



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

Electronically Delivered

December 3, 2025

Licensee

Amira Choice of Bloomington LLC  
5501 American Boulevard West  
Bloomington, MN 55437

RE: Project Number(s) SL36899016

Dear Licensee:

On November 24, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on October 1, 2025. 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 that reads 'Casey DeVries'.

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

HHH



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

Electronically Delivered

October 31, 2025

Licensee

Amira Choice of Bloomington LLC  
5501 American Boulevard West  
Bloomington, MN 55437

RE: Project Number(s) SL36899016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 1, 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.

#### **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;

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 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**

**St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$1,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,500.00**. 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>**

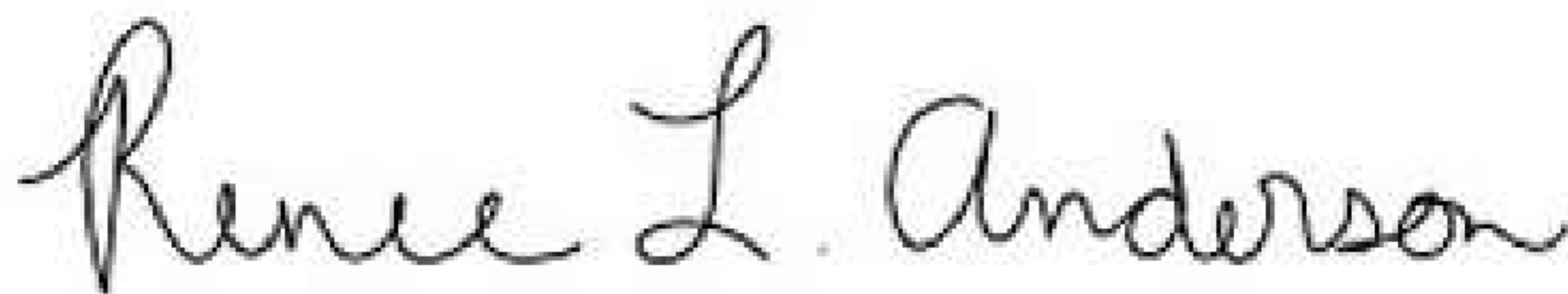
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms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

A handwritten signature in black ink that reads "Renee L. Anderson". The signature is written in a cursive, flowing style.

Renee L. Anderson, Supervisor

State Evaluation Team

Email: [Renee.L.Anderson@state.mn.us](mailto:Renee.L.Anderson@state.mn.us)

Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  36899	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  10/01/2025
NAME OF PROVIDER OR SUPPLIER  AMIRA CHOICE OF BLOOMINGTON LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5501 AMERICAN BOULEVARD WEST BLOOMINGTON, MN 55437		
(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(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>SL36899016-0</p> <p>On September 29, 2025, through October 1, 2025, 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 128 residents; 70 receiving services under the Assisted Living Facility with Dementia Care license.</p> <p>On October 1, 2025, an immediate correction order was issued for tag identification 2310.</p> <p>On October 1, 2025, the immediate correction order for tag identification 2310 was amended to correct identifiers. The amended order was sent electronically to the licensee.</p> <p>During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and</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>		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 000	Continued From page 1  level remain unchanged.	0 000			
0 775 SS=F	<b>144G.45 Subd. 2. (a) Fire protection and physical environment</b>  Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, 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, 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 the potential to affect a large portion or all of the residents).  The findings include:  During facility tour on September 30, 2025, from 12:56 p.m. through 2:38 p.m., with licensed assisted living director (LALD)-A and director of maintenance (DM)-G, the surveyor observed fire rated doors that were not maintained to automatically close and latch as designed in the following locations.  Fourth floor trash room door did not latch.  Third and fourth floor laundry rooms and second	0 775			

Minnesota Department of Health

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0 775	Continued From page 2  floor community room had fire rated doors held open with wedges.  First and second floor trash chute doors did not latch.  The trash chute in the basement was held open with a bungee cord. The fusible link and chain were missing from the door.  State Fire Code in Minnesota Rules, chapter 7511 requires fire rated doors be maintained to automatically close and latch as designed.  LALD-A and DM-G verified the above findings while accompanying on the tour and stated they understood the requirements.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 775			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring  (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods	01620			

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01620	<p>Continued From page 3</p> <p>based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment, utilizing a uniform assessment</p>	01620			

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01620	<p>Continued From page 4</p> <p>tool, no more than 14 days after start of services for one of four residents (R5), and not more than 90 days from the previous assessment for one of four residents (R3).</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 September 29, 2025, at 10:15 a.m., during the entrance conference, clinical nurse supervisor (CNS)-B stated the licensee completed nursing assessments upon admission, within 14 days of admission, every 90 days, and with a change in condition.</p> <p><b>14 DAY ASSESSMENT</b> R5 was admitted on September 26, 2022, and received services including assistance with housekeeping, laundry, meals, dressing, grooming, bathing, safety checks, and medication administration.</p> <p>R5's medical record included a Uniform Assessment Tool nursing assessment, dated September 21, 2022, and a subsequent nursing assessment dated October 11, 2022, greater than 14 days after start of services.</p> <p><b>90 DAY ASSESSMENT</b> R3 was admitted on August 5, 2021, and received services including assistance with housekeeping,</p>	01620			

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01620	<p>Continued From page 5</p> <p>laundry, meals, dressing, grooming, bathing, toileting, escorts, and medication administration.</p> <p>R3's medical record included a Uniform Assessment Tool nursing assessment, dated April 7, 2025, and a subsequent assessment dated July 10, 2025, greater than 90 days after the previous assessment.</p> <p>On October 1, 2025, at 11:14 a.m., regional clinical operations (RCO)-F stated it appeared R5's 14-day and R3's 90-day assessments were completed late. RCO-F did not state a reason for the late assessments.</p> <p>The licensee's Initial and On-going Nursing Assessment of Residents Under the Comprehensive Licensed Agency revised October 27, 2021, indicated, "1. The RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. Pre-Admission Assessment in person. b. 14-day assessment: completed up to 14-days after start of services and will be conducted in person c. Ongoing assessment: completed periodically but no less than every 90-days d. Change in resident condition."</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620			
02310 SS=G	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted</p>	02310			

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02310	<p>Continued From page 6</p> <p>living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of three residents (R4) who utilized hospital style side bed rails and one of one resident (R3) who utilized consumer-style grab bars.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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>HOSPITAL STYLE BED RAILS R4 was admitted on January 27, 2023, and had diagnoses which included Alzheimer's disease.</p> <p>On September 29, 2025, at 11:42 a.m., the surveyor observed R4's bedroom with licensed practical nurse (LPN)-C. R4's bedroom included one hospital-style bed with bilateral (both sides) upper bed rails. Both bed rails were in the upright position.</p> <p>R4's nursing assessment dated July 16, 2025, indicated on page four, assistive equipment used by R4 was a four wheeled walker.</p>	02310	During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.		

Minnesota Department of Health

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02310	<p>Continued From page 7</p> <p>R4's medical records lacked: -assessment for appropriateness and safe use of bed rails; -documentation of education and discussion with resident or their representative of risks and benefits of bed rails; and -documentation of measurements of Food and Drug Administration (FDA)-identified zones of entrapment.</p> <p>CONSUMER-STYLE PORTABLE BED RAILS R3 was admitted on August 5, 2021, and had diagnoses which included a urinary tract infection.</p> <p>On September 30, 2025, from 7:11 a.m. to 7:45 a.m., the surveyor observed R3's bedroom with unlicensed personnel (ULP)-I and ULP-J. R3's bed included bilateral "Halo" bed rails in the upright position. R3 was seated on the side of the bed. ULP-I and ULP-J assisted R3 from the bed to the bathroom to provide personal cares.</p> <p>R3's nursing assessment dated July 10, 2025, indicated on page four, assistive equipment used by R3 were a two wheeled walker and shower chair.</p> <p>R3's medical record lacked: -assessment for appropriateness and safe use of bed rails; -documentation of education and discussion with resident or their representative of risks and benefits of bed rails; and -evidence the licensee ensured the bed rails were not recalled by the Consumer Product Safety Committee (CPSC).</p> <p>On September 30, 2025, at 5:06 p.m., regional clinical operations (RCO)-F stated, via email,</p>	02310			

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02310	<p>Continued From page 8</p> <p>"Regarding [R4] side rail, I completed a follow up visit as staff denies resident uses bed. This is the note I placed in her chart, Follow-up with residents side rails noted in her apartment. Writer inquired with resident if she uses her side rails, resident stated "I don't have side rails". Writer explained that it was noted that she has side rails present on her bed. Resident replied, "I don't sleep in that bed, I never have." Writer inquired where resident sleeps and she indicated in her recliner as it is more comfortable for her back. Writer asked for permission to enter bedroom to check for side rails, resident agreeable. Writer noted a large amount of clothing piled on the residents bed with no sheets present. Writer asked resident if the side rails can be removed from the bed if she has never used them, resident was reluctant to have them removed stating "They are part of the bed and should stay on them." Writer explained that they will be kept with bed and stored safely. Resident agreed to having them removed. Side rails removed and placed under the bed."</p> <p>On October 1, 2025, at 8:30 a.m., vice president (VP)-K and RCO-F stated R3 was placed on hospice care in mid-July, and this was when R3 began using the consumer style grab bars provided by hospice. VP-K and RCO-F verbalized R3's assessment was completed prior to her admission to hospice care so the side rail assessment after the bed was delivered was missed by the nurse. In addition, RCO-F stated they are not clear whether R4 sleeps in her bed or not, as R4 has some memory loss concerns.</p> <p>On October 1, 2025, at 9:20 a.m., RCO-F and VP-K stated R3's consumer grab bars were not assessed prior to the survey being initiated this week.</p>	02310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36899</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/01/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMIRA CHOICE OF BLOOMINGTON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5501 AMERICAN BOULEVARD WEST BLOOMINGTON, MN 55437</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
02310	<p>Continued From page 9</p> <p>The licensee's undated Assessing the Safety of Side Rails policy dated July 1, 2021, indicated, "1. When the RN [registered nurse] is notified that a resident has a side rail, the RN will assess and evaluate what the resident's needs are and assess to determine if the resident can safely utilize the side rail/equipment and determine whether the side rail/equipment meets the FDA standards and/or installed per manufacturer guidelines. 2. The RN will educate the resident, the resident's representative and/or the resident's family regarding side rail safety and risks including potential death due to falls, injuries, entrapment, and/or asphyxiation. 3. If the RN determines that the side rails are not a safe device for the resident, or that the resident's side rail does not meet the FDA or most current safety guidelines, the RN will recommend that the side rail should be removed or replaced with an alternative device. If the RN determines that the side rails are not a safe device for the resident, the RN will provide options to residents and/or designated representative. The RN will document these recommended options and the response from the resident and/or resident's designated representative the RN's recommendations. 4. Continued use of physical devices will be assessed at least every 90 days or with significant change to determine if the device is still needed to enhance the resident's safety and/or bed mobility. 5. Side rails are monitored for recall via the recall website and/or by signing up for email subscription alerts."</p> <p>The Food and Drug Administration (FDA)'s, A Guide to Bed Safety, dated March 10, 2006, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status,</p>	02310			

Minnesota Department of Health

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02310	<p>Continued From page 10</p> <p>closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p> <p>The Minnesota Department of Health (MDH) website, Assisted Living Resources &amp; Frequently Asked Questions (FAQs), last updated December 12, 2024, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"><li>- Purpose and intention of the bed rail;</li><li>- Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li><li>- The resident's bed rail use/need assessment;</li><li>- Risk vs. benefits discussion (individualized to each resident's risks);</li><li>- The resident's preferences;</li><li>- Installation and use according to manufacturer's guidelines;</li><li>- Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and</li></ul>	02310			

Minnesota Department of Health

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02310	<p>Continued From page 11</p> <p>- Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements."</p> <p>In addition, included, ""If a licensee is unable to locate manufacturer's guidelines, they are unable to assess and determine if the portable bed rail is being used appropriately and installed properly."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p>	02310			



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

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<b>Establishment Info</b> AMIRA CHOICE BLOOMINGTON 5501 AMERICAN BOULEVARD WEST Bloomington, MN 55437 Hennepin County Parcel:  Phone:	<b>License Info</b> License: HFID 36899  Risk: License: Expires on: CFPM: CFPM #: ; Exp:	<b>Inspection Info</b> Report Number: F7963251053 Inspection Type: Full - Single Date: 9/30/2025 Time: 12:27:52 PM Duration: minutes Announced Inspection: <b>Total Priority 1 Orders: 0</b> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 0</u> <u>Delivery: Emailed</u>
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No orders were issued for this inspection report.

Food & Beverage General Comment

THIS IS AN ASSISTED LIVING FACILITY WHERE THE FOODSERVICE IS RUN BY UNIDINE WHICH IS A THIRD PARTY FOODSERVICE VENDOR. THE ASSISTED LIVING FOODSERVICE AND ATTACHED INDEPENDENT LIVING FACILITY (WHICH HAS A SWIMMING POOL) IS LICENSED THROUGH THE CITY OF BLOOMINGTON.

**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 F7963251053 from 9/30/2025

Alees Gleason  
Director

Peggy Spadafore,  
Public Health Sanitarian Supervisor  
651-201-3979  
peggy.spadafore@state.mn.us