



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

Electronically Delivered

October 29, 2025

Licensee  
Iris Park Commons  
1850 University Avenue West  
Saint Paul, MN 55104

RE: Project Number(s) SL23247016

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.

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;

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

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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,



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

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IRIS PARK COMMONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1850 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55104</b>
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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>SL23247016-0</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 60 residents; 60 receiving services under the Assisted Living Facility with Dementia Care 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>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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0 480	<p>Continued From page 1</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> <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,</p>	0 480		
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0 480	<p>Continued From page 2</p> <p>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 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</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</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 30, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p>	0 480		
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0 480	Continued From page 3	0 480		
0 510 SS=F	<p><b>144G.41 Subd. 3 Infection control program</b></p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>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 complied with accepted health care, medical and nursing standards for infection control. The deficient practice had the potential to affect residents, employees, 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>The findings include:</p> <p>On September 30, 2025, at 10:15 a.m., the surveyor observed unlicensed personnel (ULP)-G assisting R5 with personal cares. ULP-G entered R5's room, completed hand hygiene (HH) and applied gloves. ULP-G assisted R5 with incontinence care, removed gloves and then, without completing HH, applied new gloves. ULP-G continued to assist R5 with dressing and transferring to the wheelchair. ULP-G left R5's room, removed gloves and then completed HH.</p> <p>On September 30, 2025, at 10:50 a.m., when asked when they would complete HH during care, ULP-G stated they performed HH after completing cares.</p> <p>On September 30, 2025, at 11:10 a.m., clinical nurse supervisor (CNS)-B stated handwashing should occur when removing gloves and after every resident contact.</p> <p>The licensee's Infection Control policy dated March 25, 2025, indicated the hand washing would be completed, "when conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning gloves and after removing gloves."</p> <p>The Centers for Disease Control and Prevention (CDC) guidance, CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, revised November 29, 2022, indicated standard precautions were to be used to care for all patients (residents) in all settings, including HH,</p>	0 510		
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0 510	<p>Continued From page 5</p> <p>and noted, "Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:</p> <ul style="list-style-type: none"> <li>a. Immediately before touching a patient.</li> <li>b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices.</li> <li>c. Before moving from work on a soiled body site to a clean body site on the same patient.</li> <li>d. After touching a patient or the patient's immediate environment.</li> <li>e. After contact with blood, body fluids or contaminated surfaces</li> <li>f. Immediately after glove removal." <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> </li></ul>	0 510		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents.</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</p>	0 775		

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0 775	<p>Continued From page 6</p> <p>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).</p> <p>The findings include:</p> <p>On September 29, 2025, the surveyor toured the facility with maintenance manager (MM)-C. The following was observed.</p> <p><b>FIRE DOOR OPERATION:</b> There were multiple fire doors in the following locations that would not close and latch automatically: second and third floor laundry rooms, and the double doors on third floor outside of Katy's Cottage. There was a missing fire rated door on the first-floor laundry room. MM-C stated that they were in the process of replacing the door.</p> <p>Swinging fire doors shall close from the full-open position and latch automatically.</p> <p><b>DELAYED EGRESS DOORS:</b> When interviewed about the delayed egress locking system in the memory care unit MM-C stated that they were not aware of a button or switch in an approved location that would release the magnetic locks on the exit doors. A switch or button was not able to be located during the tour.</p> <p>The delayed egress control locking system shall have the capability of being unlocked by a signal or switch from the fire command center, or other approved location. The signal or switch shall directly break power to the lock.</p>	0 775		
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0 775	Continued From page 7  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 775		
0 780 SS=C	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned</p>	0 780		

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0 780	<p>Continued From page 8</p> <p>and were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</p> <p>This practice resulted in a level one violation (a violation that will cause only 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 29, 2025, the surveyor toured the facility with maintenance manager (MM)-C. Survey staff asked MM-C to initiate a test of the smoke alarms throughout the facility.</p> <p>Upon testing, it was found that the smoke alarms in resident room 304 were not interconnected.</p> <p>All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit.</p> <p>Resident rooms 309, 312, 201, and 111 did not have smoke alarms inside of the bedrooms.</p> <p>MM-C stated that the building was built without smoke alarms in the bedrooms.</p> <p>Smoke alarms shall be provided in each room used for sleeping purposes.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 780		
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01640 SS=D	<p><b>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</b></p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written 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 revisions to the service plan included a signature or other authentication by the facility and by the resident documenting agreement on the current services provided for one of four residents (R5).</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</p>	01640		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IRIS PARK COMMONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1850 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55104</b>
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(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
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01640	<p>Continued From page 10</p> <p>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>R5 was admitted February 20, 2024, and had diagnoses including dementia (a memory loss disorder).</p> <p>On September 30, 2025, at 10:15 a.m., the surveyor observed unlicensed personnel (ULP)-G assisting R5 with personal cares.</p> <p>R5's service plan, signed February 14, 2024, indicated R5 received services including assistance with "EZ stand" transfers twice a day, toileting assistance four times a day.</p> <p>R5's current service plan, printed October 1, 2025, indicated R5 received the following additional services: -assistance with medication administration three times a day, -Hoyer transfers six times a day, -personal cares five times a day, -toileting assistance eight times a day, -bathing assistance one time a week, -positioning every 2 hours, -feeding assistance three times a day, and -safety checks thirteen times a day. R5's service plan lacked a signature documenting agreement on the current services identified.</p> <p>On October 1, 2025, at 11:35 a.m., the license assisted living director (LALD)-A stated they did</p>	01640		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23247</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IRIS PARK COMMONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1850 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55104</b>
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(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
01640	<p>Continued From page 11</p> <p>not have an updated and signed service plan with the increased cares and medication administration. LALD-A further stated that that was an oversight.</p> <p>The licensee's Service Plan policy dated March 25, 2025, indicated the service plan would include, "service agreement and any revisions shall include a signature or other authentication by [licensee] and by the resident, or resident's representative, documenting agreement on the services to be provided."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		



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

Page: 1

Establishment Info	License Info	Inspection Info
IRIS PARK COMMONS 1850 UNIVERSITY AVENUE WEST St Paul, MN 55104 Ramsey County Parcel:  Phone:	License: HFID 23247  Risk: License: Expires on: CFPM: Mark R. Dejarlais CFPM #: 11879; Exp: 07/18/2028	Report Number: F1021251162 Inspection Type: Full - Single Date: 9/30/2025 Time: 10:44:06 AM Duration: minutes Announced Inspection: No <u>Total Priority 1 Orders: 1</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 1</u> <u>Delivery: Emailed</u>

**! New Order: 2-200 Employee Health**

2-201.11C *Priority Level: Priority 1 CFP#: 3*

*MN Rule 4626.0040C* The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

COMMENT: NO EMPLOYEE ILLNESS LOG ON-SITE. DISCUSSED EMPLOYEE ILLNESS POLICY AND RECORDING WITH KITCHEN SUPERVISOR. AN MDH ILLNESS LOG SENT WITH REPORT.

*Comply By: 10/1/2025 Originally Issued On: 9/30/2025*

**New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control**

6-501.11 *Priority Level: Priority 3 CFP#: 55*

*MN Rule 4626.1515* Maintain the physical facilities in good repair.

COMMENT: THE LAMINATE COUNTERTOPS IN THE MEMORY CARE KITCHEN ARE DETERIORATING, WITH VISIBLE PEELING OBSERVED. REPAIR SO THE CABINETS ARE SMOOTH, EASILY CLEANABLE AND DURABLE.

*Comply By: 11/30/2025 Originally Issued On: 9/30/2025*

## Food & Beverage General Comment

All findings on this report were discussed with Kitchen Supervisor, Mark Dejarlais, Licensed Assisted Living Director, Jenna Kilawee and Health Regulation Division Nurse Evaluator, Angel Woehler.

All food is prepared in the main kitchen and transported to this kitchen for same-day service.

**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 F1021251162 from 9/30/2025**

*Melissa Ramos*

Mark Dejarlais  
 Kitchen Supervisor

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



## Temperature Observations/Recordings

### Establishment Info

IRIS PARK COMMONS  
St Paul  
County/Group: Ramsey County

### Inspection Info

Report Number: F1021251162  
Inspection Type: Full  
Date: 9/30/2025  
Time: 10:44:06 AM

**Food Temperature: Product/Item/Unit:** Milk ; **Temperature Process:** Cold-Holding

**Location:** Refrigerator - Memory Care at 41 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Cut Melon ; **Temperature Process:** Cooling

**Location:** Arctic Air 2 Door Cooler at 49 Degrees F.

Comment: Cooling from ambient for 30 mins.

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Shredded Swiss Cheese ; **Temperature Process:** Cold-Holding

**Location:** Arctic Air 2 Door Cooler at 40 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Cheeseburger Patty ; **Temperature Process:** Hot-Holding

**Location:** Hot Box at 149 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Milk ; **Temperature Process:** Cold-Holding

**Location:** Norlake Upright Cooler at 40 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Potato Salad ; **Temperature Process:** Cooling

**Location:** Norlake Upright Cooler at 45 Degrees F.

Comment: Cooling from ambient for 30 mins.

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Cottage Cheese ; **Temperature Process:** Cold-Holding

**Location:** Salad Bar at 41 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Cut Melon ; **Temperature Process:** Cold-Holding

**Location:** Salad Bar at 40 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Cheeseburger Patty ; **Temperature Process:** Hot-Holding

**Location:** Hot Wells at 179 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature:** **Product/Item/Unit:** Onion Straws ; **Temperature Process:** Hot-Holding

**Location:** Hot Wells at 135 Degrees F.

Comment:

*Violation Issued?: No*