Electronically Delivered

April 22, 2025

Licensee
Global Pointe Senior Living
5200 Wayzata Boulevard
Golden Valley, MN 55416

RE: Project Number(s) SL35621016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 13, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

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

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35621	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLOBAL POINTE SENIOR LIVING	5200 WAYZATA BOULEVARD GOLDEN VALLEY, MN 55416

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0 000	Initial Comments 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: SL35621016-0 On March 10, 2025, through March 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 101 residents; 65 receiving services under the Assisted Living Facility with Dementia Care 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.	
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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0 510	Continued From page 1 maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control related to handwashing, glove use, and proper technique for disposal of used needles for two of two unlicensed personnel ((ULP)-A, ULP-B). The deficient practice had the potential to affect residents, employees, and visitors. 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). The findings include: ULP-A's Care Skills Competency dated September 16, 2023, indicated ULP-A was competent in hand hygiene, personal protective	0 510		

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0 510	Continued From page 2 equipment, and sharps safety. ULP-B's Care Skills Competency dated February 11, 2023, indicated ULP-B was competent in hand hygiene, personal protective equipment, and sharps safety. HAND HYGIENE AND GLOVE USE On March 11, 2025, at 8:20 a.m., the surveyor observed ULP-A leave the medication cart to attend to another resident who was yelling in their room. ULP-A assisted that resident by changing the thermoset inside their room. ULP-A did not perform hand hygiene before leaving the resident room or upon returning to the medication cart to prepare medications for another resident. On March 11, 2025, at 9:19 a.m., the surveyor observed ULP-A apply gloves in the dining room without performing hand hygiene prior to performing a blood glucose via fingerstick and administer insulin to R4. On March 11, 2025, at 12:08 p.m., the surveyor observed ULP-B apply gloves without performing hand hygiene prior to performing insulin administration to R5. RECAPPING NEEDLES On March 11, 2025, at 9:19 a.m., the surveyor observed ULP-A administer insulin to R4. After ULP-A administered the insulin, the surveyor observed ULP-A recapping the insulin pen needle with their gloved hand. ULP-A then proceeded to remove their gloves and carried the insulin pen with the recapped needle from the dining room area to the medication cart in the living room area where they removed the capped needle from the pen and discarded it in the sharp container.	0 510		

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0 510	Continued From page 3 On March 11, 2025, at 9:20 a.m., the surveyor asked ULP-A if they had training on sharps and using the one-hand method to recap needles. ULP-A stated they had done the one-hand method before but had not been trained. On March 11, 2025, at 1:54 p.m., clinical nurse supervisor (CNS)-D stated the staff should not be using their hands to recap needles and should be using the one hand method. CNS-D stated hand washing should be done between residents, rooms, and treatments. CNS-D stated the ULPs should wear gloves during medication passes for eye drops, patches, injections, vaginal/rectal medications and anytime they have the potential or they are in contact with bodily fluids. The licensee's Hand Hygiene policy dated July 23, 2021, indicated hand washing shall be performed before and after direct contact with a resident; if moving from a contaminated body site to a clean body site during client care; after contact with environmental surfaces or equipment in the immediate vicinity of the resident; and after removing gloves and gowns. The policy also stated gloves do no replace hand washing. The licensee's Procedure for Using Gloves policy dated July 23, 2021, indicated gloves were to be worn whenever there may be direct contact between the caregiver's hands and blood, body fluids, secretions, feces, or a contaminated item, such as soiled linens or wound dressing. The policy indicated to wash hands before and after the use of gloves. The Licensee's Disposal of Contaminated Material and Equipment policy dated July 23, 2021, indicated any disposable equipment that is sharp must be disposed of in the client's sharps	0 510		

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0 510	Continued From page 4 container. The policy did not indicate a procedure for recapping of needles when necessary. The Centers for Disease Control and Prevention (CDC) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infections Agents in Healthcare Settings updated September 2024, on page 129, table 4, indicated recommendations for application of standard precautions for the care of all patients in all healthcare settings included the following: - Hand hygiene recommendations after touching blood, body fluids, secretions, excretions, contaminated items, immediately after removing gloves, and between patient contacts; - Personal protective equipment (PPE) gloves recommendations for touching blood, body fluids, secretions, excretions, contaminated items, for touching mucous membranes, and nonintact skin; and -Needles and other sharps recommendations to not recap, bend, break, or hand-manipulate used needles; if recapping would be required, use a one-handed scoop technique only; place used sharps in puncture-resistant container. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure,	0 650		

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0 650	Continued From page 5 registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure personnel records included all the required content for one of two unlicensed personnel ((ULP)-B). 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). The findings include: ULP-B was hired on February 1, 2022.	0 650		

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0 650	Continued From page 6 ULP-B's Demonstrative Skill Assessment for Insulin Pens dated April 22, 2022, lacked a name and title of the instructor and the instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation. ULP-B's Educare Demo Skill Assessment for Glucose Testing dated April 22, 2022, lacked a name and title of the instructor and the instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation. On March 11, 2025, at 11:35 a.m., ULP-A stated they went to offsite for general training and medication training and afterwards they were watched by the nurse while they completed medication passes onsite. On March 12, 2025, at 3:01 p.m., clinical nurse supervisor (CNS)-F stated ULP-A reported doing the training and had been practicing the procedures. The nurse who did her training at the time just did not sign the competencies. The licensee's Personnel Records policy dated January 26, 2023, indicated each personnel record for each person would include a record of all required training for ULPs and competency determinations. The policy did not indicate the requirements of a competency evaluation. Minnesota Administrative Rule 4659.0190,	0 650		

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0 650	Continued From page 7 subpart 6 dated August 11, 2021, indicated a facility must maintain a record for each training and competency evaluation that included the following: -facility name, location, and license number; -name of the training topic or training program, and the training methodology, such as classroom style, web-based training, video, or one-to-one training; -date of the training and competency evaluation, and the total amount of time of the training and competency evaluation; -name and title of the instructor and the instructor's signature, and the name and title of the competency evaluator, if different from the instructor, and the evaluator's signature with a statement attesting that the employee successfully completed the training and competency evaluation; and -name and title of the staff person completing the training, and the staff person's signature with a statement attesting that the staff person successfully completed the training as described in the training documentation. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the	01060		

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01060	Continued From page 8 facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the	01060		

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01060	Continued From page 9 required content for an emergency relocation to the resident, legal representative, or designated representative for one of one resident (R4). 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). The findings include: R4 was admitted on May 3, 2023, with a diagnosis of diabetes. R4's service plan dated March 11, 2025, indicated R4 received assistance with medication administration. R4's progress notes dated January 11, 2025, at 11:07 a.m., indicated R4 was medically stable and could return to the facility. R4's progress notes dated January 11, 2025, at 3:11 p.m., indicated R4 had returned to the facility from a hospital stay. R4's progress notes dated February 8, 2025, at 12:21 p.m., indicated R4 had complained of upset stomach with pain and vomiting. The resident had requested to go to emergency room, the nurse instructed the staff to have emergency medical technician come out to evaluate the resident and to update triage if the resident returned to the facility. R4's progress notes dated March 8, 2025, at	01060		

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01060	Continued From page 10 12:22 p.m., indicated the nurse instructed staff to call 911 and have R4 transported to emergency room due to lethargy, weakness, and stomach pain. R4's record lacked documentation that R4 or R4's designated representative received a written emergency relocation notice with all required content for each emergency relocation. On March 13, 2025, at 11:05 a.m., clinical nurse supervisor (CNS)-F confirmed R4 had gone to the emergency room on March 8, 2025, and February 8, 2025, but was not admitted; and R4 was admitted January 9, 2025, through January 11, 2025. CNS-F stated the licensee's practice was to send out an emergency relocation notice for those only admitted. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not	01760		

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01760	Continued From page 11 administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed for one of six residents (R4). 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). The findings include: On March 11, 2025, at 9:19 a.m., the surveyor observed unlicensed personnel (ULP)-A assist R4 with insulin administration. ULP-A dialed the insulin pen to 10 units and did not perform a safety test (prime) on the insulin pen prior to giving to R4 to administer the insulin. R4 was admitted on May 3, 2023, with a diagnosis of diabetes. R4's service plan dated March 11, 2025, indicated R4 received insulin administration daily with an effective date of July 19, 2024. R4's orders dated February 10, 2025, indicated R4 was to have Lantus 8 units every am. R4's Medication Sheet (medication administration	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35621	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLOBAL POINTE SENIOR LIVING	5200 WAYZATA BOULEVARD GOLDEN VALLEY, MN 55416

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01760	Continued From page 12 record (MAR)) dated March 1, 2025, to March 11, 2025, indicated R4's Lantus instructions included to inject 8 units subcutaneously daily in the morning. The MAR did not include instructions for performing a safety test prior to the administration of the medication. On March 11, 2025, at 9:20 a.m., the surveyor asked ULP-A about the insulin dose that was to be administered. ULP-A stated they play around with her insulin so much. On March 11, 2025, at 1:57 p.m., clinical nurse supervisor (CNS)-D stated the correct insulin dose is what is on the MAR and ULP-A's techniques was not correct. CNS-D stated they educated the staff to prime insulin pens prior to dialing the correct dose so this technically was not an incorrect dose the resident received. On March 13, 2025, at 11:32 a.m., during a conference call with licensed assisted living director (LALD)-C, CNS-D, and CNS-F; the surveyor asked if the licensee had supporting evidence for priming insulin into a resident. CNS-F stated they had pulled ULP-A off the floor, provided education, and completed a supervision with ULP-A. CNS-F stated the resident had gotten the correct dose. The surveyor asked how they could verify the resident got the correct dose when the insulin was primed into the resident and if they could confirm the exact dose or if the needle had been working properly. CNS-F stated that was a good question. The licensee's Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy dated July 28, 2021, indicated medications always needed to be administered according to the right person, right medication, right time, right	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35621	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01760	Continued From page 13 route, right dose, and right chart/record. The manufacturer's instructions for Lantus Solostar pen revised November 2023, indicated to always do a safety test before each injection to check the pen and the needle to make sure they are working properly; and to make sure the correct Lantus dose is administered. The instructions for performing a safety test included the following: - select two units and press the injection button all the way in and when the insulin comes out of the needle tip, the pen was working correctly; - if no insulin appeared, instructions were to repeat the above step up to three times. If no insulin came out after three times, then the needle may be blocked and needed to be changed; and - if the pen continued to have no insulin come out after the needle was changed, then the pen was to be discarded to use a new pen. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35621	A. BUILDING: _____ B. WING _____	03/13/2025

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01880	Continued From page 14 medications were securely locked in substantially constructed compartments and permitted only authorized personnel to have access. The deficient practice had the potential to affect all residents. 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). The findings include: On March 11, 2025, at 8:10 a.m., during a continuous medication observation, the surveyor observed four resident medication passes in the secured dementia unit. For each medication pass, unlicensed personnel (ULP)-A prepared the resident's medication to be administered at the medication cart and then walked away from the medication cart leaving it unlocked while they found the resident in the dining room area to administer the prepared medication. The medication cart was in a common living room area and was not within eyesight of the dining room area. On March 11, 2025, at 8:27 a.m., the surveyor asked ULP-A about locking the cart when passing medications. ULP-A stated half the time the residents are all at the dining room. On March 11, 2025, at 8:40 a.m., licensed assisted living director (LALD)-C stated the cart should be locked when not in use and clinical nurse supervisor (CNS)-D stated anytime staff	01880		

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01880	Continued From page 15 are not next to the medication cart or not in sight of it, the cart needs to be locked. The licensee's Storage of Medications policy dated December 29, 2022, indicated a registered nurse would assess the residents need for medication management and appropriate secured storage related to the resident's functional and cognitive status. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *03/10/25*
Time: 14:47:52
Report: 1039251090

Food and Beverage Establishment Inspection Report

Location:
Global Pointe Senior Living
5200 Wayzata Boulevard
Golden Valley, MN55416
Hennepin County, 27

Establishment Info:
ID #: 0039126
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7632858729
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	0

Establishment food service from 3rd-party provider Unidine.

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 1039251090 of 03/10/25.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
Kayla Young
person-in-charge

Signed:_____
Aron Goodner
Public Health Sanitarian I
Freeman Building
aron.goodner@state.mn.us