the wall; so after that she used one of those coffee glass constrainers from the vending machines and tried to make her own trap with that and using doughnuts in it. R5 stated she never did catch a mouse with that but still hears them in the walls at night. Observation of R5 rooms showed stacks of plastic totes, bags of clothing and miscellaneous clothing on her bed.</p> <p>During interview 1/29/26 at 12:55 p.m., the maintenance Director (MD) stated he had been working at the building for almost a year know and he was aware of the mice problem in the building. MD stated it was getting worse during the cold wintertime, and they use Guardian Pest control in addition to anytime there is a citing the nurses were to document that in a book, so when Guardian comes out, they know where to treat. MD stated they come out once a month, and last week he had requested them to come for more bait around the building. MD stated Guardian did reach out to him and informed they were out of bait and will come out this week. MD stated R2 has complained to him about the mice in her room. In addition, the MD stated they are in wooded area with apartments around them, along with the residents going in and out of the door to smoke which causes the mice to come into the older building.</p> <p>During interview on 1/29/26 at 2:08 p.m., facility administrator stated Guardian Pest Control was supposed to come in yesterday to provide pest control products for the mice and was informed they ran out of products and was hoping to arrive later in the week. In addition, the administrator stated the MD does a good job with patching the windows, adding extra traps. The administrator said he is new to the facility and does not know the complete contract but believes they come out monthly and as needed.</p> <p>During interview on 1/29/26 at 4:13 p.m., Dietary Manager (DM) stated the facility does have a mouse problem and feels they need to be more proactive with treating them and doing more. The DM stated she has not seen them in the kitchen but had been informed they have trapped them in the live trap in the kitchen under the three-compartment sink. The DM stated all of the food in the kitchen and storage area was contained in containers and they had not seen any mouse droppings.</p> <p>During observation and interview on 1/29/26 at 4:27</p>	21730		

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21730	<p>Continued from page 4</p> <p>p.m., leaving the therapy room in the back hallway noticed a bed against the wall with stacks of old wheelchair petals, wheelchair cushions, bags of unknown items stacked above the bed. When interviewed Physical Therapy Assistant (PTA)-A stated the bed is broken and all of the equipment is broken or non-useable. PTA-A stated she had observed a resident who liked to store food in the bed and she had seen mouse droppings in the bed.</p> <p>On 1/30/26 at 1:00 p.m., received a return phone call from service technician (ST) from Guardian Pest control which was originally placed prior to exit on 1/29/26 at 3:45 p.m. he stated the plan was to but did not due to lack of supplies. The ST stated he was on his way to the facility and had concerns with the clutter in the facility rooms and hallways and planned to discuss this with the facility. In addition, the ST stated he comes out once a month and as needed to treat pest control and directed me to call the central office for his service logs and treatment.</p> <p>Visit dated 1/30/26 from Guardian indicated, during the visit the administrator asked for recommendations to help with mice activity and he listed the following: fixing any door sweeps that have gaps in them, making sure rooms are decluttered as best as possible and make sure trash is picked up in common areas and rooms and taken care of daily, making sure food debris/crumbs are cleaned up and if food is left in rooms it needs to be in a sealed containers and same goes for kitchen, Physical therapy common area has a lot of old parts in a corner which has been reported of having residents hiding food in it, fix any open holes in walls, usually around pipe fittings in wall are places to look for, and make sure any mouse droppings are cleaned up as soon as possible.</p> <p>The facility Pest Control policy dated 5/08 directed the facility was to maintain on-going pest control program to ensure the building was kept free of insects and rodents. All insecticides and rodenticides are permitted in the facility are to be stored in areas away from food storage areas. Garbage and trash are not permitted to accumulate and are removed from the facility daily.</p> <p>SUGGESTED METHOD OF CORRECTION: The administrator, maintenance supervisor, or designee could ensure a preventative pest control program was developed and implemented. The facility could educate staff on these policies and perform routine environmental rounds/audits to ensure adequate pest control. The facility could report these findings to the quality</p>	21730		

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21730	Continued from page 5 assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21730		