Electronically Delivered

July 22, 2026

Licensee
Spes Residential Care LLC
6336 Wilryan Ave
Edina, MN 55436

RE: Project Number(s) SL41498015

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 June 24, 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,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41498	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPES RESIDENTIAL CARE LLC	6336 WILRYAN AVE EDINA, MN 55436

(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: SL41498015-0 On June 22, 2026, through June 24, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were three residents; three 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.	
0 180 SS=F	144G.16 Subd. 2 Initial survey (a) During the provisional license period, the	0 180		

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0 180	Continued From page 1 commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. (b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner. (c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply. (d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This had the potential to affect all residents residing at the assisted living facility. 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	0 180		

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0 180	Continued From page 2 portion or all of the residents). The findings include: The licensee was issued their Provisional Assisted Living license on January 30, 2025. R1 R1 was admitted and began receiving assisted living services on May 11, 2025. R1's record included a Discharge Face Sheet dated June 12, 2025, which indicated, "[R1] was admitted on 5/11/2025 and discharged on 6/12/2025 after being taken into custody by state marshals. Medications and personal belongings accompanied the client. The primary diagnosis is intellectual disabilities. Transportation was provided by state marshals and discharge records were completed accordingly." R2 R2 was admitted and began receiving assisted living services on September 2, 2025. R2's record included a Service Plan signed September 2, 2025. The service plan indicated that R2 received services including assistance with housekeeping, laundry, meals, reminders for activities of daily living, behavior monitoring, and medication administration. The licensee's Notification of Providing Services form indicated the licensee started providing Assisted Living Services August 13, 2025. The form was not signed. MDH documentation indicated the licensee began providing Assisted Living services August 13, 2025, and notified the department of such on	0 180		

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0 180	Continued From page 3 September 30, 2025, greater than two days from when the licensee first provided assisted living services. On June 23, 2026, at 9:20 a.m., licensed assisted living director (LALD)-A stated he was not aware the licensee was late in meeting the requirement of notifying MDH of providing services within two days. LALD-A verbalized, he called MDH when R1 started services and he was instructed to complete the Notification of Providing Services form. LALD-A stated R1 was then arrested and discharged so no further services were being performed for R1. Finally, LALD-A stated he did not realize that the licensee had not completed the form timely when R2 began services. Education provided. LALD-A verbalized he agreed the notice of providing services was not submitted on time as required for R1 and R2. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 180		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the	0 480		

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0 480	Continued From page 4 CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.	0 480		

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0 480	Continued From page 5 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 23, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
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	0 680		

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0 680	Continued From page 6 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; (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 receiving services under the assisted living license. 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).	0 680		

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0 680	Continued From page 7 The findings include: The licensee's emergency disaster preparedness plan, last reviewed December 17, 2025, lacked evidence of the following required content: -arrangement with other facilities and transportation during an emergency evacuation; and -emergency preparedness testing requirements. On June 24, 2026, at 9:10 a.m., house manager/unlicensed personnel (HM/ULP)-C stated, via phone, they had not completed evacuation or transportation agreements yet but planned to get this done. HM/ULP-C verbalized that the licensee had not yet completed two tabletop or full-scale emergency exercises. Education provided. The licensee's Emergency Preparedness policy effective April 29, 2025, indicated, "[Licensee] will have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. The plan considers the organization's commitment to provide services while ensuring the safety of its employees and residents. [Licensee] will implement the Emergency Management program* as soon as the agency becomes aware of the existence of an emergency." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		

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

Establishment Info

Spes Residential Care LLC
6336 WILRYAN AVE
Edina, MN 55436
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41498

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F8041261083
Inspection Type: Full - Single
Date: 6/23/2026 Time: 11:00 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 3
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 2-100 Supervision
2-102.12AMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
COMMENT: FACILITY DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM). STAFF COMPLETED SERV SAFE MORE THAN 6 MONTHS AGO. INFORMATION AND LINK TO APPY SENT WITH REPORT.
Comply By: 6/23/2026 Originally Issued On: 6/23/2026

New Order: 2-300 Personal Cleanliness
2-301.15 *Priority Level: Priority 2 CFP#: 8*
MN Rule 4626.0080 Employees must wash their hands in a handwashing sink. Discontinue using the following sinks for handwashing: sinks used for food preparation or warewashing or a service sink or a curbed cleaning basin used for the disposal of mop water.
COMMENT: KITCHEN HAS A TWO BASIN SINK. OBSERVED EMPLOYEE WASHING HANDS AT THE BASIN THAT IS NOT DESIGNATED FOR HANDWASHING. HANDWASHING REQURIEMENTS REVIEWED WITH PIC.
Comply By: 6/23/2026 Originally Issued On: 6/23/2026

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: TCS FOODS IN THE REFRIGERATOR MEASURED ABOVE 41F. PER OPERATOR, SOME OF THE FOOD WAS TAKEN OUT DURING RECENT CLEANING AND THEY JUST HAD A DELIVERY.
Comply By: 6/23/2026 Originally Issued On: 6/23/2026

New Order: 3-500C Microbial Control: date marking
3-501.17B *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.
COMMENT: OPENED PACKAGES OF TCS FOOD SUCH AS DELI MEAT NOT DATE MARKED. DATE MARKING REQURIEMENTS REVIEWED WITH PIC. FACT SHEET PROVIDED.
Comply By: 6/23/2026 Originally Issued On: 6/23/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: THERMOMETER TO MEASURE THE UTENSIL SURFACE TEMPRATURE INSIDE THE DISH MACHINE IS NOT WORKING. A NEW TEMPERATURE INDICATOR WILL BE ORDERED IF IT DOES NOT WORK WHEN BATTERY IS REPLACED. THERMAL STRIP PROVIDED TO TEST MACHINE TODAY.
Comply By: 7/7/2026 Originally Issued On: 6/23/2026

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: REFRIGERATOR NOT HOLDING FOOD AT PROPER TEMPERATURE. AMBIENT AIR TEMP. AT 43F. COOLER TEMPERATURE WAS TURNED DOWN DURING INSPECTION. MONITOR TEMPERATURE IN COOLER TO TO ENSURE FOOD IS MAINTAINED AT 41 F OR BELOW. ADJUST/REPAIR AS NEEDED.
Comply By: 6/23/2026 Originally Issued On: 6/23/2026

Food & Beverage General Comment

Inspection was completed with the facility director, Sharmaan Hajihussein. Dede Hinnendael was the HRD nurse evaluator.

Facility has a residential kitchen. Food must be prepared for same day service only. Kitchen has a smooth ceiling, vinyl tile flooring, wood cabinets with a hollow base and a laminate countertop.

Establishment has a dish machine with a sani rinse cycle that achieved a utensil surface temperature of at least 160F.

Discussed the following:
- Employee illness policy and logging requirements
- Reporting foodborne illness complaints to the health dept.
- Handwashing
- Date marking
-Glove-use and bare hand contact
- Proper food storage
-Vomit clean-up procedures
- Restrictions concerning serving a highly susceptible population
- CFPM requirement

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 F8041261083 from 6/23/2026

Sharmaan Hajihussein
Facility Director

Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Spes Residential Care LLC
Edina
County/Group: Hennepin County

Inspection Info

Report Number: F8041261083
Inspection Type: Full
Date: 6/23/2026
Time: 11:00 AM

Food Temperature: Product/Item/Unit: turkey**; Temperature Process:** Cold-Holding
Location: refrigertor at 48 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: cream cheese**; Temperature Process:** Cold-Holding
Location: Refrigerator at 48 Degrees F.
Comment:
Violation Issued?: Yes

Equipment Temperature: Product/Item/Unit: ambient air**; Temperature Process:** Ambient Air
Location: refrigerator at 43 Degrees F.
Comment:
Violation Issued?: Yes

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

Establishment Info

Spes Residential Care LLC
6336 WILRYAN AVE
Edina, MN 55436
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41498

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F8041261085
Inspection Type: Follow-up - Single
Date: 6/24/2026 Time: 9:18:36 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 3
Total Priority 3 Orders: 1
Delivery: Emailed

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Previous Order: 4-300 Equipment Numbers and Capacities
4-302.13B *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
COMMENT: THERMOMETER TO MEASURE THE UTENSIL SURFACE TEMPRATURE INSIDE THE DISH MACHINE IS NOT WORKING. A NEW TEMPERATURE INDICATOR WILL BE ORDERED IF IT DOES NOT WORK WHEN BATTERY IS REPLACED. THERMAL STRIP PROVIDED TO TEST MACHINE TODAY.
Comply By: 7/7/2026 Originally Issued On: 6/23/2026

Food & Beverage General Comment

Follow-up:

Refrigerator temprature has been adjusted. Yogurt in the refrigerator at 38F.

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 F8041261085 from 6/24/2026

Sharmaan Hajihussein
Facility Director

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Public Health Sanitarian Supervisor
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