



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

Electronically Delivered

November 13, 2025

Licensee

New Perspective - Roseville

2750 North Victoria Street

Roseville, MN 55113

RE: Project Number(s) SL20022016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 15, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

### **STATE CORRECTION ORDERS**

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

### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;



Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

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

#### **REQUESTING A HEARING**

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

factor.

To submit a hearing request, please visit:

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

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

### **INFORMAL CONFERENCE**

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with New Perspective - Roseville. **Please contact Jess Schoenecker at 651-201-3789 on or before November 20, 2025, to schedule the conference call.**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: [Jess.Schoenecker@state.mn.us](mailto:Jess.Schoenecker@state.mn.us)

Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/15/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE - ROSEVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113</b>			
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL20022016-0</p> <p>On October 13, 2025, through October 15, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 91 residents receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>		
0 100 SS=F	144G.10 Subdivision 1 License required	0 100			

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



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0 100	<p>Continued From page 1</p> <p>(a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type.</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p>	0 100			



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0 100	<p>Continued From page 2</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to manage, control, and/or operate the entire building as an assisted living facility when a third-party therapy company occupied and provided therapy services to the general public within the licensee's building.</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 October 13, 2025, at 11:00 a.m. during a tour of the building, a space on the second floor with a banner for a third-party therapy vendor was</p>	0 100			



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0 100	<p>Continued From page 3</p> <p>noted. The space included multiple different devices used by physical, occupational, and speech therapy. Licensed assisted living director (LALD)-B stated the space was used by the licensee as well as a third-party therapy vendor to treat therapy patients of the licensee and of the surrounding general public community.</p> <p>The screenshot dated October 13, 2025, at 12:31 p.m., from the third-party's website listed the address of the licensee as a location where the third-party therapy vendor would provide services to the general public.</p> <p>On October 13, 2025, at 12:35 p.m., regional operations manager (RO)-F stated the licensee was not aware the third-party therapy vendor had listed the licensee's address as a business address for services to be provided to the general public.</p> <p>On October 14, 2025, at 10:15 a.m., a person was noted working in the therapy space. The person identified themselves as a therapist from the third-party vendor and stated they currently provide therapy services to one (1) person from the general public in that space, but the rest of their patients were residents of the licensee.</p> <p>On October 15, 2025, at 11:00 a.m., LALD-B and RO-F stated the licensee had already started the process to submit a variance for the use of the identified space for the third-party vendor. RO-F stated the licensee was not aware a variance was required for the third-party vendor but stated the licensee would complete one as the therapy vendor was a benefit to the residents of the licensee.</p>	0 100			



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0 100	Continued From page 4  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 100			
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services  (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (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; (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; (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; (4) notwithstanding Minnesota Rules, part	0 480			



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0 480	<p>Continued From page 5</p> <p>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 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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p>	0 480			



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0 480	Continued From page 6  The findings include:  Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 14, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.  TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 510 SS=D	144G.41 Subd. 3 Infection control program  (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control (IC) program that complies with accepted health care, medical and nursing standards for infection control for one of three unlicensed personnel ((ULP)-G).  This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 510			



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0 510	<p>Continued From page 7</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 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>ULP-G was hired on October 22, 2015.</p> <p>On October 14, 2025, at 7:30 a.m., during observations of medication administration services in licensee's memory care unit, ULP-G failed to perform hand hygiene between tasks and when donning (putting on) gloves. ULP-G approached the licensee's medication cart and accessed R1's medications from inside the mediation cart. ULP-G did not perform hand hygiene. ULP-G dispensed R1's medications into a medication cup and stated R1 required thickener in their water. ULP-G proceeded to a kitchenette area and obtained thickener. ULP-G did not complete hand hygiene and donned gloves. ULP-G mixed the thickener in R1's water and then doffed (took off) gloves and washed their hands in the sink. After washing their hands, ULP-G noted there was no paper towels or items to dry their hands. ULP-G wiped their hands on their scrub top to dry their hands. ULP-G took R1's medications and thickened water to R1 and administered R1's medications. ULP-G did not complete hand hygiene and returned to the medication cart to document the administration of R1's medications. ULP-G then proceeded to complete R2's medication dispensing without hand hygiene between tasks or between services for two different residents.</p>	0 510			



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0 510	<p>Continued From page 8</p> <p>On October 14, 2025, at 9:00 a.m., licensed assisted living director (LALD)-B, clinical nurse supervisor (CNS)-A, and regional operations manager (RO)-F, stated ULP-G should have performed hand hygiene prior to the start of any task, immediately before donning gloves, and immediately after doffing gloves. RO-F stated in the licensee's memory care unit a resident who has a history of possibly drinking liquid from bottles was present and the licensee had removed all free-standing hand sanitizer bottles from the medication carts or common areas to prevent an accident with that resident. RO-F stated the licensee would implement a different process and would provide all staff with pocket sized hand sanitizer so all staff would have the ability to perform proper hand hygiene when needed.</p> <p>The licensee's Hand Washing and Use of Gloves policies both dated October 14, 2024, indicated staff would perform hand hygiene before and after direct care of a resident, when donning or doffing gloves, and when hands were washed with soap and water, paper towels would be used to dry hands.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510			
0 775 SS=F	<p><b>144G.45 Subd. 2. (a) Fire protection and physical environment</b></p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p>	0 775			



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0 775	<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 comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to 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 October 14, 2025, the surveyor toured the facility with environmental services director (ESD)-H and licensed assisted living director (LALD)-B. The following was observed:</p> <p>There were multiple fire doors in the following locations that would not close and latch automatically: resident room 323 entry door, 3rd floor laundry, 3rd floor housekeeping, resident room 309 entry door, resident room 350 entry door, 3rd floor stair E, resident room 252 entry door, resident room 207 entry door, resident room 210 entry door, 2nd floor laundry room, resident room 222 entry door, and resident room 122. ESD-H verified the rated doors not closing and stated that they will be adding additional spring style hinges so the doors close and latch on their own.</p>	0 775			

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NAME OF PROVIDER OR SUPPLIER  <b>NEW PERSPECTIVE - ROSEVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113</b>		
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0 775	Continued From page 10	0 775			
	Swinging fire doors shall close from the full-open position and latch automatically.				
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days				
0 780 SS=C	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	0 780			



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0 780	<p>Continued From page 11</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On October 14, 2025, the surveyor toured the facility with environmental services director (ESD)-H and licensed assisted living director (LALD)-B. Survey staff asked ESD-H to initiate a test of the smoke alarms throughout the facility.</p> <p>Upon testing, it was found that the smoke alarms in the following resident rooms were not interconnected: resident room 319, resident room 332, resident room 309, resident room 350, resident room 207, resident room 210, and resident room 222.</p> <p>All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit.</p> <p>Resident room 127 in memory care was not equipped with a smoke alarm. There was a</p>	0 780			

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0 780	Continued From page 12  building smoke detector that alarmed to the building alarm panel, but there was no notification inside of the resident room. It also appeared that there was evidence that a smoke alarm was previously installed in the room that was hard wired.  Smoke alarms are provided outside and in immediate vicinity (within 21') of each room used for sleeping purposes. Smoke alarms are required to be maintained as hardwired (receiving power from the building electrical system) as installed at the time of construction in accordance with current Minnesota State Fire Code.  TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment  (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.	0 810			



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0 810	<p>Continued From page 13</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required drills. This had the potential to directly 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 resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 14, 2025, licensed assisted living</p>	0 810			

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0 810	Continued From page 14  director (LALD)-B provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.  DRILLS: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's provided fire drill records, indicated evacuation drills were conducted on July 11, 2024, and November 5, 2024. No other documentation was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs  (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first	01440			



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01440	<p>Continued From page 15</p> <p>performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted a 30-day supervision of a task delegated to one of three unlicensed personnel ((ULP)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-D was hired by the licensee on November 20, 2024.</p> <p>ULP-D's Attestations of Medication Administration RN Delegation form dated May 29, 2025, indicated a RN delegated the task of medication administration on that date.</p> <p>ULP-D's Unlicensed Team Member Supervisory Note was dated October 13, 2025.</p> <p>A total of 137 days had passed since ULP-D was delegated the task of medication administration</p>	01440			

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01440	Continued From page 16  and the required RN supervisory visit was completed.  On October 14, 2025, at 11:00 a.m., licensed assisted living director (LALD)-B stated ULP-D's RN supervisory visit was not completed within the 30-day required time frame. LALD-B stated the licensee was aware of the required 30-day time frame and was not sure why ULP-D's was not completed on time.  The licensee's Team Member Supervision policy dated October 6, 2024, read, "Team members must be supervised by the nurse within 30 days of date of delegation."  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440			
01540 SS=E	<b>144G.64 (a) (3) Training in Dementia, Mental Illness, and De-</b>  (3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for	01540			



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01540	<p>Continued From page 17</p> <p>consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of three unlicensed personnel ((ULP)-D, ULP-E) received the required amount of dementia care training and mental illness and de-escalation training within the required time frame.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-D ULP-D was hired on November 20, 2024.</p> <p>ULP-D's Courses All Time Report - [ULP-D] with export date of October 14, 2025, indicated ULP-D had completed approximately two (2) hours and 45 minutes of the required initial eight (8) hours of dementia related training.</p>	01540			

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01540	<p>Continued From page 18</p> <p>Additionally, the report indicated ULP-D completed 30 minutes of the required initial 2 hours of mental illness and de-escalation training.</p> <p>ULP-E ULP-E was hired on August 18, 2025.</p> <p>ULP-E's Courses All Time Report - [ULP-E] with export date of October 14, 2025, indicated ULP-E had not completed any initial dementia related training, or initial mental illness and de-escalation training.</p> <p>On October 15, 2025, at 11:00 a.m., licensed assisted living director (LALD)-B stated the licensee was not sure why ULP-D and ULP-E were not assigned the required dementia and mental illness and de-escalation trainings. LALD-B stated the licensee was aware of the required hours of training and would need to audit staff training to ensure all required trainings were completed.</p> <p>The licensee's Team Member Orientation and Training policy dated January 27, 2023, indicated all direct care staff would have the required 8 hours of initial dementia training, however, the policy lacked addressing the required initial mental illness and de-escalation training as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01540			
01880 SS=D	144G.71 Subd. 19 Storage of medications	01880			



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01880	<p>Continued From page 19</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, interview, and record review, the licensee failed to ensure medications were stored based on the registered nurse's assessment for one of four residents (R3) who had medication management services.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On October 14, 2025, at 9:30 a.m., during a tour of R3's apartment, multiple bottles of Refresh Tears (a common over the counter eye drop used to relive dry eyes) were noted unsecured and sitting next to R3 on their side table. Another bottle was noted on R3's kitchen counter.</p> <p>R3 was admitted on October 25, 2024, with diagnoses that included macular degeneration (disease resulting in distortion or loss of central vision), hypertension (high blood pressure) and considered legally blind.</p>	01880			

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01880	<p>Continued From page 20</p> <p>R3's Service Plan Acknowledgement dated November 19, 2024, read, "Resident receives medication and medication treatment management. Community provides medication and medication treatment management."</p> <p>R3's Resident Functional Needs Assessment dated February 12, 2025, was identified by clinical nurse supervisor (CNS)-A as R3's medication management plan, indicated all medications were stored in locked medication carts and only authorized team members would have access to the medications.</p> <p>R3's Provider Communication Form signed by R3's primary care provider dated September 8, 2025, read, "DC [discontinue] Refresh eye drops."</p> <p>On October 15, 2025, at 10:00 a.m., CNS-A stated R3 should not have the unsecured eye drops in their room. CNS-A stated staff should have notified a nurse when they noticed the eye drops in R3's room as R3 required medication management and licensee offers only an, "all or none," approach for medication management. CNS-A stated residents would sometimes order medications through delivery services or family would bring in the medications, but staff should have still noticed the eye drops and notified the nurse.</p> <p>The licensee's Medication Management Medication Storage policy dated June 27, 2024, indicated when licensee provided medication management services, medications would be stored securely in medication carts and only authorized team members would have access to medications.</p>	01880			



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01880	Continued From page 21  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01880			





Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

New Perspective Roseville  
2750 NORTH VICTORIA STREET  
Roseville, MN 55113  
Ramsey County  
Parcel:  
  
Phone:

### License Info

License: HFID 20022  
  
Risk:  
License:  
Expires on:  
CFPM: Nicole I. Welch  
CFPM #: 116182; Exp: 04/06/2026

### Inspection Info

Report Number: F1021251181  
Inspection Type: Full - Single  
Date: 10/14/2025 Time: 11:39:44 AM  
Duration: minutes  
Announced Inspection: No  
**Total Priority 1 Orders: 3**  
Total Priority 2 Orders: 1  
Total Priority 3 Orders: 6  
Delivery: Emailed

#### New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.12B Priority Level: Priority 3 CFP#: 43

*MN Rule 4626.0275B* Store the food preparation and dispensing utensil in a food that is not TCS food with the handles above the top of the food within containers or equipment that can be closed such as bins of sugar, flour or cinnamon.

COMMENT: A CUP WAS FOUND STORED INSIDE THE SUGAR BIN. STAFF REPLACED IT WITH A SCOOP THAT HAS A HANDLE AND IS STORED ABOVE THE SUGAR TO PREVENT HAND CONTAMINATION. CORRECTED ON-SITE.

Comply By: 10/14/2025 Originally Issued On: 10/14/2025

#### New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-305.11A Priority Level: Priority 3 CFP#: 39

*MN Rule 4626.0300A* Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

COMMENT: A BOX OF FRIES WAS FOUND STORED ON THE FLOOR IN THE WALK-IN FREEZER. STAFF WILL RELOCATE THE BOX TO A SHELF AT LEAST 6 INCHES OFF THE FLOOR AS DESCRIBED IN RULE ABOVE.

Comply By: 10/14/2025 Originally Issued On: 10/14/2025

#### ! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2 Priority Level: Priority 1 CFP#: 22

*MN Rule 4626.0395A2* Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

COMMENT: BEEF SOUP (44F), MAC AND CHEESE PACKETS (43F), TOMATO SOUP (44F), SLICED HAM (43F) AND PASTA SALAD (43F) IN THE WALK-IN COOLER MEASURED ABOVE 41F. STAFF WILL ADJUST THE TEMPERATURE OF THE WALK-IN COOLER AND MONITOR TCS FOODS.

Comply By: 10/14/2025 Originally Issued On: 10/14/2025

#### ! New Order: 3-500D Microbial Control: disposition of food

3-501.18A Priority Level: Priority 1 CFP#: 23

*MN Rule 4626.0405A* Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

COMMENT: A BOX OF PRUNE JUICE IN THE MEMORY CARE REFRIGERATOR WAS FOUND LABELED WITH AN OPENING DATE OF 5/25/25. ADDITIONALLY, AN OPEN V8 JUICE CONTAINER WAS FOUND WITHOUT AN OPENING DATE. BOTH JUICES WERE DISCARDED.

Comply By: 10/14/2025 Originally Issued On: 10/14/2025



**New Order: 4-200 Equipment Design and Construction**4-202.11 *Priority Level: Priority 2 CFP#: 47*

*MN Rule 4626.0515* Discontinue use of multi-use food-contact surfaces that are not smooth, free of breaks, open seams, cracks, chips, pits and other imperfections and that are not accessible for cleaning or inspection.

COMMENT: THE SHELVES INSIDE THE BEVERAGE AIR TWO-DOOR COOLER, THE BOTTOM PART OF THAT COOLER, AND THE SHELVES IN THE WALK-IN COOLER ARE PEELING AND SHOWING SIGNS OF RUST. RE-SEAL OR REPLACE THE AFFECTED SURFACES TO MAINTAIN SANITARY CONDITIONS.

*Comply By: 10/14/2025 Originally Issued On: 10/14/2025*

**New Order: 4-600 Cleaning Equipment and Utensils**4-602.11E *Priority Level: Priority 3 CFP#: 16*

*MN Rule 4626.0845E* Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

COMMENT: THE PLASTIC LID LOCATED IN FRONT OF THE ICE MOLD INSIDE THE ICE MACHINE HAS A BUILD-UP OF SLIMY DEBRIS. CLEAN AND SANITIZE TO PREVENT CONTAMINATION.

*Comply By: 10/16/2025 Originally Issued On: 10/14/2025*

**New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control**6-501.113A *Priority Level: Priority 3 CFP#: 55*

*MN Rule 4626.1575A* Store maintenance tools such as mops, brooms, vacuum cleaners, and similar equipment so they do not contaminate food, equipment, utensils, linens, and single-service and single-use articles.

COMMENT: BROOMS, DUSTPANS, AND A MOP BUCKET WERE FOUND STORED IN THE MEMORY CARE KITCHEN. CLEANING EQUIPMENT SHOULD NOT BE STORED IN FOOD SERVING AREAS. RELOCATE THESE ITEMS TO A DESIGNATED JANITOR'S CLOSET TO PREVENT POTENTIAL CONTAMINATION.

*Comply By: 10/15/2025 Originally Issued On: 10/14/2025*

**New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control**6-501.12A *Priority Level: Priority 3 CFP#: 55*

*MN Rule 4626.1520A* Clean and maintain all physical facilities clean.

COMMENT: THE FLOORS IN THE MEMORY CARE KITCHEN HAVE A BUILD-UP OF STICKY DEBRIS, ESPECIALLY UNDER EQUIPMENT AND ALONG THE WALLS. CEILING TILES AND THE AREA AROUND THE AC UNIT SHOW ACCUMULATION OF DUST. CLEAN AND MAINTAIN CLEAN.

*Comply By: 10/20/2025 Originally Issued On: 10/14/2025*

**New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control**6-501.16 *Priority Level: Priority 3 CFP#: 55*

*MN Rule 4626.1540* Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.

COMMENT: A MOP WAS FOUND STORED IN A MOP BUCKET CONTAINING DIRTY WATER IN THE MEMORY CARE KITCHEN. AFTER EACH USE, STAFF MUST DISCARD THE DIRTY WATER AND HANG MOPS TO AIR DRY TO MAINTAIN PROPER SANITATION. COMPLY WITH RULE ABOVE.

*Comply By: 10/14/2025 Originally Issued On: 10/14/2025*

**! New Order: 7-200 Toxic Supplies and Applications**7-201.11B *Priority Level: Priority 1 CFP#: 28*

*MN Rule 4626.1600B* Discontinue storing poisonous or toxic materials above food, equipment, utensils, linens or single-service or single-use articles.

COMMENT: TWO SPRAY BOTTLES CONTAINING DEGREASER WERE FOUND STORED ABOVE CLEAN TRAYS IN THE WAREWASHING AREA. THEY WERE RELOCATED TO A DESIGNATED STORAGE AREA TO PREVENT POTENTIAL CONTAMINATION OF CLEAN DISHES AND EQUIPMENT. CORRECTED ON-SITE.

*Comply By: 10/14/2025 Originally Issued On: 10/14/2025*



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## Food & Beverage General Comment

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All findings on this report were discussed with Culinary Services Director, Nicole Welch and Health Regulation Division Nurse Evaluator, Brandon Mueller.

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**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 F1021251181 from 10/14/2025**



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Nicole Welch  
Culinary Services Director

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

New Perspective Roseville  
Roseville  
County/Group: Ramsey County

### Inspection Info

Report Number: F1021251181  
Inspection Type: Full  
Date: 10/14/2025  
Time: 11:39:44 AM

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

**Location:** Walk-in Cooler at 44 Degrees F.

Comment:

Violation Issued?: Yes

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

**Location:** Walk-in Cooler at 43 Degrees F.

Comment:

Violation Issued?: Yes

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

**Location:** Walk-in Cooler at 43 Degrees F.

Comment:

Violation Issued?: Yes

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

**Location:** Walk-in Cooler at 43 Degrees F.

Comment:

Violation Issued?: Yes

**Equipment Temperature:** Product/Item/Unit: Walk-In Cooler ; Temperature Process: Ambient Air

**Location:** Walk-in Cooler at 42 Degrees F.

Comment:

Violation Issued?: Yes

**Food Temperature:** Product/Item/Unit: Shredded Beef ; Temperature Process: Hot-Holding

**Location:** Hot Wells at 192 Degrees F.

Comment:

Violation Issued?: No

**Food Temperature:** Product/Item/Unit: Baked Potato ; Temperature Process: Hot-Holding

**Location:** Hot Wells at 161 Degrees F.

Comment:

Violation Issued?: No

**Food Temperature:** Product/Item/Unit: Mixed Veggies ; Temperature Process: Hot-Holding

**Location:** Hot Wells at 166 Degrees F.

Comment:

Violation Issued?: No

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

**Location:** Prep Cooler at 38 Degrees F.

Comment:

Violation Issued?: No



**Food Temperature: Product/Item/Unit:** Hard Boiled Eggs ; **Temperature Process:** Cold-Holding

**Location:** Prep Cooler at 41 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Beverage Air Cooler at 40 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Shredded Beef ; **Temperature Process:** Hot-Holding

**Location:** Hot Wells, Memory Care at 149 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Baked Potato ; **Temperature Process:** Hot-Holding

**Location:** Hot Wells, Memory Care at 138 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** Cooked Carrots ; **Temperature Process:** Hot-Holding

**Location:** Hot Wells, Memory Care at 137 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

New Perspective Roseville  
Roseville  
County/Group: Ramsey County

### Inspection Info

Report Number: F1021251181  
Inspection Type: Full  
Date: 10/14/2025  
Time: 11:39:44 AM

**Sanitizing Chemical:** **Product:** Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Cook Line **Equal To** 400 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Chemical:** **Product:** Quaternary Ammonia; **Sanitizing Process:** 3-Compartment Sink

**Location:** Dishwashing Area **Equal To** 400 PPM

Comment:

*Violation Issued?: No*

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

**Location:** Dishwashing Area **Equal To** 161 Degrees F.

Comment:

*Violation Issued?: No*