Electronically Delivered

July 22, 2026

Licensee
Lenox Homes LLC
2624 Xylon Avenue South
Saint Louis Park, MN 55426

RE: Project Number(s) SL41128015

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 26, 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 . . ."

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:

St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - $500.00

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
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

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 MDH 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.

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.

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

If you have any questions, please contact me.

Sincerely,

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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: SL41128015 On June 22, 2026, through June 26, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four residents 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
0 480	Continued From page 1 (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 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	0 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
0 480	Continued From page 2 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. 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.	0 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
0 480	Continued From page 3 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 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 observation, interview, and record review, the licensee failed to evaluate the missing person policy at least quarterly. This had the potential to affect all residents, staff, and visitors of the facility.	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
0 680	Continued From page 4 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: The licensee's Missing Resident policy dated March 17, 2025, was included in the licensee's policy and procedure binder. The policy lacked evidence the licensed assisted living director (LALD) and clinical nurse supervisor (CNS)reviewed or updated the policy and documented any changes, at least quarterly as required. On June 22, 2026, at 2:00 p.m., LALD-D acknowledged the missing resident policy had not been reviewed or updated quarterly as required. LALD-D indicated he was not aware of the requirement to review the missing resident policy quarterly. The licensee's Missing Resident policy dated March 17, 2025, did not indicate when the licensee would review the policy. Minnesota Rules Chapter 4659.0110, Subpart 4, dated August 11, 2021, indicated the licensed assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan.	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
0 680	Continued From page 5 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (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. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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.	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
0 810	Continued From page 6 This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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 the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated June 24, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
02320 SS=F	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
02320	Continued From page 7 sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure unlicensed personnel (ULP) followed appropriate medication administration procedures for one of one employee (ULP-B) observed during medication administration. 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: During medication administration observation on June 22, 2026, at 11:52 a.m., ULP-B stated to the surveyor that they would be completing medication administration for R3. ULP-B was then observed going to the locked medication cabinet in the basement where the surveyor was sitting. ULP-B unlocked the cabinet and obtained a plastic bin that held R3's medications. ULP-B did not have the electronic medication administration record (EMAR) with when obtaining the medications for R3. ULP-B viewed medications in the plastic container for R3 and removed a Dairy Relief 3000 Unit (U) tablet from a bubble pack and placed the tablet into a small plastic cup.	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41128	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX HOMES LLC	2624 XYLON AVENUE SOUTH SAINT LOUIS PARK, MN 55426

(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
02320	Continued From page 8 During interview on June 22, 2026, at 12:00 p.m., when asked how ULP-B knew what medications to obtain for R3, ULP-B explained she had reviewed R3's EMAR before coming to get the surveyor to observe the medication administration. ULP-B stated she did not feel she needed to bring the laptop with her to verify the medication to be given. ULP-B stated she gave R3 medications on a regular basis and knew what R3 was to receive at 12:00 p.m. every day. During interview on June 22, 2026, at 1:40 p.m., the surveyor asked clinical nurse supervisor (CNS)-A who trained ULP-B in medication administration and if ULP-B was trained to review the EMAR before obtaining medications and if she was to compare the EMAR to the medications that were being administered to a resident. CNS-A stated that she provided medication administration training with ULP-B, and that ULP-B was trained to compare the EMAR to the medications that were being administered to a resident. On June 22, 2026, at 2:10 p.m., licensed assisted living director (LALD)-C and the surveyor discussed the observation regarding the setup process and administration of medications to R3. LALD-C stated all unlicensed staff were taught to always compare the EMAR to what dose was being administered. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Lenox Homes LLC
2624 Xylon Ave So
St Louis Park, MN 55426
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41128

Risk:
License:
Expires on:
CFPM: Mohamed A. Samatar
CFPM #: 61170; Exp: 05/13/2028

Inspection Info

Report Number: F1021261169
Inspection Type: Full - Single
Date: 6/23/2026 Time: 11:08:03 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery: Emailed

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: ESTABLISHMENT DOES NOT HAVE A MEASURING DEVICE THAT INDICATES THE FINAL UTENSIL SURFACE TEMPERATURE IN THE RESIDENTIAL DISH MACHINE. PROVIDE. ONE THERMOLABEL WAS LEFT ON-SITE FOR STAFF USE. SEND THE INSPECTOR A PHOTO OF THE THERMOLABEL RESULTS TO VERIFY COMPLIANCE.
Comply By: 6/30/2026 Originally Issued On: 6/23/2026

Food & Beverage General Comment

All findings on this report were discussed with House Manager Mohamed Samatar. HRD nurse evaluator was not on-site during inspection.

This facility is a residential home, and they currently have 4 clients and the facility can accommodate up to 5 clients.

Food is for same-day service. Leftovers are discarded at the end of service.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Establishment has a certified residential dishwasher. A thermolabel was left on-site for staff to use today, and they'll e-mail the inspector a photo to confirm the dishwasher is reaching a final utensil surface temperature of at least 160F.

The kitchen has residential equipment, wood floors, wood cabinets, textured ceiling and painted drywall. Physical facility items will be monitored during future inspections.

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 F1021261169 from 6/23/2026

Melissa Ramos

Mohamed Samatar
House Manager

Melissa Ramos,
Public Health Sanitarian 3
651-201-4495
melissa.ramos@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

Lenox Homes LLC
St Louis Park
County/Group: Hennepin County

Inspection Info

Report Number: F1021261169
Inspection Type: Full
Date: 6/23/2026
Time: 11:08:03 AM

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: LG Kitchen Refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Turkey Bacon **; Temperature Process:** Cold-Holding
Location: LG Kitchen Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: LG Kitchen Refrigerator **; Temperature Process:** Ambient Air
Location: Kitchen at 35 Degrees F.
Comment:
Violation Issued?: No

Employee Illness Log

- Employees are required to notify the person in charge (PIC) of their symptoms and pathogens that could cause foodborne illness.
- The PIC is required to record all reports of diarrhea or vomiting made by employees, and report the illness upon request.
- The PIC is required to notify the regulatory authority if any employees are known to be infected with ***Salmonella*, *Shigella*, Shiga toxin-producing *E. coli*, hepatitis A virus, norovirus, or another bacterial, viral or parasitic pathogen**.
- Minnesota Foodborne Illness Hotline: 1-877-Food-ILL (1-877-366-3455)

Report date	**Employee name**	**Vomiting***	**Diarrhea***	**Jaundice**	**Fever**	**Respiratory** (cough, sore throat, runny nose)	**Comments or additional symptoms**	**Date returned to work**	**Diagnosed with a pathogen?** (see list above)	**If diagnosed, 1-877-FOOD-ILL or local health agency contacted?**
6/12/2019	*John Doe*	*X*	*X*				*Sent home*	*6/15/2019*	*Yes – norovirus*	*Yes*

***Employees with diarrhea or vomiting CANNOT RETURN TO WORK for at LEAST 24 HOURS after symptoms end.**

Resources

Minnesota Department of Health Food Business Safety (www.health.state.mn.us/foodbizsafety)

Minnesota Department of Health
Food, Pools, and Lodging Services
PO Box 64975
St. Paul, MN 55164-0975
651-201-4500
health.foodlodging@state.mn.us
www.health.state.mn.us

Minnesota Department of Agriculture
Food and Feed Safety Division
625 Robert Street N
St. Paul, MN 55155-2538
651-201-6027
MDA.FFSD.Info@state.mn.us
www.mda.state.mn.us

MARCH 2019

Olmsted County Public Health Services
2100 Campus Drive SE Ste 100
Rochester MN 55904-4722
(507) 328-7500

HOW TO CLEAN UP VOMIT AND DIARRHEA

Diarrhea and vomit can spread diseases, especially norovirus, so it's important to clean it up right away *and* to protect the staff who do the cleanup.

Before it happens:

Be prepared

You can buy a pre-made cleanup kit

If you don't buy a premade kit, have these materials available:

- ☐ Disposable gloves (vinyl, latex, or rubber)
- ☐ Disposable mask (N-95)
- ☐ Disposable plastic apron, or a Tyvek® suit
- ☐ Eye protection, such as goggles
- ☐ Absorbent material (such as kitty litter, baking soda, or a commercial product) to soak up liquids
- ☐ Disposable scoop or scraper (such as an inexpensive dust pan)
- ☐ Paper towels
- ☐ Trash bags and ties
- ☐ Buckets for detergent and rinse water
- ☐ Disinfectant that is effective against norovirus
- ☐ Spray bottles for applying disinfectant
- ☐ Signs that say "Caution – Wet floor" or safety cones

If it happens:

Step 1 - Clean it up

1. Protect yourself: put on the apron, mask, goggles, and gloves.
2. Cover the area with the absorbent and wait until the liquid is soaked up.
3. Remove as much material as you can:
   - Use the scraper, or wipe up with paper towels and immediately put the towels in a trash bag.
4. Wash the area with a strong detergent solution.
5. Rinse the area thoroughly with plain water.
6. Wipe dry with paper towels and put those towels in the trash bag.

Step 2 - Disinfect to kill any remaining germs

1. Apply the disinfectant:
   - Hard surface, such as a bathroom floor:
     - Apply a disinfectant that is effective against norovirus, such as a strong bleach solution (See the instructions on page 2).
     - Apply the disinfectant to the soiled area AND to the surrounding area.
   - Options for carpeting and upholstery - bleach will damage these materials:
     - DO NOT USE A VACUUM.
     - Use a steam cleaner (recommended)
     - Use quat or a hydrogen peroxide product at the concentration used in health care facilities. Make sure the label says it kills norovirus.
2. Leave the disinfectant on the surface for the required amount of contact time, which is 5 minutes for bleach. For other products, follow the directions on the label.

3. Wipe up the disinfectant with paper towels (and put the used towels in a trash bag), or let the area air-dry.
4, Disinfect everything in a 10-foot circle around the initial area

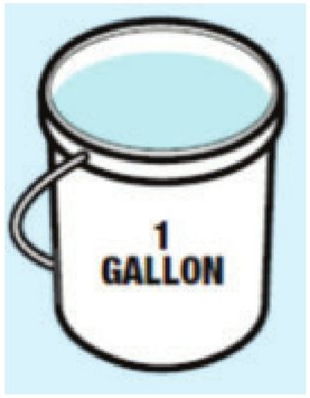
Step 3 – Take your equipment off *carefully*

1. Take off your apron or suit and throw it away.
2. Carefully take off your gloves.
3. Wash your hands thoroughly with soap and water.
4. Take off your mask and goggles.
5. Wash your hands again.
6. Bag up the garbage and put it in the dumpster.
7. Wash your hands again.

References:
- *Clean-up and Disinfection for Norovirus ("Stomach Bug")* www.disinfect-for-health.org March 2015
- *OSHA FactSheet: Noroviruses* www.OSHA.gov May 2008
- *SafeMark Best Practices: Norovirus Information Guide*, Ecolab and Food Marketing Institute July 2010

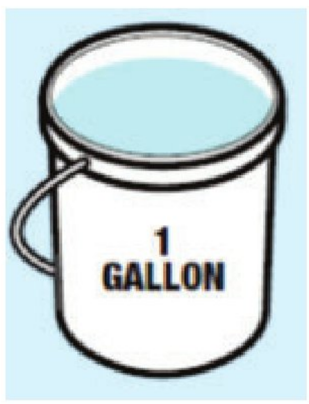
HOW TO MIX CHLORINE BLEACH

FOR CLEAN SURFACES, 1000 PPM



⅓ CUP BLEACH	*FOR EACH*	GALLON of WATER

FOR SOILED SURFACES, 5000 PPM



1 ⅔ CUPS BLEACH	*FOR EACH*	GALLON of WATER

HOW TO DISINFECT:

- Get the surface thoroughly wet with bleach.
- Leave the bleach on for 5 minutes.
- Let the bleach air dry.

Rinse food-contact surfaces and eating utensils with clean water before using them.

Outlook

MDH Health Inspection Report for Lenox Homes LLC

From Ramos, Melissa (MDH) <Melissa.Ramos@state.mn.us>
Date Tue 6/23/2026 1:38 PM
To hs@lenoxmn.com <hs@lenoxmn.com>
Cc Jones, Elyse (MDH) <Elyse.Jones@state.mn.us>

3 attachments (1 MB)
F1021261169_HFID 41128.pdf; MDH Employee Illness Log.pdf; Clean Up Vom-Fec Accident Checklist.pdf;

Good afternoon,

Attached you will find the health inspection report from the visit today. When you next run the dish machine, please send me a photo of the thermolabel that was left on-site. This will allow me to verify that the dishwasher is reaching the required sanitizing temperature.

Let me know if you have any questions.

Thank you,

Melissa Ramos, REHS
Public Health Sanitarian III | Food, Pools, & Lodging Services Section

Minnesota Department of Health
Office: 651-201-4495

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL41128015-0	**Date:** June 24, 2026
Facility Name: Lenox Homes LLC	
Facility Address: 2624 Xylon Avenue South, St. Louis Park, MN 55426	

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include the location and number of resident rooms. [Minn. Stat. 144G.45 subd.2]

   Comments: Numbers were posted at the doors for each resident room. The emergency evacuation floor plans displayed in the building were lacking these resident room number labels. Resident room numbers are required to be included on the evacuation floor plans and correspond with the numbers installed at the resident room doors to provide efficient communication for exiting in the event of a fire or similar emergency.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

   Comments: The licensee failed to develop the fire safety and evacuation plan (FSEP) with site specific employee actions to take in the event of a fire or similar emergency relative to the assisted living building. Third party templates were used and inaccurately directed employees to use pull fire alarms.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The licensee failed to develop site specific instructions for residents on the proper actions to take in the event of a fire. Additionally, there were no written procedures for use of emergency escape and rescue openings (egress windows) in resident bedrooms.

4. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include 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. [Minn. Stat. 144G.45 subd.2]

Comments: Three residents were identified with an evacuation acuity level requiring employee assistance in the event of an emergency evacuation. The fire safety and evacuation plan emergency information cover page lacked these procedures for two residents. The licensee stated these procedures were located in each resident's emergency packet. These individualized resident procedures would not be easily accessible to staff or emergency responders during a fire or similar emergency.