



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 29, 2025

Licensee

Ibson Health Services LLC
4553 Hampshire Avenue North
Crystal, MN 55428

RE: Project Number(s) SL40437015-0

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on September 23, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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

Per 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 residents/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 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 the Department of Health 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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER IBSON HEALTH SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4553 HAMPSHIRE AVENUE NORTH CRYSTAL, MN 55428		
(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: SL40437015-0</p> <p>On September 22, 2025, through September 23, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were zero residents receiving services under the provider's Provisional Assisted Living Facility 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,</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 22, 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 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment 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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post in a conspicuous place information about the licensee's grievance procedure with the required content. This had the potential to affect all residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when	0 550		

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0 550	<p>Continued From page 4</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 22, 2025, at 10:55 a.m., during a self-guided facility tour, the surveyor observed the licensee lacked a posting in a common area of the grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. In addition, there was no evidence of posting in the common area the contact information for the state, applicable regional Office of Ombudsman for Long-Term Care (OOLTC), the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), and information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC).</p> <p>On September 22, 2025, at 11:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B stated licensee had the above information posted at the time their first resident had moved in; however, had taken the posting down when the resident moved out, and there had been no further residents admitted to the facility.</p> <p>Licensee's Complaint/Grievance Posting policy dated February 1, 2024, indicated the licensee would post, in a conspicuous place, information about licensee's complaint/grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who would be responsible for handling resident grievances.</p>	0 550		

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0 550	<p>Continued From page 5</p> <p>In addition, the posting would have the contact information for the OOLTC, OMHDD, and would include 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		
0 640 SS=F	<p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility. This had the potential to affect all residents, staff and visitors.</p>	0 640		

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0 640	<p>Continued From page 6</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 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> <p>The findings include:</p> <p>On September 22, 2025, at 10:55 a.m., during a self-guided facility tour, the surveyor observed the common areas and noted the facility lacked posted information and the reporting number for MAARC to report suspected maltreatment of a vulnerable adult, and posting of the 911 emergency number in common areas and near telephones provided by the assisted living facility.</p> <p>On September 22, 2025, at 11:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B stated licensee had the above information posted at the time their first resident had moved in; however, had taken the posting down when the resident moved out, and there had been no further residents admitted to the facility.</p> <p>The licensee's Vulnerable Adult Maltreatment-Prevention and Reporting policy dated February 1, 2024, indicated the licensee would post the information and reporting number for the MAARC to report suspected maltreatment of a vulnerable adult, and the 911 emergency number in common areas and near telephones provided by the assisted living facility.</p>	0 640		

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0 640	<p>Continued From page 7</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 640		
0 910 SS=C	<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> <p>(1) the facility and contracted service provider when applicable;</p> <p>(2) the licensee of the facility;</p> <p>(3) the managing agent of the facility, if applicable; and</p> <p>(4) the authorized agent for the facility.</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 (R1).</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>R1 was admitted to licensee's assisted living</p>	0 910		

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0 910	<p>Continued From page 8 facility on April 4, 2025.</p> <p>R1's service plan dated April 8, 2025, indicated R1 received services which included assistance with medication administration, housekeeping, laundry, bathing, anxiety management assistance with meals, 1:1 socialization, scheduling appointments, arranging transportation, medical transportation, and shopping.</p> <p>R1's Resident Contract for Assisted Living dated April 4, 2025, lacked the licensee's telephone number and Health Facility Identification Number (HFID).</p> <p>On September 22, 2025, at 11:10 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B provided surveyor a blank assisted living contract for review. The blank contract also lacked the licensee's telephone number and HFID number.</p> <p>On September 22, 2025, at 1:21 p.m., LALD/CNS-B stated the assisted living contract was provided by a third-party consultant, and was unaware it lacked all the required information on it. Moreover, LALD/CNS-B stated the same contract would be utilized by all residents of the facility.</p> <p>The licensee's Signing an Assisted Living Contract policy dated February 1, 2025, indicated that when a prospective resident decided to move into licensee's facility, a signed assisted living contract would be signed and received by the facility. Furthermore, all the blanks of the contract would be filled in, and a copy would be provided to the prospective resident and/or</p>	0 910		

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0 910	Continued From page 9 responsible person. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (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; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (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; (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; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by:	0 920		

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0 920	<p>Continued From page 10</p> <p>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 (R1).</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>R1 was admitted to licensee's assisted living facility on April 4, 2025.</p> <p>R1's service plan dated April 8, 2025, indicated R1 received services which included assistance with medication administration, housekeeping, laundry, bathing, anxiety management assistance with meals, 1:1 socialization, scheduling appointments, arranging transportation, medical transportation, and shopping.</p> <p>R1's Resident Contract for Assisted Living dated April 4, 2025, lacked a disclosure of the licensee's ability to provide specialized diets.</p> <p>On September 22, 2025, at 11:10 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B provided surveyor a blank assisted living contract for review. The blank contract also lacked a disclosure of the licensee's ability to provide specialized diets.</p> <p>On September 22, 2025, at 1:21 p.m.,</p>	0 920		

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0 920	<p>Continued From page 11</p> <p>LALD/CNS-B stated the assisted living contract was provided by a third-party consultant, and was unaware it lacked all the required information on it. Moreover, LALD/CNS-B stated the same contract provided to the surveyor would be used for all residents of the facility.</p> <p>The licensee's Signing an Assisted Living Contract policy dated February 1, 2025, indicated that when a prospective resident decided to move into licensee's facility, a signed assisted living contract would be signed and received by the facility. Furthermore, all the blanks of the contract would be filled in, and a copy would be provided to the prospective resident and/or responsible person.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 920		
01770 SS=D	<p>144G.71 Subd. 9 Documentation of medication setup</p> <p>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a</p>	01770		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER IBSON HEALTH SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4553 HAMPSHIRE AVENUE NORTH CRYSTAL, MN 55428		
(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
01770	<p>Continued From page 12</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>During the entrance conference on September 22, 2025, at approximately 10:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B stated the licensee provided medication management services which included medication setup by the registered nurse (RN) for their residents.</p> <p>R1 was admitted to licensee's assisted living facility on April 4, 2025.</p> <p>R1's service plan dated April 8, 2025, indicated R1 received services which included assistance with medication administration, housekeeping, laundry, bathing, anxiety management assistance with meals, 1:1 socialization, scheduling appointments, arranging transportation, medical transportation, and shopping.</p> <p>R1's admission assessment dated April 4, 2025, completed by the RN, indicated R1 required full medication management, including medication setup and medication administration.</p> <p>R1's medication administration record (MAR) dated April 2025, indicated R1 received medication administration of atorvastatin 40</p>	01770		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER IBSON HEALTH SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4553 HAMPSHIRE AVENUE NORTH CRYSTAL, MN 55428		
(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
01770	<p>Continued From page 13</p> <p>milligrams (mg) daily (used to lower cholesterol), losartan 50 mg daily (used to treat high blood pressure), metoprolol 25 mg daily (used to lower blood pressure), and omeprazole 20 mg daily (used to reduce stomach acid and treat heartburn).</p> <p>R1's record lacked documentation by the licensed nurse at the time of medication setup to include: documentation of the dates of medication setup, the name of the medication, quantity of dose, times to be administered, route of administration and the name of the person completing medication setup.</p> <p>On September 22, 2025, at 1:26 p.m., LALD/CNS-B stated she set up R1's medication one week at a time. LALD/CNS-B further stated she was unaware that medication setup by the nurse needed to be documented.</p> <p>The licensee's Medication Management-Dosage Box Setup policy dated April 1, 2024, indicated a licensed nurse at the facility would setup resident dosage boxes timely and accurately, on a weekly basis. Furthermore, when the licensed nurse had completed setting up the medications into the dosage box, the setup would be documented on the medication administration record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01770		

Food & Beverage Inspection Report

Page: 1

Establishment Info	License Info	Inspection Info
IBSON HEALTH SERVICES LLC 4553 HAMPSHIRE AVENUE NORTH Crystal, MN 55428 Hennepin County Parcel: Phone:	License: HFID 40437 Risk: License: Expires on: CFPM: Orlumma S. Afonya CFPM #: 122256; Exp: 2/15/2027	Report Number: F1013251087 Inspection Type: Full - Single Date: 9/22/2025 Time: 02:00 PM Duration: minutes Announced Inspection: <u>Total Priority 1 Orders: 0</u> <u>Total Priority 2 Orders: 1</u> <u>Total Priority 3 Orders: 1</u> Delivery:

New Order: 4-300 Equipment Numbers and Capacities

4-302.12A Priority Level: Priority 2 CFP#: 36

MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.

COMMENT: NO FOOD PROBE THERMOMETER WAS AVAILABLE. TCS FOODS ARE STORED AND COOKED ONSITE. COMPLY WITH RULE. OPERATOR EMAILED THE INSPECTOR A PICTURE OF THEIR FOOD PROBE THERMOMETER.

Comply By: Complied On Site Originally Issued On: 9/22/2025

New Order: 4-600 Cleaning Equipment and Utensils

4-602.12 Priority Level: Priority 3 CFP#: 16

MN Rule 4626.0850 Clean the food contact surfaces of cooking and baking equipment and interior cavities of microwave ovens at least every 24 hours.

COMMENT: GREASE AND DEBRIS BUILDUP WERE LOCATED INSIDE THE AIR FRYER. PER STAFF THE EQUIPMENT WAS NOT RECENTLY USED. COMPLY WITH RULE. DISCUSSED CLEANING PROCEDURES WITH STAFF.

Comply By: 9/22/2025 Originally Issued On: 9/22/2025

Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator R. Makela.

The establishment has a residential kitchen and serves food prepared that day. The kitchen has wood cabinets, vinyl floor, tile walls, laminate counter top, and a textured painted ceiling.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013251087 from 9/22/2025

Jerry Malloy

Orlumma S. Afonya
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us



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

Temperature Observations/Recordings

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Establishment Info

IBSON HEALTH SERVICES LLC
Crystal
County/Group: Hennepin County

Inspection Info

Report Number: F1013251087
Inspection Type: Full
Date: 9/22/2025
Time: 02:00 PM

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

Location: Refrigerator at 38 Degrees F.

Comment:

Violation Issued?: No

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

Location: Refrigerator at 36 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

IBSON HEALTH SERVICES LLC
Crystal
County/Group: Hennepin County

Inspection Info

Report Number: F1013251087
Inspection Type: Full
Date: 9/22/2025
Time: 02:00 PM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Kitchen Equal To 160 Degrees F.

Comment:

Violation Issued?: No