



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 12, 2025

Licensee

Prestigious Care Homes LLC
4369 Ewing Avenue North
Robbinsdale, MN 55422

RE: Project Number(s) SL38812016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

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

State Evaluation Team

Email: Renee.L.Anderson@state.mn.us

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

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGIOUS CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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: SL38812016-0</p> <p>On April 29, 2025, through May 1, 2025, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two (2) residents receiving services under the provider's Provisional Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 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

Minnesota Department of Health

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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, existing floor, wall, and ceiling finishes are</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>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 April 29, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p> TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		

Minnesota Department of Health

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0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure regarding information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC). This had the potential to affect all of the licensee's current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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>	0 550		

Minnesota Department of Health

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0 550	<p>Continued From page 4</p> <p>The findings include:</p> <p>On April 29, 2025, at 11:05 a.m., during a self-guided facility tour the surveyor observed the entry area and common areas, and noted a grievance/complaints/concerns form posted on the bulletin board in the common area. The grievance/complaints/concerns form lacked the required information for reporting suspected maltreatment to MAARC.</p> <p>On April 29, 2025, at 1:33 p.m., licensed assisted living director (LALD)-A stated licensee's grievance posting lacked information regarding MAARC. LALD-A further stated that the posting on the bulletin board was all licensee had. Furthermore, licensee was not aware that some of the required information was missing.</p> <p>The licensee's Grievance policy dated September 1, 2022, indicated the licensee would post, in a conspicuous place, information about their complaint/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who would be responsible for handling resident complaints/grievances. Furthermore, the posting would also have the contact information for the OOLTC/OMHDD and contact information for reporting suspected maltreatment to MAARC.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 550		

Minnesota Department of Health

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0 680 SS=F	<p>Continued From page 5</p> <p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p> <p>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review the licensee failed to have a written emergency preparedness (EP) plan with all of the required content. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a</p>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 6</p> <p>resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's undated EP plan lacked the following content:</p> <ul style="list-style-type: none"> - Maintain and Annual EP Updates; - Policies and Procedures for Volunteers; - Arrangement with Other Facilities; - Roles under a Waiver Declared by Secretary; and - Emergency Prep Testing Requirements. <p>On April 29, 2025, at 12:59 p.m., licensed assisted living director (LALD)-A stated EP plan lacked the required information noted above. LALD-A further stated licensee completed fire drills on each shift, however, the documents did not include the times of the fire drills, and moving forward, they would document the necessary information.</p> <p>The licensee's Disaster Planning and Emergency Preparedness policy dated June 1, 2022, indicated the licensee would have a general emergency preparedness plan that was in alignment with facility requirements, and would also comply with CMS Appendix Z.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		

Minnesota Department of Health

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0 790 SS=F	<p>Continued From page 7</p> <p>144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment</p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;</p> <p>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, 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) 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 April 29, 2025, at 12:35 p.m., survey staff toured the facility with licensed assisted living director (LALD)-A. The portable fire extinguishers throughout the facility lacked records to show the required annual certification was completed.</p> <p>The portable fire extinguishers throughout the</p>	0 790		

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0 790	<p>Continued From page 8</p> <p>facility lacked records to show monthly visual inspections were complete.</p> <p>Documentation is required to demonstrate fire extinguishers have been inspected by facility personnel monthly, and annually replaced with a new extinguisher or serviced annually by a certified technician.</p> <p>Survey staff explained to LALD-A that the portable fire extinguishers must be provided annual certification tags and also monthly visual inspections or "quick checks" of each extinguisher by their employees to ensure all portable extinguishers are readily available, fully charged, and operable at their designated location with no obvious physical damage or condition to the extinguisher that would prevent their operation when needed. LALD-A stated they understood the requirements.</p> <p>The main-floor fire extinguisher was sitting on the floor and not mounted properly to the wall.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 790		
0 800 SS=D	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p>	0 800		

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0 800	<p>Continued From page 9</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents.</p> <p>This deficient condition had the potential to affect all staff, residents, 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 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 April 29, 2025, at 12:30 p.m., survey staff toured the facility with licensed assisted living director (LALD)-A. The following was observed.</p> <p>The egress window in bedroom #3 had a broken handle. LALD-A was able to get the window open, but the hardware was difficult to operate.</p> <p>LALD-A stated they understood the above-listed deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		

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0 910 0 910 SS=C	<p>Continued From page 10</p> <p>144G.50 Subd. 2 (a-b) Contract information</p> <p>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility.</p> <p>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:</p> <ol style="list-style-type: none"> (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R2).</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had an admission date of July 24, 2023.</p> <p>R2's service plan dated July 28, 2024, indicated R2 received services which included medication administration, housekeeping, laundry, dressing,</p>	0 910 0 910		

Minnesota Department of Health

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0 910	<p>Continued From page 11</p> <p>grooming, and bathing assistance, blood glucose (sugar) testing, oxygen management, mental health checks, and preparation of modified diet.</p> <p>R2's record contained an Assisted Living Residence and Care Agreement contract dated July 26, 2023. The contract lacked the licensee's Health Facility Identification Number (HFID) and the telephone number of the facility.</p> <p>On April 30, 2025, at 11:35 a.m., licensed assisted living director (LALD)-A stated when the facility first opened, licensee had an outside consultant assist with the drafting of the current contract; therefore, she was not aware the contract licensee was utilizing was missing information. LALD-A further stated the contract R2 signed was the contract licensee had been using for all the residents, since the time of their previous survey, which had been a couple of years ago. Moreover, licensee stated if she had known the contract was missing required information, she would have fixed the contract prior to the survey.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 910		
0 920 SS=C	<p>144G.50 Subd. 2 (c) Contract information</p> <p>(c) The contract must include:</p> <p>(1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license;</p> <p>(2) a description of all the terms and conditions of</p>	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGIOUS CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422		
(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
0 920	<p>Continued From page 12</p> <p>the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount;</p> <p>(3) a delineation of the cost and nature of any other services to be provided for an additional fee;</p> <p>(4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract;</p> <p>(5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation;</p> <p>(6) billing and payment procedures and requirements; and</p> <p>(7) disclosure of the facility's ability to provide specialized diets.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R2).</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had an admission date of July 24, 2023.</p>	0 920		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGIOUS CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422		
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0 920	<p>Continued From page 13</p> <p>R2's service plan dated July 28, 2024, indicated R2 received services which included medication administration, housekeeping, laundry, dressing, grooming, and bathing assistance, blood glucose (sugar) testing, oxygen management, mental health checks, and preparation of modified diet.</p> <p>R2's record contained an Assisted Living Residence and Care Agreement contract dated July 26, 2023. The contract lacked a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license.</p> <p>On April 30, 2025, at 11:35 a.m., licensed assisted living director (LALD)-A stated when the facility first opened, licensee had an outside consultant assist with the drafting of the current contract; therefore, she was not aware the contract licensee was utilizing was missing information. LALD-A further stated the contract R2 signed was the contract licensee had been using for all the residents, since the time of their previous survey, which had been a couple of years ago. Moreover, licensee stated if she had known the contract was missing required information, she would have fixed the contract prior to the survey.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 920		
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the	0 930		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGIOUS CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422		
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0 930	<p>Continued From page 14</p> <p>facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints.</p> <p>(e) The contract must include a clear and conspicuous notice of:</p> <ul style="list-style-type: none"> (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R2).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had an admission date of July 24, 2023.</p>	0 930		

Minnesota Department of Health

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0 930	<p>Continued From page 15</p> <p>R2's service plan dated July 28, 2024, indicated R2 received services which included medication administration, housekeeping, laundry, dressing, grooming, and bathing assistance, blood glucose (sugar) testing, oxygen management, mental health checks, and preparation of modified diet.</p> <p>R2's Assisted Living Residence and Care Agreement contract dated July 26, 2023. R1's lacked the following required content:</p> <ul style="list-style-type: none"> - the name and contact information of the person representing the licensee who is designated to handle and resolve complaints; - a clear and conspicuous notice of the right under section 144G. 54 to appeal the termination of an assisted living contract; and - contact information for the Ombudsman for Mental Health and Developmental Disabilities. <p>On April 30, 2025, at 11:35 a.m., licensed assisted living director (LALD)-A stated when the facility first opened, licensee had an outside consultant assist with the drafting of the current contract; therefore, she was not aware the contract licensee was utilizing was missing information. LALD-A further stated the contract R2 signed was the contract licensee had been using for all the residents, since the time of their previous survey, which had been a couple of years ago. Moreover, licensee stated if she had known the contract was missing required information, she would have fixed the contract prior to the survey.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 930		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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0 940 0 940 SS=C	<p>Continued From page 16</p> <p>144G.50 Subd. 2 (e; 5-7) Contract information</p> <p>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:</p> <ul style="list-style-type: none"> (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; <p>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and</p> <p>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p>	0 940 0 940		

Minnesota Department of Health

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0 940	<p>Continued From page 17</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R2).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had an admission date of July 24, 2023.</p> <p>R2's service plan dated July 28, 2024, indicated R2 received services which included medication administration, housekeeping, laundry, dressing, grooming, and bathing assistance, blood glucose (sugar) testing, oxygen management, mental health checks, and preparation of modified diet.</p> <p>R2's record contained an Assisted Living Residence and Care Agreement contract dated July 26, 2023, lacked the following required content:</p> <ul style="list-style-type: none"> -a description of the licensee's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: -whether the licensee has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); -whether there is a limit on the number of people residing at the licensee's facility who can receive customized living services or participate in the 	0 940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGIOUS CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422		
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0 940	<p>Continued From page 18</p> <p>housing support program at any point in time. If so, the limit must be provided;</p> <ul style="list-style-type: none"> -whether the licensee requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; -a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; -a statement that residents may be eligible for assistance with rent through the housing support program; -a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; -the contact information to obtain long-term care consulting services under section 256B.0911; and -the toll-free phone number for the Minnesota Adult Abuse Reporting Center. <p>On April 30, 2025, at 11:35 a.m., licensed assisted living director (LALD)-A stated when the facility first opened, licensee had an outside consultant assist with the drafting of the current contract; therefore, she was not aware the contract licensee was utilizing was missing information. LALD-A further stated the contract R2 signed was the contract licensee had been using for all the residents, since the time of their previous survey, which had been a couple of years ago. Moreover, licensee stated if she had known the contract was missing required information, she would have fixed the contract prior to the survey.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 940		

Minnesota Department of Health

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0 940	Continued From page 19 (21) days	0 940		
0 950 SS=C	<p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer the opportunity to identify a</p>	0 950		

Minnesota Department of Health

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0 950	<p>Continued From page 20</p> <p>designated representative before or at the time of execution of an assisted living contract, for one of one resident (R2).</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had an admission date of July 24, 2023.</p> <p>R2's service plan dated July 28, 2024, indicated R2 received services which included medication administration, housekeeping, laundry, dressing, grooming, and bathing assistance, blood glucose (sugar) testing, oxygen management, mental health checks, and preparation of modified diet.</p> <p>R2's record contained an Assisted Living Residence and Care Agreement contract dated July 26, 2023. The contract lacked the required verbatim notice for designation of representative in writing. There was also no documentation showing R2 refused or indicated a designated representative.</p> <p>On April 30, 2025, at 11:35 a.m., licensed assisted living director (LALD)-A stated when the facility first opened, licensee had an outside consultant assist with the drafting of the current contract; therefore, she was not aware the contract licensee was utilizing was missing information. LALD-A further stated the contract R2 signed was the contract licensee had been</p>	0 950		

Minnesota Department of Health

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0 950	<p>Continued From page 21</p> <p>using for all the residents, since the time of their previous survey, which had been a couple of years ago. Moreover, licensee stated if she had known the contract was missing required information, she would have fixed the contract prior to the survey.</p> <p>The licensee's policy related to Assisted Living Contract contents was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 950		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 22</p> <p>a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had an admission date of July 24, 2023.</p> <p>R2's service plan dated July 28, 2024, indicated R2 received services which included assistance with medication administration, housekeeping, laundry, dressing, grooming, and bathing assistance, blood glucose (sugar) testing, oxygen management, mental health checks, and preparation of modified diet.</p> <p>R2's record contained an Assisted Living Residence and Care Agreement contract dated July 26, 2023. The assisted living contract included the following sections, waiving the licensee's liability for the health and safety or personal property of the resident:</p> <p>Section III. "Your Responsibilities as a Resident" "9. Responsibility for Damages YOU will be responsible for any costs incurred in replacing, maintaining or repairing any loss or damages to the real or personal property of [licensee] caused by the negligence or willful misconduct of you, your guests, agents, and/ or employees. You may wish to obtain insurance at your own expense to cover this obligation.</p> <p>10. Protection of Personal Property [Licensee] is not responsible for the loss of any personal property belonging to you due to theft, fire or any other cause, unless said property is specifically entrusted in writing to the care and</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 23</p> <p>control of us and then only for our gross negligence in failing to safeguard and account for such property. You may wish to obtain insurance at your own expense to protect against such losses.</p> <p>11. Indemnification You shall indemnify [licensee] and hold it harmless for any injury to you, other residents, employees, or any third person which arises from your negligent or intentional action.</p> <p>Section VIII "Miscellaneous"</p> <p>"4. Valuables [Licensee] shall not be responsible for any money, valuables or personal effects brought into [facility] by you or your Responsible Party, relatives, or friends, unless delivered to the custody of the Executive Director/Administrator, or his/her designated representative, for safekeeping, in which case, the liability shall be limited to \$50.00."</p> <p>"6. Liability [Licensee] shall incur no liability for death or for injuries of any kind suffered by you while under its care, either on or off the premises of [facility], except where the injury is directly and proximately caused by the gross negligence of [licensee] or its employees."</p> <p>On April 30, 2025, at 11:35 a.m., licensed assisted living director (LALD)-A stated when the facility first opened, licensee had an outside consultant assist with the drafting of the current contract; therefore, she was not aware the contract licensee was utilizing was missing information. LALD-A further stated the contract R2 signed was the contract licensee had been using for all the residents, since the time of their previous survey, which had been a couple of</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGIOUS CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 970	<p>Continued From page 24</p> <p>years ago. Moreover, licensee stated if she had known the contract was missing required information, she would have fixed the contract prior to the survey.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
01060 SS=C	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(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.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(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</p> <p>(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.</p>	01060		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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01060	<p>Continued From page 25</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(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.</p> <p>(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</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had an admission date of July 24, 2023.</p> <p>R2's service plan dated July 28, 2024, indicated R2 received services which included assistance</p>	01060		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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01060	<p>Continued From page 26</p> <p>with medication administration, housekeeping, laundry, dressing, grooming, and bathing assistance, blood glucose (sugar) testing, oxygen management, mental health checks, and preparation of modified diet.</p> <p>R2's record contained an Assisted Living Residence and Care Agreement contract dated July 26, 2023. The assisted living contract included the following sections, waiving the licensee's liability for the health and safety or personal property of the resident:</p> <p>Section III. "Your Responsibilities as a Resident"</p> <p>"9. Responsibility for Damages</p> <p>YOU will be responsible for any costs incurred in replacing, maintaining or repairing any loss or damages to the real or personal property of [licensee] caused by the negligence or willful misconduct of you, your guests, agents, and/ or employees. You may wish to obtain insurance at your own expense to cover this obligation.</p> <p>10. Protection of Personal Property</p> <p>[Licensee] is not responsible for the loss of any personal property belonging to you due to theft, fire or any other cause, unless said property is specifically entrusted in writing to the care and control of us and then only for our gross negligence in failing to safeguard and account for such property. You may wish to obtain insurance at your own expense to protect against such losses.</p> <p>11. Indemnification</p> <p>You shall indemnify [licensee] and hold it harmless for any injury to you, other residents, employees, or any third person which arises from your negligent or intentional action.</p> <p>Section VIII "Miscellaneous"</p> <p>"4. Valuables</p>	01060		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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01060	<p>Continued From page 27</p> <p>[Licensee] shall not be responsible for any money, valuables or personal effects brought into [facility] by you or your Responsible Party, relatives, or friends, unless delivered to the custody of the Executive Director/Administrator, or his/her designated representative, for safekeeping, in which case, the liability shall be limited to \$50.00."</p> <p>"6. Liability</p> <p>[Licensee] shall incur no liability for death or for injuries of any kind suffered by you while under its care, either on or off the premises of [facility], except where the injury is directly and proximately caused by the gross negligence of [licensee] or its employees."</p> <p>On April 30, 2025, at 11:35 a.m., licensed assisted living director (LALD)-A stated when the facility first opened, licensee had an outside consultant assist with the drafting of the current contract; therefore, she was not aware the contract licensee was utilizing was missing information. LALD-A further stated the contract R2 signed was the contract licensee had been using for all the residents, since the time of their previous survey, which had been a couple of years ago. Moreover, licensee stated if she had known the contract was missing required information, she would have fixed the contract prior to the survey.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01060		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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01620	<p>Continued From page 28</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) 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>(e) 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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment, not to exceed 90 calendar days from the last date of assessment for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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01620	<p>Continued From page 29</p> <p>was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:</p> <p>R2 was admitted to the assisted living facility on July 24, 2023.</p> <p>R2 had diagnoses including, but not limited to obstructive sleep apnea (a condition where breathing repeatedly stops or slows during sleep), atrial fibrillation (a heart rhythm problem), and polysubstance dependence (dependence on three or more different substances).</p> <p>R2's Service Plan dated March 4, 2025, indicated R2 received services including assistance with meals, dressing, grooming, bathing, medication administration, "I'm okay" checks, mental health monitoring, standby assistance as needed, oxygen and blood glucose (sugar) monitoring,</p> <p>On April 30, 2025, at 9:25 a.m., the surveyor observed licensed assisted living director (LALD)-A assisting R2 with medication administration, in his bedroom.</p> <p>R2's record included documentation of a comprehensive nursing assessment, using a uniform assessment tool, completed July 26, 2023. The RN completed reassessments, referencing the uniform assessment tool: August 9, 2023, October 10, 2023, January 1, 2024, March 3, 2024, May 23, 2024, and July 20, 2024. No further comprehensive nursing assessments using the uniform assessment tool had been documented in R2's record after July 20, 2024.</p>	01620		

Minnesota Department of Health

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01620	<p>Continued From page 30</p> <p>R2's record included documentation of incident reports completed on October 19, 2024, and February 3, 2025.</p> <p>On April 30, 2025, at 12:16 p.m., LALD-A stated R2's record lacked nursing assessments after July 20, 2024. LALD-A further stated, " I thought I could just use the incident reports and consider them change in condition assessments."</p> <p>The licensee's Assessments, Reviews, and Monitoring policy dated June 1, 2022, indicated the initial nursing assessment or reassessment would include all of the elements of the uniform assessment tool as required. Furthermore, resident reassessment and monitoring would be conducted as needed based on change in the needs of the resident and would not exceed 90 calendar days from the last date of the assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure all medications were securely locked in substantially constructed compartments</p>	01880		

Minnesota Department of Health

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01880	<p>Continued From page 31</p> <p>and permit only authorized personnel to have access. This had the potential to affect all residents in the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 30, 2025, at 9:40 a.m., during a review of stored medications with licensed assisted living director (LALD)-A, the community refrigerator, in the kitchen of the facility, was observed to have large amounts of food stored in it, and to be unlocked. The refrigerator contained an unopened box of five LANTUS® (a long-acting insulin, for diabetes) SOLOSTAR® insulin pens which expired on November 30, 2024, and an unopened box of five LANTUS® SOLOSTAR® insulin pens which expired on January 31, 2025, both prescribed to R1. Furthermore, the refrigerator contained an opened box of two, and an unopened box of 10 LANTUS® SOLOSTAR® insulin pens prescribed to R3.</p> <p>On April 30, 2025, at approximately 9:45 a.m., LALD-A stated the refrigerator was not locked and contained R1 and R3's unused insulin pens. LALD-A further stated R1 was no longer prescribed Lantus insulin, and she should have discarded the insulin. LALD-A stated R3 discharged from the facility in November 2024, and did not take his Lantus insulin with him at the</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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01880	<p>Continued From page 32</p> <p>time of discharge, and she should have discarded the insulin.</p> <p>The licensee's Medication Storage policy dated June 1, 2022, indicated medications stored outside of a resident's "living space" would be in securely locked and substantially constructed compartments, and licensee would permit only authorized personnel to have access.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
01890 SS=F	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure medications were labeled correctly and dispose of expired medications for two of three residents (R1, R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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01890	<p>Continued From page 33</p> <p>failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's service plan dated February 28, 2025, indicated R1 received services to include assistance with medication management.</p> <p>R2's service plan dated March 4, 2025, indicated R2 received services to include assistance with medication management.</p> <p>OPENED DATE On April 30, 2025, at 9:25 a.m., the surveyor observed licensed assisted living director (LALD)-A assist R2 with medication administration. R2 refused administration of Latanoprost 0.005% eye drop solution (for glaucoma), which had been scheduled for 9:00 a.m. The Latanoprost bottle lacked a date to indicate when opened and first used.</p> <p>EXPIRED MEDICATIONS On April 30, 2025, at 9:40 a.m., during a review of stored medications with LALD-A, the community refrigerator, in the kitchen of the facility, was observed to contain an unopened box of five LANTUS® (a long-acting insulin, for diabetes) SOLOSTAR® insulin pens which expired on November 30, 2024, and an unopened box of five LANTUS® SOLOSTAR® insulin pens which expired on January 31, 2025, prescribed to R1.</p> <p>On April 30, 2025, at approximately 9:45 a.m., LALD-A stated R1 was no longer prescribed Lantus insulin, and she should have discarded the insulin; however, she had not completed the task. LALD-A further stated R2's Latanoprost eye drops should have been labeled with a date when</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 34</p> <p>first opened.</p> <p>The licensee's Medication Disposal policy dated June 1, 2022, indicated licensee would dispose of any expired medications according to state and federal regulations for the disposition of medications and controlled substances. Furthermore, expired medications managed by licensee would be disposed of according to the accepted practices of the Minnesota board of Pharmacy and the labels from the containers would be destroyed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
02310 SS=F	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(a) Residents have the right to care and assisted 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, medical, or nursing standards for safe storage of oxygen for one of two residents (R2) using oxygen. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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02310	<p>Continued From page 35</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 had diagnoses including, but not limited to obstructive sleep apnea (a condition where breathing repeatedly stops or slows during sleep), atrial fibrillation (a heart rhythm problem), and polysubstance dependence (dependence on three or more different substances).</p> <p>R2's Service Plan dated March 4, 2025, indicated R2 received services including assistance with meals, dressing, grooming, bathing, medication administration, "I'm okay" checks, mental health monitoring, standby assistance as needed, oxygen and blood glucose (sugar) monitoring.</p> <p>R2's current medication list dated March 20, 2025, indicated R2 was using oxygen at 2/liters per minute via nasal cannula at bedtime.</p> <p>On April 29, 2025, at 10:30 a.m., during the entrance conference, licensed assisted living director (LALD)-A stated licensee had one resident that required oxygen therapy, and that resident had oxygen tanks in their room. LALD-A further stated the resident had an order for oxygen, as needed, but never used it.</p> <p>On April 30, 2025, at 9:25 a.m., the surveyor observed LALD-A assist R2 with medication administration, in his bedroom. The surveyor observed nine medium size green and silver</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
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02310	<p>Continued From page 36</p> <p>oxygen cylinders, secured, in a black storage rack, on the floor of R2's bedroom closet, and an additional eight medium size green and silver oxygen cylinders, on the floor of R2's bedroom closet, that were not secured to prevent tipping.</p> <p>On April 30, 2025, at 9:40 a.m., LALD-A stated she was unaware that R2 had oxygen cylinders in his room that were unsecured. LALD-A further stated that R2 did not use the oxygen cylinders so she would call the oxygen supply company and have them removed.</p> <p>The Minnesota Department of Health guidance, Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), Health Care Facilities Code, indicated, "oxygen cylinders are supply tanks that contain oxygen at pressures that can be in excess of 2000 psi (pounds per square inch). Two types of hazards associated with oxygen are:</p> <p>1) General fires and explosions enhanced by oxygen-rich atmospheres 2) Mechanical problems such as physical damage to compressed gas cylinders". The guidance further indicated, "Volumes less than 300 ft³ of oxygen may be stored per smoke compartment in any room or alcove without special requirements for that room. Cylinders must be secured (chains or racks) to prevent them from falling over."</p> <p>The licensee's Oxygen policy indicated that licensee would maintain oxygen cylinders upright at all times and would never tip oxygen cylinders on their side or try to roll them to a new location.</p> <p>No further information was provided.</p>	02310		
TIME PERIOD FOR CORRECTION: Seven (7)				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38812	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER PRESTIGIOUS CARE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422		
(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	Continued From page 37 days	02310		

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
Prestigious Care Homes 4369 Ewing Ave N Robbinsdale, MN 55422 Hennepin County Parcel: Phone:	License: HFID 38812 Risk: License: Expires on: CFPM: Emma Seo Zelee CFPM #: FM118818; Exp: 8/31/2026	Report Number: F1050251004 Inspection Type: Full - Single Date: 4/29/2025 Time: 12:00:47 PM Duration: 45 minutes Announced Inspection: Yes <u>Total Priority 1 Orders: 2</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 0</u> Delivery: Emailed

! 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: ESTABLISHMENT DID NOT HAVE ILLNESS LOG ON SITE. COPY OF LOG SENT WITH REPORT. PRINT AND KEEP ILLNESS LOG ON SITE AND UP TO DATE. COMPLY WITH RULE ABOVE.

Comply By: 4/29/2025 Originally Issued On: 4/29/2025

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) Priority Level: Priority 1 CFP#: 15

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: OBSERVED EGGS STORED ABOVE RTE FOODS INSIDE REACH-IN COOLER. DISCUSSED REMOVING AND PLACING AT THE BOTTOM TO PREVENT CROSS CONTAMINATION. COMPLY WITH RULE ABOVE.

OPERATOR REMOVED EGGS ON SITE DURING INSPECTION.

Comply By: 4/29/2025 Originally Issued On: 4/29/2025

Food & Beverage General Comment

Unannounced inspection completed by MDH Andrew Spaulding and Operator on 4/29/25.

Discussed food source, ware washing, pest control, biohazard kit, illness policy and food handling procedures.

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 F1050251004 from 4/29/2025

Marie Dweh
Operator

Andrew Spaulding,
Public Health Sanitarian 2
651-201-5298
andrew.spaulding@state.mn.us



Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Page: 1

Establishment Info

Prestigious Care Homes
Robbinsdale
County/Group: Hennepin County

Inspection Info

Report Number: F1050251004
Inspection Type: Full
Date: 4/29/2025
Time: 12:00:47 PM

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

Location: Reach-in Cooler at 40F Degrees F.

Comment:

Violation Issued?: No

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

Location: Reach-in Cooler at 41 Degrees F.

Comment:

Violation Issued?: No

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

Location: Reach-in Cooler at 41 Degrees F.

Comment:

Violation Issued?: No



Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Prestigious Care Homes
Robbinsdale
County/Group: Hennepin County

Inspection Info

Report Number: F1050251004
Inspection Type: Full
Date: 4/29/2025
Time: 12:00:47 PM

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Manual Mix

Location: Dishwashing Area Equal To 200 PPM

Comment:

Violation Issued?: No