



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

Electronically Delivered

March 19, 2025

Licensee  
Hope Assisted Living LLC  
1942 Washburn Avenue North  
Minneapolis, MN 55411

RE: Project Number(s) SL34708015

Dear Licensee:

On February 18, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine the correction of orders from the survey completed on September 5, 2024, and follow-up survey completed on November 26, 2024. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jess'.

Jess Schoenecker, Supervisor  
State Evaluation Team  
Email: [jess.schoenecker@state.mn.us](mailto:jess.schoenecker@state.mn.us)  
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD



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

Electronically Delivered

January 3, 2025

Licensee  
Hope Assisted Living LLC  
1942 Washburn Avenue North  
Minneapolis, MN 55411

RE: Project Number(s) SL34708015

Dear Licensee:

On November 26, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on September 5, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 5, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on September 4, 2024, found not corrected at the time of the November 26, 2024, follow-up survey and/or subject to penalty assessment are as follows:

#### **0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g)**

The details of the violations noted at the time of this follow-up survey completed on November 26, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders outlined on the state form; however, plans of correction are not required to be submitted for approval.

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

We urge you to review these orders carefully. If you have questions, please contact Jess Schoenecker at 651-201-3789.

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

Sincerely,



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

HHH

## Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34708	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/26/2024
NAME OF PROVIDER OR SUPPLIER  HOPE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1942 WASHBURN AVENUE NORTH MINNEAPOLIS, MN 55411		
(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}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL#34708015-1</p> <p>On November 25, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on September 5, 2024. At the time of the survey, there were 2 active residents; 2 receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued and/or issued.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License 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 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 surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
{0 470} SS=F	144G.41 Subdivision 1 Minimum requirements  (11) develop and implement a staffing plan for	{0 470}		

Minnesota Department of Health

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

TITLE

(X6) DATE

## Minnesota Department of Health

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{0 470}	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <ul style="list-style-type: none"> <li>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</li> <li>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</li> <li>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</li> </ul> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> <li>(i) awake;</li> <li>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</li> <li>(iii) capable of communicating with residents;</li> <li>(iv) capable of providing or summoning the appropriate assistance; and</li> <li>(v) capable of following directions;</li> </ul> <p>This MN Requirement is not met as evidenced by:</p>	{0 470}		
{0 480} SS=F	<p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p>	{0 480}	Not reviewed during this survey.	

Minnesota Department of Health

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{0 480}	<p>Continued From page 2</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant</p>	{0 480}		

Minnesota Department of Health

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{0 480}	Continued From page 3  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:	{0 480}	Not reviewed during this survey.	
{0 485} SS=C	144G.41 Subdivision 1.a (a) Minimum requirements; required food services  All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract.  This MN Requirement is not met as evidenced by:	{0 485}	Not reviewed during this survey.	
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	{0 680}	Not reviewed during this survey.	

Minnesota Department of Health

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{0 680}	<p>Continued From page 4</p> <p>(a) The facility must meet the following requirements:</p> <p>(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;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(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.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:</p>	{0 680}		
{0 820} SS=D	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use</p>	{0 820}	Not reviewed during this survey.	

## Minnesota Department of Health

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{0 820}	<p>Continued From page 5</p> <p>does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide resident bedrooms with the minimum window opening meeting the minimum state standard for egress. This had the potential to affect some residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On November 25, 2024, surveyor conducted a revisit to follow-up on orders issued pursuant to a survey completed on September 5, 2024.</p> <p>On November 25, 2024, at 1:05 p.m., per phone conversation, owner/manager (O/M)-A stated bedroom (BR)3's window had not been replaced yet. O/M-A also stated a new window for BR3 had</p>	{0 820}		

## Minnesota Department of Health

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{0 820}	<p>Continued From page 6</p> <p>been delivered and should be installed soon.</p> <p>On November 25, 2024, at 1:35 p.m. surveyor toured the facility with unlicensed personnel (ULP)-G. During the tour, survey staff asked ULP-B to open the windows in the resident BR3 for measurement. The noncompliant measurement was as follows:</p> <p>Unoccupied Sleeping BR3's window measured approximately 32 inches clear width, 17.5 inches clear height, and 560 square inches total open area.</p> <p>The window in BR3 did not meet the minimum requirements for clear height and total openable area.</p> <p>Surveyor explained to ULP-G that at least one window in each bedroom in a state-licensed facility must meet the minimum state fire code standard for an egress window to be a complying bedroom for resident occupancy. ULP-G verbally confirmed the findings.</p> <p>Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no less than 648 square inches total of openable area (4.5 square feet) for the window.</p> <p>No further information was provided.</p>	{0 820}		
{01290} SS=E	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter</p>	{01290}		

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{01290}	<p>Continued From page 7</p> <p>245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by:</p>	{01290}		
{01710} SS=D	<p>144G.71 Subd. 3 Individualized medication monitoring and reas</p> <p>The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</p> <p>This MN Requirement is not met as evidenced by:</p>	{01710}	<p>Not reviewed during this survey.</p>	
{02320} SS=D	<p>144G.91 Subd. 4 (b) Appropriate care and services</p> <p>(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 sufficient numbers to adequately provide the</p>	{02320}	<p>Not reviewed during this survey.</p>	

Minnesota Department of Health

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{02320}	Continued From page 8  services agreed to in the assisted living contract and the service plan.  This MN Requirement is not met as evidenced by:	{02320}	Not reviewed during this survey.	

Electronically Delivered

October 9, 2024

Licensee

Hope Assisted Living LLC  
1942 Washburn Avenue North  
Minneapolis, MN 55411

RE: Project Number(s) SL34708015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 5, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

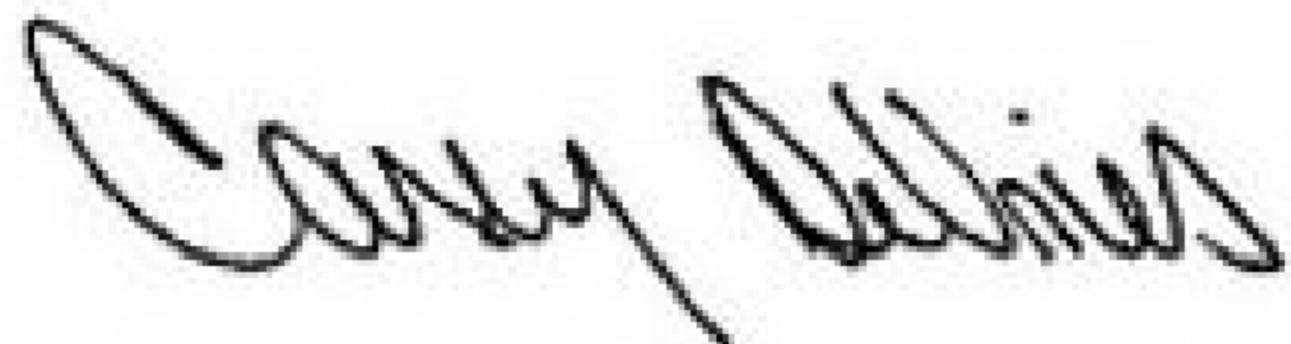
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEpHVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor  
State Evaluation Team  
Email: [Casey.DeVries@state.mn.us](mailto:Casey.DeVries@state.mn.us)  
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

## Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  HOPE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1942 WASHBURN AVENUE NORTH MINNEAPOLIS, MN 55411		
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL34708015-0</p> <p>On September 3, 2024, through September 5, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were two residents; two receiving services under the Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements  (11) develop and implement a staffing plan for	0 470		

Minnesota Department of Health

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

TITLE

(X6) DATE

## Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34708	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  HOPE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1942 WASHBURN AVENUE NORTH MINNEAPOLIS, MN 55411		
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0 470	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <ul style="list-style-type: none"> <li>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</li> <li>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</li> <li>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</li> </ul> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> <li>(i) awake;</li> <li>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</li> <li>(iii) capable of communicating with residents;</li> <li>(iv) capable of providing or summoning the appropriate assistance; and</li> <li>(v) capable of following directions;</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a written staffing plan that included an evaluation completed by the clinical nurse supervisor (CNS) (as indicated in Minnesota Administrative Rule 4659.0180) at least twice a year. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a</p>	0 470		

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0 470	<p>Continued From page 2</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 3, 2024, at 9:45 a.m. during the entrance conference, owner/manager (O/M)-A stated one unlicensed personnel (ULP) worked per shift and the shift schedule was 8:00 a.m. until 5:00 p.m., 5:00 p.m. until 12:00 a.m., and 12:00 a.m. until 8:00 a.m. The CNS was available 24 hours per day, seven days per week.</p> <p>On September 3, 2024, at 10:23 a.m. during a facility tour of the split-level home, the surveyor did not observe a staffing plan posted in the assisted living facility (ALF).</p> <p>On September 3, 2024, at 11:13 a.m., CNS-C stated they were unaware the staffing plan had to be evaluated twice a year. The surveyor observed CNS-C print a document from a laptop computer. CNS-C produced a document titled Copy of Staffing Plan(1). PDF - Google Docs, dated September 3, 2024, 11:16 a.m. At the end of the document was a digital signature of CNS-C's contact name, telephone number, and email address. The document lacked a previous date of evaluation by the CNS.</p> <p>The licensee's undated, 4.06 Staffing and Scheduling policy indicated the clinical nurse supervisor would develop and implement a staffing plan that provides an adequate number of</p>	0 470		

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0 470	<p>Continued From page 3</p> <p>qualified staff to meet the residents needs 24-hours a day, seven days a week.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 4, 2024, for the specific Minnesota Food Code violations. The</p>	0 480		

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0 480	Continued From page 4  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		
0 485 SS=C	144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements  (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service;  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living package fee. This had the potential to affect all residents of the facility.  This practice resulted in a level one violation (a	0 485		

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0 485	<p>Continued From page 5</p> <p>violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On September 4, 2023, at 9:32 a.m., licensed assisted living director (LALD)-D provided the surveyor with a copy of the assisted living contract and stated the same was used for all residents. Page 13 titled Attachment A Fee Schedule - Assisted Living Facility contained the following statement, "This Assisted Living Facility offers all of the following (included in the Month Base Fee): At least three meals daily with snacks available seven (7) days per week."</p> <p>R1's [licensee] Resident Contract for Assisted Living dated August 12, 2024, page 12, section A, titled Fee Schedule - Assisted Living Facility included the following statement, "This Assisted Living Facility offers all of the following (Included in the Month Base Fee): At least three meals daily with snacks available seven (7) days per week."</p> <p>On September 4, 2024, at 10:07 a.m., LALD-D stated it was an error, and the licensee did not include food in the monthly base fee.</p> <p>On September 5, 2024, at 9:08 a.m., owner/manager (O/M)-A stated the food fee was not included in the monthly fee and was unsure why that language was included in the assisted living contract.</p> <p>No further information was provided.</p>	0 485		

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0 485	Continued From page 6  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
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 interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the	0 680		

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0 680	<p>Continued From page 7</p> <p>potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's emergency disaster preparedness plan dated April 15, 2024, lacked evidence of the following required content:</p> <ul style="list-style-type: none"> <li>-subsistence needs for staff and patients;</li> <li>-procedures for tracking staff and patients;</li> <li>-policies and procedures for medical documents;</li> <li>-policies and procedures for volunteers;</li> <li>-roles under a waiver declared by secretary;</li> <li>-written communications plan;</li> <li>-methods for sharing information, and;</li> <li>-emergency preparation training program.</li> </ul> <p>On September 4, 2024, at 10:12 a.m., licensed assisted living director (LALD)-D stated the EP plan was obtained from a consulting company, and the licensee updated it with facility information. LALD-D stated they were unsure why the EP plan was missing content, and it was a mistake for missing the required content.</p> <p>The licensee's undated, 9.02 Disaster Planning and Emergency policy indicated the licensee would have a general emergency preparedness plan that is in alignment with the facility's requirement to comply with Center for Medicare and Medicaid Services (CMS) appendix Z.</p>	0 680		

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0 680	Continued From page 8  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment  (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide resident bedrooms with the minimum window opening meeting the minimum state standard for egress. This had the potential to affect some residents, staff, and visitors.  This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was	0 820		

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0 820	<p>Continued From page 9</p> <p>issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 04, 2024, from approximately 10:35 a.m. to 11:25 a.m., survey staff toured the facility with owner/manager (O/M)-A. During the tour, survey staff asked O/M-A to open the windows in the resident bedrooms for measurement. The noncompliant measurements were as follows:</p> <p><b>OCCUPIED SLEEPING ROOM:</b></p> <p>Bedroom 3: Window measured 32 inches clear width, 17.5 inches clear height and the openable area of 560 sq. inches.</p> <p>The window in bedroom 3 did not meet the minimum requirements for opening Height.</p> <p>The window in bedrooms 3 did not meet the minimum requirements for total openable area.</p> <p>Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no less than 648 square inches total of openable area (4.5 square feet) for the window.</p> <p>Survey staff explained to O/M-A that at least one window in each bedroom in a state-licensed facility must meet the minimum state fire code standard for an egress window to be a complying bedroom for resident occupancy and that an immediate correction order was issued for the above findings.</p>	0 820		

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0 820	Continued From page 10  O/M-A stated they understood the requirements.  TIME PERIOD FOR CORRECTION: Immediate	0 820		
0 950 SS=A	144G.50 Subd. 3 Designation of representative  (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:  "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.  You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."  (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.  This MN Requirement is not met as evidenced	0 950		

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0 950	<p>Continued From page 11</p> <p>by:</p> <p>Based on interview and record review, the licensee failed to offer the resident the opportunity to identify a designated representative in writing with the required statutory language for one of two residents (R2).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 was admitted to the licensee on August 4, 2021, and began receiving assisted living services.</p> <p>R2's Assisted Living Contract lacked the correct verbatim language for designating representative.</p> <p>On September 4, 2024, at 10:14 a.m., licensed assisted living director (LALD)-D stated they were aware designated representative language should be included in the assisted living contract and it was an error for not including it in R2's contract.</p> <p>On September 5, 2024, at 9:11 a.m., owner/manager (O/M)-A stated they did not know why R2's assisted living contract did not contain the required designated representative language and was aware it should be included.</p> <p>The licensee's undated 1.08 Designated Representative policy indicated the following verbatim language must be included in the</p>	0 950		

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0 950	<p>Continued From page 12</p> <p>assisted living contract: " You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney (" attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 950		
0 970 SS=A	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident for one of two residents (R1).</p> <p>This practice resulted in a level one violation (a</p>	0 970		

## Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34708</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOPE ASSISTED LIVING LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1942 WASHBURN AVENUE NORTH MINNEAPOLIS, MN 55411</b>		
(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
0 970	<p>Continued From page 13</p> <p>violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1's [licensee] Resident Contract for Assisted Living dated August 12, 2024, page 10, section 24 included the following statement, "We are not responsible for any damage or injury suffered by you, your property, your guests or their property that was not caused by us."</p> <p>On September 4, 2024, at 10:17 a.m., licensed assisted living director (LALD)-D stated the licensee was not allowed to include a liability clause in the assisted living contract and was not aware that was included in R1's contract. LALD-D stated it was an oversight.</p> <p>On September 5, 2024, at 9:12 a.m., owner/manager (O/M)-A stated the liability clause should not had been included in R1's assisted living contract and was just an error for including that statement.</p> <p>No other information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
01290 SS=E	144G.60 Subdivision 1 Background studies required  (a) Employees, contractors, and regularly	01290		

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01290	<p>Continued From page 14</p> <p>scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for two of three employees (unlicensed personnel (ULP)-B, ULP-E)</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-B ULP-B was hired on February 17, 2020, to provide direct care services.</p>	01290		

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01290	<p>Continued From page 15</p> <p>On September 3, 2024, at 1:52 p.m., the surveyor observed ULP-B interacting with R1.</p> <p>ULP-B's employee file contained a NETStudy 2.0 background check affiliated with health facility identification number (HFID) 34559. ULP-B's employee file lacked a background check affiliated with HFID 34708 (this licensee's HFID).</p> <p><b>ULP-E</b> ULP-E was hired on February 2, 2020, to provide direct care services.</p> <p>On September 4, 2024, at 5:43 a.m., the surveyor observed ULP-E administer medications to R1.</p> <p>ULP-E's employee file contained a NETStudy 2.0 background check affiliated with HFID 34559. ULP-E's employee file lacked a background check affiliated with HFID 34708.</p> <p>On September 4, 2024, at 10:07 a.m., licensed assisted living director (LALD)-D stated each employee file should contain a background check and each background check should be affiliated with HFID 34708.</p> <p>On September 5, 2024, at 9:09 a.m., owner/manager (O/M)-A stated every employee file should have a background check affiliated with the assisted living facility (ALF) where they worked, and the licensee had two facilities with the same licensee name but with two different HFID numbers.</p> <p>The licensee's undated, 4.02 Background Studies policy indicated the licensee would perform a background study on all employees and volunteers.</p>	01290		

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01290	<p>Continued From page 16</p> <p>No other information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01710 SS=D	<p>144G.71 Subd. 3 Individualized medication monitoring and reas</p> <p>The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed annual medication reassessments for one of three residents (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include: R1 was admitted to the facility on August 3, 2021, and began receiving assisted living services.</p>	01710		

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01710	<p>Continued From page 17</p> <p>R1's diagnoses included hypothyroidism (underactive thyroid gland), development disability (broad term to describe range of conditions that affect the physical and/or mental functioning), and aortic valve replaced (heart valve).</p> <p>R1's Daily Service Plan Home Care Clients dated August 16, 2021, indicated R1 received medication administration.</p> <p>R1's medication administration record indicated they received the following medications; Vitamin D3 5000 units (u) 1 tablet daily, loratadine 10 milligram (mg) 1 tablet by mouth daily, albuterol 0.083 percent (%) inhale 1 vial nebulizer (machine that creates a breathable mist to inhale the medication) three times a day, Dulera 200-5 micrograms (mcg) inhale 2 puffs into the lungs twice daily, Vitron-C take 1 tablet once daily, warfarin 2.5 mg take 2 to 4 tablets by mouth daily or as instructed by prescriber orders, and levothyroxine 100 mcg 1 tablet once daily.</p> <p>On September 4, 2024, at 5:43 a.m., the surveyor observed R1 receiving medications from unlicensed personnel (ULP)-E.</p> <p>R1's record included a Medication Management Service - Addendum to Service Plan dated August 26, 2022. The Medication Management Service for R1 was required to be updated annually. R1's record lacked an updated medication management plan.</p> <p>On August 4, 2024, at 7:57 a.m., clinical nurse supervisor (CNS)-C stated they completed the medication assessment when residents moved into the assisted living facility and were unaware the management plan had to be updated</p>	01710		

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01710	<p>Continued From page 18 annually.</p> <p>The licensee's undated, 6.02 Assessment Schedules indicated the medication management assessment was to be reassessed at least every 12 months.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01710		
02320 SS=D	<p>144G.91 Subd. 4 (b) Appropriate care and services</p> <p>(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 sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-F) followed appropriate medication administration procedures.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are or one or a limited number of staff are involved or the</p>	02320		

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02320	<p>Continued From page 19</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to the facility on August 3, 2021, and began receiving assisted living services.</p> <p>R1's diagnoses included hypothyroidism (underactive thyroid gland), developmental disability (broad term to describe range of conditions that affect the physical and/or mental functioning), and aortic valve replaced (heart valve).</p> <p>R1's Daily Service Plan Home Care Clients dated August 16, 2021, indicated R1 received medication administration.</p> <p>R1's medication administration record (MAR) indicated they received the following medications: Vitamin D3 5000 units (u) 1 tablet daily, loratadine 10 milligram (mg) 1 tablet by mouth daily, albuterol 0.083 percent (%) inhale 1 vial nebulizer (machine that creates a breathable mist to inhale the medication) three times a day, Dulera 200-5 micrograms (mcg) inhale 2 puffs into the lungs twice daily, Vitron-C take 1 tablet once daily, warfarin 2.5 mg take 2 to 4 tablets by mouth daily or as instructed by prescriber orders, and levothyroxine 100 mcg 1 tablet once daily.</p> <p>On September 4, 2024, at 5:43 a.m., the surveyor observed ULP-F unlock the medication cupboard, remove a white binder that contained R1's MAR, one bubble section that contained two oral pills from a package, and an inhaler (a device that is used to allow inhalation of medicines). ULP-F walked to the common area with the medications and white binder where R1 was sat on the sofa. Without looking at the MAR, ULP-F handed R1</p>	02320		

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02320	<p>Continued From page 20</p> <p>the inhaler. R1 used the inhaler and handed it back to ULP-F. ULP-F opened the bubble section and placed the two medications into R1's hand. R1 placed the medications into their mouth and drank water. ULP-F returned to the medication cabinet, placed the inhaler back into the cupboard and locked it. ULP-F did not verify the medications prior to administration to R1.</p> <p>On September 4, 2024, at 5:47 a.m., ULP-F stated the registered nurse (RN) trained them to administer medications. ULP-F stated they were trained to look at the MAR to verify medications prior to administration, "I just went off memory."</p> <p>On September 4, 2024, at 5:49 a.m., the surveyor observed ULP-F open the white binder and document R1's administered medications.</p> <p>On September 4, 2024, at 7:59 a.m., clinical nurse supervisor (CNS)-C stated staff were trained to look at the MAR prior to medication administration to verify the medications. CNS-C stated they were unsure why medication verification did not occur for R1.</p> <p>On September 4, 2024, at 10:19 a.m., licensed assisted living director (LALD)-D stated staff were trained to verify medications prior to administration.</p> <p>The licensee's undated, Medication Administration by Unlicensed Personnel policy indicated staff will use the five rights of medication prior to medication administration which were: right client, right medication, right time, right route, and right dose.</p> <p>No further information was provided.</p>	02320		

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02320	Continued From page 21  TIME PERIOD FOR CORRECTION: Seven (7) days	02320		



Type: Full  
Date: 09/04/24  
Time: 14:07:19  
Report: 8041241177  
Hope Assisted Living LLC

# Food and Beverage Establishment Inspection Report

Page 2

found to be in good condition.

There is a two basin sink in the kitchen with one basin designated for handwashing.

Establishment has a Whirlpool dishwasher that has a sani rinse/high temp cycle and achieved a temp at least 160F for sanitizing dishes.

Discussed the following:

- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Food storage and preventing cross contamination
- Date marking
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

I acknowledge receipt of the Minnesota Department of Health inspection report number 8041241177 of 09/04/24.

Certified Food Protection Manager Hodo Faysal Osman

Certification Number: fm122155 Expires: 03/29/27

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Saed Dalmar  
Owner

Signed: \_\_\_\_\_

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