



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

Electronically Delivered

October 14, 2025

Licensee  
Community Assisted Living Inc  
13628 Pilot Knob Road  
Apple Valley, MN 55124

RE: Project Number(s) SL28479016

Dear Licensee:

On September 10, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on June 11, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Tim Hanna'.

Tim Hanna, Supervisor  
State Engineering Services Section  
Email: [Tim.Hanna@state.mn.us](mailto:Tim.Hanna@state.mn.us)  
Telephone: 507-208-8982 Fax: 1-866-890-9290

CLN



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

Electronically Delivered

August 8, 2025

Licensee

Community Assisted Living Inc  
13628 Pilot Knob Road  
Apple Valley, MN 55124

RE: Project Number(s) SL28479016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 11, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **STATE CORRECTION ORDERS**

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

#### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement;

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

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

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

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

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

**St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$500.00**

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>**

**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.

Community Assisted Living Inc

August 8, 2025

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

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: [Jodi.Johnson@state.mn.us](mailto:Jodi.Johnson@state.mn.us)

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13628 PILOT KNOB ROAD APPLE VALLEY, MN 55124</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p><b>Initial Comments</b></p> <p><b>***ATTENTION***</b></p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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><b>INITIAL COMMENTS:</b></p> <p><b>SL28479016-0</b></p> <p>On June 9, 2025, through June 11, 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 seven residents (three residents at the North House and four residents at the South House); seven residents receiving services under the Assisted Living Facility license.</p> <p><b>0775: An immediate order was identified on June 11, 2025, at a level 3/Widespread (I).</b></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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 680 SS=F	<b>144G.42 Subd. 10 Disaster planning and emergency preparedness</b>	0 680		

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

Minnesota Department of Health

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0 680	<p>Continued From page 1</p> <p>(a) The facility must meet the following requirements:            (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;            (2) post an emergency disaster plan prominently;            (3) provide building emergency exit diagrams to all residents;            (4) post emergency exit diagrams on each floor; and            (5) have a written policy and procedure regarding missing residents.            (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.            (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:            Based on observation, 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 of the assisted living 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</p>	0 680		
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Minnesota Department of Health

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0 680	<p>Continued From page 2</p> <p>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>The licensee's 2024 Emergency Preparedness plan was reviewed and lacked the following:</p> <ul style="list-style-type: none"> <li>- policy and procedure addressing the role of facility under waiver declared by the Secretary in accordance with section 1135 of the ACT;</li> <li>- communication plan must include contact information for the following: MN Office of Ombudsman for LTC</li> <li>- policy and procedure addressing system of medical documentation that preserves resident information, protects confidentiality, and secures/maintains availability of records;</li> <li>- policy and procedure addressing use of volunteers, including the process/role for integration</li> </ul> <p>On June 11, 2025, at 10:47 a.m., licensed practical nurse (LPN)-C reviewed the licensee's emergency preparedness binder and stated it lacked the required content as listed above.</p> <p>The licensee's Emergency Preparedness Plan-Appendix Z Compliance dated August 1, 2021, indicated the licensee's emergency preparedness plan would include all the required elements of Appendix Z.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		

Minnesota Department of Health

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0 690	Continued From page 3	0 690		
0 690 SS=F	<p><b>144G.43 Subdivision 1 Resident record</b></p> <p>(a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure entries in the resident records were authenticated by the name and title of the person making the entry for two of two residents (R1 and 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 failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p><b>R1</b> R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include dressing, feeding, oral hygiene, hair care, grooming, toileting, bathing, standby assistance,</p>	0 690		

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0 690	<p>Continued From page 4</p> <p>hands-on assistance with transfers and mobility, blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, oxygen, medication setup and medication administration.</p> <p>On June 9, 2025, at 12:52 p.m., the surveyor observed unlicensed personnel (ULP)-D check R1's blood sugar and administer insulin.</p> <p>R1's Accucheck Record dated June 2025, had columns for the ULP to document the date, time and blood sugar result. It also had a column labeled "What was done and was nurse notified". The Accucheck Record lacked authentication of the person making the entry.</p> <p>R1's Vial Sign Flowsheet dated April 10, 2025, through June 8, 2025, included staff initials but lacked staff names/signatures and credentials/title.</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include dressing, oral hygiene, hair care, grooming, toileting, bathing, standby assistance, fluid restriction, hands-on assistance with transfers and mobility, blood sugar checks, weekly weight, blood pressure checks, oxygen, medication setup and medication administration.</p> <p>R2's Accucheck Record dated June 2025, had columns for the ULP to document the date, time and blood sugar result. It also had a column labeled "What was done and was nurse notified". The Accucheck Record lacked authentication of</p>	0 690		

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0 690	<p>Continued From page 5</p> <p>the person making the entry.</p> <p>R2's Vial Sign Flowsheet dated May 26, 2025, through June 9, 2025, included staff initials but lacked staff names/signatures and credentials/title.</p> <p>R2's Weight Sheet dated January 1, 2025, through May 4, 2025, included staff initials but lacked staff names/signatures and credentials/title.</p> <p>On June 11, 2025, at 9:31 a.m., licensed practical nurse (LPN)-C reviewed the above documents and stated they lacked authentication of the person making the entry as noted above. LPN-C further stated these documents were used for all residents.</p> <p>The licensee's Resident Record-Documentation policy dated August 1, 2021, indicated all documentation would include the signature and title of the person who performed the service or administered the medication, treatment or therapy. Initials may be used if there is a completed signature page included in the documentation.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 690		
0 730 SS=D	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone</p>	0 730		

Minnesota Department of Health

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0 730	<p>Continued From page 6</p> <p>number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p>	0 730		

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0 730	<p>Continued From page 7</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included the required documentation of all provided services for two of two residents (R1 and 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 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>R1 R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include dressing, feeding, oral hygiene, hair care, grooming, toileting, bathing, standby assistance, hands-on assistance with transfers and mobility, blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, oxygen, medication setup and medication administration.</p>	0 730		

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0 730	<p>Continued From page 8</p> <p>R1's Home Health Aide (HHA) Care Plan dated June 2, 2025, through June 15, 2025, indicated the unlicensed personnel (ULP) assisted R1 with the following services:                      -Shower/Tub, Wednesday PM                      -Shampoo with shower                      -Hair Care, daily                      -Oral Care, daily                      -Lotion/Skin Care, daily                      -Nail Care (nurse to do)                      -Dressing Assist, daily                      -Transfer Assist, stand by assist with lift chair                      -Assist to bathroom as needed                      -Fluid intake, push fluids                      -Make bed, daily                      -Clean walker, Wednesdays</p> <p>R1's record lacked documentation of weekly showers, shampoo with shower, hair care, oral care, lotion/skin care and nail care by the nurse.</p> <p>R2                      R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include dressing, oral hygiene, hair care, grooming, toileting, bathing, standby assistance, fluid restriction, hands-on assistance with transfers and mobility, blood sugar checks, weekly weight, blood pressure checks, oxygen, medication setup and medication administration.</p> <p>R2's HHA Care Plan dated June 2, 2025, through June 15, 2025, indicated the ULP assisted R2 with the following services:                      -Shower/Tub, Mondays, Wednesdays and Friday AM</p>	0 730		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 730	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-Shampoo with shower</li> <li>-Hair Care, daily</li> <li>-Oral Care, twice daily</li> <li>-Lotion/Skin Care, daily</li> <li>-Nail Care (nurse to do)</li> <li>-Dressing Assist, daily</li> <li>-Exercise-Range of Motion (ROM), twice daily</li> <li>-Transfer Assist, as needed</li> <li>-Assist to bathroom as needed</li> <li>-Fluid intake, every shift</li> <li>-Make bed, daily</li> </ul> <p>R2's record lacked documentation of shampoo with shower, oral care, lotion/skin care, nail care by nurse, dressing assist, exercise-ROM and bedmaking.</p> <p>On June 11, 2025, at 9:22 a.m., licensed practical nurse (LPN)-C stated R1 and R2's records lacked documentation of all services provided as noted above. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she expected the ULP document all services provided and if a resident refused a service.</p> <p>The licensee's Resident Record-Information and Content policy dated August 1, 2021, indicated resident records would include documentation that services have been provided as identified in the service plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730		
0 775 SS=I	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

Minnesota Department of Health

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0 775	<p>Continued From page 10</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life and failed to keep the facility in compliance with the Minnesota Fire Code. This had the potential to directly affect all of the residents and staff.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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>Findings include:</p> <p>On a facility tour on June 11, 2025, from 3:30 p.m. to 6:30 p.m., with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and, licensed practical nurse (LPN)-C, it was observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms 1, 3 and 4.</p> <p><b>OCCUPIED RESIDENT SLEEPING ROOMS-NORTH HOUSE</b> Resident sleeping room 3, emergency escape and rescue clear window opening measurements were 17.6 inches wide, 48 inches in height and 844.8 square inches in openable area. The window was measured with LALD/CNS-A, LPN-C</p>	0 775		

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0 775	<p>Continued From page 11</p> <p>and the surveyor present. The window did not meet the minimum requirements for width.</p> <p><b>UNOCCUPIED RESIDENT SLEEPING ROOMS-NORTH HOUSE</b></p> <p>Resident sleeping room 1, emergency escape and rescue clear window opening measurements were 17.6 inches wide, 48 inches in height and 844.8 square inches in openable area. The window was measured with LALD/CNS-A, LPN-C and the surveyor present. The window did not meet the minimum requirements for width.</p> <p>Resident sleeping room 4, emergency escape and rescue clear window opening measurements were 17.6 inches wide, 48 inches in height and 844.8 square inches in openable area. The window was measured with LALD/CNS-A, LPN-C and the surveyor present. The window did not meet the minimum requirements for width</p> <p>It was explained to LALD/CNS-A and LPN-C, that at least one compliant emergency escape and rescue opening is required within each resident sleeping room.</p> <p>Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. Windowsill height shall not be more than 48 inches from the floor to the clear opening.</p> <p>These deficient conditions were visually verified by LALD/CNS-A and LPN-C, accompanying on the tour. Survey staff explained that an immediate correction order was issued for the above findings.</p>	0 775		

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0 775	Continued From page 12	0 775		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that were interconnected so that the actuation of one alarm</p>	0 780		

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0 780	<p>Continued From page 13</p> <p>caused all alarms in the dwelling unit to actuate. 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) 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>Findings include: On a facility tour on June 11, 2025, from 3:30 p.m. to 6:30 p.m., with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and licensed practical nurse (LPN)-C.</p> <p>During the tour, the surveyor observed:</p> <p><b>INTERCONNECTION:</b> In both NORTH AND SOUTH houses the hard-wired smoke alarms throughout the facility were not interconnected. Alarms in the NORTH house didn't connect with the lower level, alarms in the SOUTH house were not interconnected between bedrooms and lower level. Smoke alarms were not interconnected so activation of one alarm activates all alarms throughout the facility</p> <p>During a facility tour on June 11, 2025, at 5:30 p.m., CNS/LALD-A/LPN-C verified the above listed observations while accompanying on the tour. <b>TIME PERIOD FOR CORRECTION: Two (2) day</b></p>	0 780		

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0 810	Continued From page 14	0 810		
0 810 SS=F	<p><b>144G.45 Subd. 2 (b-f) Fire protection and physical environment</b></p> <p>(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.</p> <p>(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.</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> </p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record</p>	0 810		

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0 810	<p>Continued From page 15</p> <p>review, the licensee failed to develop the fire safety and evacuation plan with the required content. 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) 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 June 11, 2025, from 3:30 p.m. to 6:30 p.m., with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and licensed practical nurse (LPN)-C. Provided documents on the FSEP, fire safety and evacuation training, and evacuation drills for the facility.</p> <p><b>FIRE SAFETY AND EVACUATION PLAN:</b> The licensee's FSEP, titled "Fire Policy", undated, failed to include the following:</p> <p><b>STAFF ACTIONS:</b> The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate).</p> <p><b>RESIDENT ACTIONS:</b> The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic</p>	0 810		

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0 810	Continued From page 16  evacuation procedures that residents should follow in case of a fire or similar emergency.  On June 11, 2025, at 5:30 p.m., CNS/LALD-A/LPN-C stated they understood the areas of their policy that were incomplete and would work on bringing them into compliance.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01060 SS=F	144G.52 Subd. 9 Emergency relocation  (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. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (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 (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	01060		

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01060	<p>Continued From page 17</p> <p>may submit an appeal.</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 provide a written notice with the required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R1).</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>R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular</p>	01060		

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01060	<p>Continued From page 18</p> <p>accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include dressing, feeding, oral hygiene, hair care, grooming, toileting, bathing, standby assistance, hands-on assistance with transfers and mobility, blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, oxygen, medication setup and medication administration.</p> <p>R1's progress notes dated April 23, 2025, indicated R1 had a fall, and right arm and leg weakness. R1 was sent to the emergency room and admitted to the hospital.</p> <p>R1's After Visit Summary dated May 22, 2025, indicated R1 was hospitalized at an Acute Rehabilitation Center April 30, 2025, through May 22, 2025. R1 returned to the licensee on May 22, 2025 (29 days later).</p> <p>R1's record lacked a written notice that contains, at a minimum:</p> <ul style="list-style-type: none"> <li>- the reason for the relocation;</li> <li>- the name and contact information for the location to which the resident has been relocated and any new service provider;</li> <li>- contact information for the Office of Ombudsman for Long-Term Care;</li> <li>- 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;</li> <li>- a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section</li> </ul>	01060		

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01060	<p>Continued From page 19</p> <p><b>144G.54.</b> The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>In addition, R1's record lacked notification to the Office of Ombudsman for Long-Term Care the resident had been relocated and had not returned to the facility within four days.</p> <p>On June 10, 2025, at 9:50 a.m., licensed practical nurse (LPN)-C and licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's record lacked evidence a written notice related to R1's emergency relocation had been completed and provided, and further lacked notification to the Office of Ombudsman for Long-Term Care that the resident had been relocated and had not returned to the facility within four days. LPN-C and LALD/CNS-A further stated they were not aware of this requirement.</p> <p>The licensee's Emergency Relocation policy dated August 1, 2021, indicated the following:</p> <ol style="list-style-type: none"> <li>1. In the event of an emergency relocation, the licensee will provide a written notice that contains, at minimum:             <ol style="list-style-type: none"> <li>a. The reason for relocation</li> <li>b. The name and contact information for the location to which the resident has been relocated and any new service provider</li> <li>c. Contact information for the Office of Ombudsman for Long-Term Care</li> <li>d. 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</li> <li>e. A statement, that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal.</li> </ol> </li> <li>2. The facility will provide contact information for</li> </ol>	01060		

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01060	<p>Continued From page 20</p> <p>the agency to which the resident may submit an appeal.</p> <p>3. The notice required will be delivered as soon as practicable to:</p> <ul style="list-style-type: none"> <li>a. The resident, legal representative, and designated representative</li> <li>b. For residents who receive home and community-based waiver services, the resident's case manager and</li> <li>c. The Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days</li> </ul> <p>4. Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the contract termination process.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT: Twenty-one (21) days</p>	01060		
01620 SS=D	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be</p>	01620		

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01620	<p>Continued From page 21</p> <p>conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a change of condition</p>	01620		

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01620	<p>Continued From page 22</p> <p>assessment for one of one resident (R1) when readmitted from a hospital and short-term rehabilitation stay.</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>R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include dressing, feeding, oral hygiene, hair care, grooming, toileting, bathing, standby assistance, hands-on assistance with transfers and mobility, blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, oxygen, medication setup and medication administration.</p> <p>R1's progress notes dated April 23, 2025, indicated R1 had a fall, and right arm and leg weakness. R1 was sent to the emergency room and admitted to the hospital.</p> <p>R1's After Visit Summary dated May 22, 2025, indicated R1 was hospitalized at an Acute Rehabilitation Center April 30, 2025, through May</p>	01620		

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01620	<p>Continued From page 23</p> <p>22, 2025, post CVA.</p> <p>R1 returned to the licensee on May 22, 2025; however, R1's record did not include a change of condition assessment upon her return to the licensee.</p> <p>On June 10, 2025, at 9:45 a.m., licensed practical nurse (LPN)-C reviewed R1's chart and stated she could not locate a comprehensive assessment for R1 when she was re-admitted on May 22, 2025. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she re-assessed R1 when she returned; however, she did not document the re-assessment.</p> <p>The licensee's Resident Change in Condition or Need policy dated August 1, 2021, indicated change of condition assessments would be initiated after every resident readmission to the licensee, from the hospital, emergency department or other medical/treatment stay.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The</p>	01640		

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01640	<p>Continued From page 24</p> <p>service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for two of two residents (R1 and 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 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>R1 R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive</p>	01640		

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01640	<p>Continued From page 25</p> <p>pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>On June 9, 2025, at 12:52 p.m., the surveyor observed unlicensed personnel (ULP)-D check R1's blood sugar.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include dressing, feeding, oral hygiene, hair care, grooming, toileting, bathing, standby assistance, hands-on assistance with transfers and mobility, blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, oxygen, medication setup and medication administration.</p> <p>R1's signed prescriber orders dated May 22, 2025, included: -Free Style Libre Sensor (device that continuously monitors blood sugar levels); change every 15 days</p> <p>R1's service plan did not include Libre Sensor management.</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>On June 10, 2025, at 7:55 a.m., the surveyor observed R2 lying in bed with oxygen on at 2 liters via nasal cannula. R2's incentive spirometer (device that helps patients practice deep breathing to strengthen and expand their lungs) was on R2's bedside table.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include dressing, oral hygiene, hair care, grooming, toileting, bathing,</p>	01640		

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01640	<p>Continued From page 26</p> <p>standby assistance, fluid restriction, hands-on assistance with transfers and mobility, blood sugar checks, weekly weight, blood pressure checks, oxygen, medication setup and medication administration.</p> <p>R2's Treatment Administration Record dated June 2025, included: -Remind to use incentive spirometer frequently throughout shift</p> <p>R2's record lacked documentation of daily O2 saturation checks.</p> <p>R2's record lacked signed prescriber orders for the following treatments: -blood pressure checks -daily O2 saturation checks -incentive spirometer</p> <p>R2's service plan did not include daily oxygen saturation checks or incentive spirometer.</p> <p>On June 11, 2025, at 9:18 a.m., licensed practical nurse (LPN)-C reviewed R1's service plan and stated it did not include Libre sensor management. LPN-C reviewed R2's service plan and stated it did not include daily O2 saturations or incentive spirometer.</p> <p>The licensee's Service Plan policy dated August 1, 2021, indicated the service plan would include a description of the services that were to be provided based on the most recent assessment and resident preferences.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		

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01710 SS=D	<p><b>144G.71 Subd. 3 Individualized medication monitoring and reas</b></p> <p>A registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</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) assessed R1's ability to self-administer medications.</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>R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include</p>	01710		
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01710	<p>Continued From page 28</p> <p>medication setup and medication administration.</p> <p>R1's signed prescriber orders dated May 22, 2025, included the following:</p> <ul style="list-style-type: none"> <li>-Lantus insulin 100 units/milliliter (ml); inject 25 units subcutaneously at bedtime (diabetes)</li> <li>-Novolog Flexpen 100 units/ml; Pre-Meal dosing:               <ul style="list-style-type: none"> <li>-Blood Glucose (BG) 190-239 = give 2 units</li> <li>-BG 240-289 = give 3 units</li> <li>-BG 290-339 = give 4 units</li> <li>-BG 340-389 = give 5 units</li> <li>-BG 390-439 = give 6 units</li> <li>-BG 440 or greater = give 7 units</li> </ul> </li> <li>-Novolog Flexpen 100 units/ml: Bedtime dosing:               <ul style="list-style-type: none"> <li>-BG 200-249 = give 1 unit</li> <li>-BG 250-299 = give 2 units</li> <li>-BG 300-349 = give 3 units</li> <li>-BG 350-399 = give 4 units</li> <li>-BG 400 or greater = 5 units</li> </ul> </li> <li>-bimatoprost (Lumigan) 0.001 % solution; instill one drop into both eyes at bedtime (glaucoma)</li> <li>-brimonidine (Alphagan) 0.2% solution; instill one drop into both eyes three times a day (glaucoma)</li> <li>-cyclosporine (Restasis) 0.05% solution; instill one drop into both eyes twice daily (glaucoma)</li> <li>-albuterol 108 micrograms (mcg); inhale two puffs into the lungs every six hours as needed (shortness of breath or wheezing)</li> <li>-ipratropium (Atrovent) 17 mcg/ACT inhaler; inhale two puffs into the lungs four times daily (COPD)</li> <li>-fluticasone-salmeterol (Advair) 230-21 mcg/ACT inhaler; inhale one puff into the lungs two times daily (COPD)</li> </ul> <p>R1's PRN (as needed) MAR (medication administration record) dated June 2025, included the following medications:</p> <ul style="list-style-type: none"> <li>-albuterol 108 mcg; inhale two puffs into the lungs every six hours as needed for SOB</li> </ul>	01710		

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01710	<p>Continued From page 29</p> <p>-Atrovent 17 mcg; inhale two puffs by mouth four times a day as needed for SOB</p> <p>R1's Treatment Administration Record dated June 2025, included the following medications: -lumigan; one drop into both eyes in the evening, "okay for client to self-admin", "staff to admin". -Alphagan; one drop into both eyes three times a day. "okay for client to self-admin", "staff to admin" -Restatis ; one drop into both eyes two times a day. "okay for client to self-admin", "staff to admin" -Advair 230-21 mcg; inhale one puff by mouth two times a day *okay for client to self-admin*</p> <p>R1's Medication Assessment for Safety in Self Administration dated July 1, 2024, indicated "Resident is deemed ABLE to PARTIALLY safely self-administer medications (describe): inhalers".</p> <p>R1's Individualized Medication Management Plan dated October 3, 2024, indicated R1 was "partially able to self-administer medications (describe): inhalers and eye drops".</p> <p>On June 9, 2025, at 12:52 p.m., the surveyor observed unlicensed personnel (ULP)-D directed R1 to prime the insulin pen with two units and waste it. R1 dialed the insulin pen to two units, ULP-D verified it was two units and then R1 wasted it. ULP-D then directed R1 to dial the insulin pen to the prescribed 4 units. R1 had difficulty dialing the insulin pen to four units but was able to after three attempts. R1 attempted to self-administer the insulin two times but was unable to and gave the insulin pen to ULP-D. ULP-D administered R1's insulin.</p> <p>On June 10, 2025, at 9:30 a.m., the surveyor</p>	01710		
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01710	<p>Continued From page 30</p> <p>observed ULP-D direct R1 to prime the insulin pen with two units and waste it. R1 dialed the insulin pen to two units. ULP-D verified it was two units and then R1 attempted to self-inject the two units of insulin. ULP-D stopped R1 and directed her to waste the two units of insulin and R1 attempted to administer the two units a second time. ULP-D stopped R1 and wasted the two units of insulin for R1. ULP-D then directed R1 to dial the prescribed dose of one unit of insulin. R1 attempted to self-administer the insulin twice and then was able to inject the insulin with the help of ULP-D. The surveyor observed R1's eye drops and inhalers on her bedside table and inquired if R1 self-administered the eye drops and inhalers or if the ULP did. ULP-D stated R1 will attempt to administer her eye drops but usually requested staff to administer them for her. ULP-D stated R1 self-administered her inhalers most of the time. ULP-D stated R1's ability to self-administer her eye drops, inhalers and insulin varies and staff will administer everything when R1 is unable to.</p> <p>On June 11, 2025, at 9:14 a.m., licensed practical nurse (LPN)-C stated R1 used to be able to self-administer her own eye drops but after her recent stroke, she required staff assistance. LPN-C stated R1 was able to self-administer her inhalers. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's ability to self-administer her insulin varies from day to day, and the ULP were to supervise R1 and give step by step instructions to R1 when she administered the insulin. LALD/CNS-A stated the ULP were able to administer R1's insulin if R1 was not able to on her own. LALD/CNS-A stated R1's medication assessment did not accurately reflect which medication tasks R1 could complete independently.</p>	01710		

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01710	<p>Continued From page 31</p> <p>The licensee's Medication Management-Assessment, Monitoring and Reassessment policy dated August 1, 2021, indicated the licensee would monitor and reassess the resident's medication management services as needed when the resident presents with symptoms or other issues that may be medication-related and, at minimum, annually.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01710		
01750 SS=D	<p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <ul style="list-style-type: none"> <li>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</li> <li>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</li> <li>(3) communicated with the unlicensed personnel about the individual needs of the resident.</li> </ul> <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 documented resident-specific instructions for two of two residents (R1 and R2) whose medication administration was delegated to unlicensed personnel (ULP).</p>	01750		

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01750	<p>Continued From page 32</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>R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>On June 10, 2025, at 9:30 a.m., the surveyor observed ULP-D administer medications to R1.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include medication setup and medication administration.</p> <p><b>PAIN</b> R1's PRN (as needed) Medication Administration Record (MAR) dated June 2025, included the following medications: -acetaminophen 325 milligrams (mg); take two tablets by mouth three times daily as needed for pain, space 4-6 hours apart -acetaminophen 325 mg suppository; two suppositories every six hours as needed (pain) -oxycodone 5 mg; give one-half tablet every four hours as needed for pain</p> <p>R1's record did not include instructions for the ULP to understand which PRN pain medication should be given in which order. In addition, R1's</p>	01750		

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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13628 PILOT KNOB ROAD APPLE VALLEY, MN 55124</b>
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01750	<p>Continued From page 33</p> <p>record did not indicate whether to wait four hours or six hours in between administering oral acetaminophen.</p> <p><b>LOW BLOOD SUGAR</b> R1's PRN MAR dated June 2025, included the following medication: -glucose 4 grams (g); chew one tablet by mouth every hour as needed for low blood sugar -glucose gel; one tube orally every 15 minutes as needed for blood sugar less than 60</p> <p>R1's record did not include instructions regarding what blood sugar result was considered a low blood sugar to indicate administering glucose to R1. In addition, there was no indication on when to give the glucose tablet versus the glucose gel when R1's blood sugar was low.</p> <p><b>CONSTIPATION</b> R1's PRN MAR dated June 2025, included the following medications: -sennosides 8.6 mg; one tablet by mouth twice a day as needed for constipation -Miralax 17 grams; mix in water or juice by mouth daily as needed for constipation -bisacodyl 10 mg; place one suppository rectally daily as needed for constipation</p> <p>R1's record did not include instructions for the ULP to understand which PRN medication for constipation should be used in which order.</p> <p><b>SHORTNESS OF BREATH (SOB)</b> R1's PRN MAR dated June 2025, included the following medications: -albuterol 108 micrograms (mcg); inhale two puffs into the lungs every six hours as needed for SOB -Atrovent 17 mcg; inhale two puffs by mouth four times a day as needed for SOB</p>	01750		

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01750	<p>Continued From page 34</p> <p>-ipratropium albuterol 0.5 mg/2.5 mg; inhale one vial into the lungs four times daily as needed for SOB</p> <p>R1's record did not include instructions for the ULP to understand which PRN medication for shortness of breath should be given in which order.</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>On June 10, 2025, at 6:51 a.m., the surveyor observed ULP-F administer medications to R2.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include medication setup and medication administration.</p> <p>SOB/COUGH R2's PRN MAR dated June 2025, included the following medications: -albuterol nebulizer; inhale one vial every four hours as needed for SOB/cough -albuterol inhaler; 1-2 puffs every six hours as needed for cough or SOB</p> <p>R2's record did not include instructions for the ULP to understand which PRN medication to give for SOB/cough. In addition, R2's record did not indicate when to administer one puff versus two puffs of R2's albuterol inhaler.</p> <p>TYLENOL R2's PRN MAR dated June 2025, included the following medication -Tylenol 500 mg; take 1-2 tablets by mouth daily as needed for constipation</p>	01750		

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01750	<p>Continued From page 35</p> <p>R2's record did not include instructions for the ULP to understand when to administer one tablet versus two tablets of Tylenol to R2.</p> <p>On June 10, 2025, at 9:58 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated there were not written instructions regarding R1 and R2's medications as listed above.</p> <p>The licensee's Medication and Treatment Orders policy dated August 1, 2021, indicated an order for medication or treatment must contain the name of the resident, a description of the medication, treatment or therapy to be provided and the frequency, duration, and other information needed to carry out the order.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01750		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance</p>	01760		

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01760	<p>Continued From page 36</p> <p>with the resident's medication management plan.</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 administered as ordered for one of two residents (R1) who received 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>R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>On June 10, 2025, at 9:30 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include medication setup and medication administration.</p> <p>R1's signed prescriber orders dated May 22, 2025, indicated to discontinue the following medications: -bisacodyl 10 milligrams (mg) suppository</p>	01760		

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01760	<p>Continued From page 37</p> <ul style="list-style-type: none"> <li>-hydroxyzine 25 mg</li> <li>-ipratropium-albuterol 0.5 mg/2.5 mg/3 milliliter (ml) nebulizer solution</li> <li>-polyethylene glycol 17 grams</li> <li>-Senna 8.6 mg</li> </ul> <p>R1's PRN (as needed) Medication Administration Record (MAR) dated June 2025, included the following medications:</p> <ul style="list-style-type: none"> <li>-bisacodyl 10 mg suppository; place one suppository rectally daily as needed for constipation</li> <li>-hydroxyzine 25 mg; take one tablet by mouth every 8 hours as needed for anxiety</li> <li>-ipratropium-albuterol 0.5 mg/2.5 mg; inhale one vial into lungs four times daily as needed for shortness of breath</li> <li>-Miralax (polyethylene glycol) 17 grams; mix in water or juice by mouth daily as needed for constipation</li> <li>-sennosides 8.6 mg; take one tablet by mouth twice daily as needed for constipation</li> </ul> <p>On June 10, 2025, at 9:58 a.m., the surveyor inquired about R1's PRN medication orders that were supposed to be discontinued per prescriber orders on May 22, 2025, as the orders were still included in R1's PRN MAR. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and licensed practical nurse (LPN)-C reviewed R1's PRN MAR and prescriber orders dated May 22, 2025. LALD/CNS-A stated a nurse who no longer worked for the licensee would have transcribed R1's prescriber orders on May 22, 2025, and was unsure why the above orders were not discontinued as ordered.</p> <p>The licensee's Medication and Treatment Orders policy dated August 1, 2021, indicated the registered nurse (RN) was responsible for</p>	01760		

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01760	Continued From page 38  assuring that: a. current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records b. communicated to the resident or responsible party c. educate resident or responsible party on all medication and treatment orders, and d. changes in orders are addressed in the resident's service pan and communicated to other staff.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup  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.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for two of two residents (R1 and R2).  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	01770		

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01770	<p>Continued From page 39</p> <p>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>During the entrance conference on June 9, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and licensed practical nurse (LPN)-C stated the licensee provided medication management services to their residents, including medication set up for all residents.</p> <p>R1 R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>On June 10, 2025, at 9:30 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include medication setup and medication administration.</p> <p>R1's Medication Administration Record (MAR) dated June 2025, included the following medications: -famotidine 20 mg; take one tablet by mouth twice daily (acid reflux) -Adderall 20 mg; take one capsule by mouth daily in the afternoon (attention-deficit/hyperactivity disorder/ADHD) -atorvastatin 40 mg; take one tablet by mouth at bedtime (cholesterol)</p>	01770		

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01770	<p>Continued From page 40</p> <ul style="list-style-type: none"> <li>-Adderall 30 mg; take one capsule by mouth daily in the morning (ADHD)</li> <li>-venlafaxine 150 mg; take two capsules by mouth daily (depression)</li> <li>-pregabalin 75 mg; take one capsule by mouth three times daily (pain)</li> <li>-metoprolol succinate 50 mg; take one tablet by mouth daily (blood pressure)</li> <li>-senna-docusate 8.6-50 mg; take one tablet by mouth at bedtime (constipation)</li> <li>-aspirin 325 mg; take one tablet by mouth daily (heart health)</li> <li>-amlodipine 2.5 milligrams (mg); take one tablet by mouth at bedtime (blood pressure)</li> <li>-omeprazole 40 mg; take one capsule by mouth daily (acid reflux)</li> <li>-sucralfate 1 g; take one tablet by mouth three times daily (acid reflux)</li> <li>-clopidogrel 75 mg; take one tablet by mouth daily (blood thinner)</li> </ul> <p>R1's MAR included documentation for "dosage boxes, cleaned and filled x 1 week" on June 1, 2025, through June 7, 2025.</p> <p>R1's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration.</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>On June 10, 2025, at 6:51 a.m., the surveyor observed ULP-F administer medications to R2.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include medication setup and medication administration.</p>	01770		

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01770	<p>Continued From page 41</p> <p>R2's MAR dated June 2025, included the following medications:                      -Vitamin B12; take one tablet by mouth daily (supplement)                      -Metformin 500 mg; take two tablets by mouth daily (diabetes)                      -rosuvastatin 20 mg; take one tablet by mouth daily (cholesterol)                      -ferrous sulfate 325 mg; take one tablet by mouth daily (supplement)                      -levothyroxine 88 mcg; take one tablet by mouth daily (thyroid)                      -risperidone 1 mg; take one tablet by mouth daily (anxiety)                      -Ingrezza 40 mg; give one capsule by mouth daily (involuntary movements of the face, tongue, and other body parts)                      -risperidone 4 mg; take one tablet by mouth daily (anxiety)                      -Vitamin D3 200 units; take one tablet by mouth daily (supplement)                      -Trazodone 50 mg; take two tablets by mouth at bedtime (sleep)                      -benztropine 1 mg; take one tablet by mouth twice daily (cough)</p> <p>R2's MAR included documentation for "dosage boxes, cleaned and filled x 1 week" on June 1, 2025, through June 7, 2025.</p> <p>R2's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration.</p> <p>On June 10, 2025, at 11:44 a.m., LPN-C stated she completed medication set-up for all residents each week and documented the completion of the medication set up on the residents' MARs.</p>	01770		

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01770	<p>Continued From page 42</p> <p>LPN-C further stated she did not document the name of the medication, quantity of dose, times to be administered, or route of administration anywhere in the resident record.</p> <p>The licensee's Medication Management- Dosage Box Setup policy dated August 1, 2021, indicated the following:</p> <ol style="list-style-type: none"> <li>1. A licensed nurse will assure the medication orders are transcribed onto the MAR. This profile includes:               <ol style="list-style-type: none"> <li>a. Dates of medication set up</li> <li>b. Medication name</li> <li>c. Quantity of dose</li> <li>d. Times to be administered</li> <li>e. Route of administration</li> <li>f. Name of the person completing the medication setup</li> <li>g. Visual description of medication</li> <li>h. Drug classification and special precautions</li> </ol> </li> <li>2. The licensed nurse transcribes the medications order onto the MAR. For medications included in the dosage box, the day and time of administration will be noted on the MAR.</li> <li>3. Medications that cannot be set up in the dosage box (topical or liquid) will be recorded on the MAR to include any special instructions and:               <ol style="list-style-type: none"> <li>a. Medication name</li> <li>b. Quantity of dose</li> <li>c. Times to be administered</li> <li>d. Route of administration</li> <li>e. Visual description of medication</li> <li>f. Drug classification and special precautions</li> </ol> </li> <li>4. The licensed nurse sets up medication weekly into the dosage boxes.</li> <li>5. When the licensed nurse has completed setting up the medications into the dosage box, the set-up is documented on the MAR.</li> <li>6. The licensed nurse will review the dosage boxes on a weekly basis to assure that all the</li> </ol>	01770		

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01770	Continued From page 43  previous week's medications were administered, and documentation is then made on the MAR.  No further information was provided.  TIME PERIOD TO CORRECT: Seven (7) Days	01770		
01820 SS=D	144G.71 Subd. 13 Prescriptions  There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the prescriber orders for two of two residents (R1 and R2) was complete.  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).  The findings include:  R1 R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).	01820		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01820	<p>Continued From page 44</p> <p>On June 10, 2025, at 9:30 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include medication setup and medication administration.</p> <p>R1's PRN (as needed) Medication Administration Record (MAR) dated June 2025, included the following medications: -acetaminophen 325 milligrams (mg) suppositories; two suppositories rectally every six hours as needed (constipation) -glucose gel; one tube orally every 15 minutes as needed for blood sugar less than 60</p> <p>R1's record lacked signed prescriber orders for acetaminophen suppository and glucose gel.</p> <p>On June 10, 2025, at 10:45 a.m., licensed practical nurse (LPN)-C stated R1's record lacked signed prescriber orders for the acetaminophen suppository and glucose gel.</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>On June 10, 2025, at 6:51 a.m., the surveyor observed ULP-F administer medications to R2.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include medication setup and medication administration.</p> <p>R2's prescriber orders dated April 7, 2025, included the following PRN medications: -albuterol neb; inhale one vial every four hours as</p>	01820		

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01820	<p>Continued From page 45</p> <p>needed for shortness of breath/cough -nystatin powder; apply to skin/rash or redness two times daily as needed -albuterol inhaler; 1-2 puffs every six hours for cough or shortness of breath</p> <p>R2's PRN MAR dated June 2025, included the following PRN medications: -albuterol neb; inhale one vial every four hours as needed for shortness of breath/cough -nystatin powder; apply to skin/rash or redness two times daily as needed -albuterol inhaler; 1-2 puffs every six hours for cough or shortness of breath</p> <p>R2's record lacked complete prescriber orders to include the medication dose for the PRN medications listed above.</p> <p>On June 10, 2025, at 10:47 a.m., LPN-C stated R2's PRN orders listed above did not include the dose for each medication.</p> <p>The licensee's Medications and Treatment Orders policy dated August 1, 2021. Indicated the RN is responsible for assuring that current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the residents' records and an order for medication or treatment must contain the name of the resident, a description of the medication, treatment or therapy to be provided and the frequency, duration, and other information needed to carry out the order.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		

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01890	Continued From page 46	01890		
01890 SS=D	<p><b>144G.71 Subd. 20 Prescription drugs</b></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, interview, and record review, the licensee failed to ensure insulin pens had a pharmacy label and failed to ensure time sensitive medications had an opened date for one of one resident (R1).</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>R1 was admitted on July 1, 2024, with diagnoses that included diabetes.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include medication setup and medication administration.</p> <p>R1's signed prescriber orders dated May 22, 2025, included:</p>	01890		

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01890	<p>Continued From page 47</p> <ul style="list-style-type: none"> <li>- Lantus insulin 100 units/milliliter (ml); inject 25 units subcutaneously at bedtime (diabetes)</li> <li>-Novolog Flexpen 100 units/ml; Pre-Meal dosing:               <ul style="list-style-type: none"> <li>-Blood Glucose (BG) 190-239 = give 2 units</li> <li>-BG 240-289 = give 3 units</li> <li>-BG 290-339 = give 4 units</li> <li>-BG 340-389 = give 5 units</li> <li>-BG 390-439 = give 6 units</li> <li>-BG 440 or greater = give 7 units</li> </ul> </li> <li>-Novolog Flexpen 100 units/ml: Bedtime dosing:               <ul style="list-style-type: none"> <li>-BG 200-249 = give 1 unit</li> <li>-BG 250-299 = give 2 units</li> <li>-BG 300-349 = give 3 units</li> <li>-BG 350-399 = give 4 units</li> <li>-BG 400 or greater = 5 units</li> </ul> </li> </ul> <p>On June 9, 2025, at 12:52 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's insulin. The insulin pen had a piece of tape on it with "Novolog" written on it. The insulin pen did not have a pharmacy label on it and there was no documented open date. R1 also had an additional insulin pen in a bag with a piece of tape on it with "Lantus" written on it. The Lantus insulin pen did not have a pharmacy label and there was no documented open date. ULP-D stated both insulin pens had been opened and used and neither had an open date.</p> <p>On June 10, 2025, at 9:39 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and licensed practical nurse (LPN)-C observed R1's insulin pens and stated neither pen had a pharmacy label and neither pen had an open date. LALD/CNS-A stated she expected the ULP to date each insulin pen on the day they first use it. LALD/CNS-A was unsure why the insulin pens no longer had a pharmacy label attached to them.</p>	01890		

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01890	<p>Continued From page 48</p> <p>The licensee's Insulin policy dated August 1, 2021, indicated the ULP would compare the information of the medication administration record (MAR) with the label on the medication container for the following information:                      -Resident name                      -Name of the medication                      -The strength and dosage of the medication                      -The route                      -The time that the medication is to be given                      -Any special instructions                      If the ULP couldn't read the label, or the MAR and the label did not all say the same thing, stop and call the nurse for instructions. The directions on the label and the MAR should be the same.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		
01940 SS=D	<p><b>144G.72 Subd. 3 Individualized treatment or therapy managemen</b></p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:                      (1) a statement of the type of services that will be provided;                      (2) documentation of specific resident instructions relating to the treatments or therapy administration;</p>	01940		

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01940	<p>Continued From page 49</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R1 and 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 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>R1 R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive</p>	01940		

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01940	<p>Continued From page 50</p> <p>pulmonary disease (COPD/lung disease that causes breathing problems).</p> <p>On June 9, 2025, at 12:52 p.m., the surveyor observed unlicensed personnel (ULP)-D check R1's blood sugar.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, and oxygen. The service plan did not include Libre Sensor (device that continuously monitors blood sugar levels) management.</p> <p>R1's Treatment Administration Record (TAR) dated June 2025, included: -Check Blood Pressure and Pulse daily in the morning -Check Oxygen saturations every shift and notify nurse if O2 SATs are less than 90 %</p> <p>R1's prescriber orders included: -Oxygen as needed for low O2 SATs, order dated July 3, 2024. -blood glucose checks four times daily, order dated May 22, 2025. -Free Style Libre Sensor; change every 15 days, order dated May 22, 2025.</p> <p>R1's record lacked signed prescriber orders for the following treatments: -daily blood pressure and pulse checks -daily O2 saturation checks</p> <p>R1's Individualized Treatment or Therapy Management Plan dated July 1, 2024, indicated R1 received treatments to include blood glucose checks, daily blood pressure and pulse checks, daily O2 saturation checks, and oxygen</p>	01940		

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01940	<p>Continued From page 51 management.</p> <p>R1's treatment plan failed to include the following required content: -a statement of the type of services that will be provided (Libre Sensor) -documentation of specific resident instructions relating to the treatments or therapy administration (blood pressure and pulse checks)</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>On June 10, 2025, at 7:55 a.m., the surveyor observed R2 lying in bed with oxygen on at 2 liters via nasal cannula.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include fluid restriction, blood sugar checks, weekly weight, blood pressure checks, and oxygen. The service plan did not include daily oxygen saturation checks or incentive spirometer (device that helps patients practice deep breathing to strengthen and expand their lungs).</p> <p>R2's TAR dated June 2025, included: -Weight weekly on Wednesdays, before breakfast -Oxygen via nasal cannula at 2 liters continuously -Check Blood Pressure on Mondays, Wednesdays, and Fridays. -Remind to use incentive spirometer frequently throughout shift</p> <p>R2's prescriber orders included: -blood sugar checks twice daily on Wednesdays and Saturdays, order dated January 31, 2025. -Oxygen 2 liters continuous via nasal cannula, order dated April 7, 2025.</p>	01940		

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01940	<p>Continued From page 52</p> <p>R2's record lacked signed prescriber orders for the following treatments: -blood pressure checks -daily O2 saturation checks -fluid restriction -weekly weights -incentive spirometer</p> <p>R2's Individualized Treatment or Therapy Management Plan dated July 16, 2024, indicated R2 received treatments to include blood glucose monitoring, 3 x/week blood pressure checks, daily O2 saturation checks, oxygen management, weekly weight monitoring and fluid restriction 1500 ml per day. The treatment plan did not include R2's incentive spirometer.</p> <p>R2's treatment plan failed to include the following required content: -a statement of the type of services that will be provided (incentive spirometer) -documentation of specific resident instructions relating to the treatments or therapy administration (weekly weights, oxygen, incentive spirometer and O2 saturations).</p> <p>On June 10, 2025, at 11:46 a.m., licensed practical nurse (LPN)-C reviewed R1 and R2's individualized treatment plan and stated they lacked the required content as noted above.</p> <p>The licensee's Treatment and Therapy Management Plan policy dated August 1, 2021, indicated a current individualized treatment and therapy management record for each resident would contain the following: -a statement of the type of services that would be provided -documentation of specific resident instructions</p>	01940		

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01940	<p>Continued From page 53</p> <p>relating to the treatments or therapy administration</p> <ul style="list-style-type: none"> <li>-identification of treatment or therapy tasks that would be delegated to unlicensed personnel</li> <li>-procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services</li> <li>-any resident-specific requirements relating to documentation of treatment and therapy received</li> <li>-verification that all treatment and therapy was administered as prescribed</li> <li>-monitoring of treatment or therapy to prevent possible complications on adverse reactions</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		
01960 SS=D	<p><b>144G.72 Subd. 5</b> Documentation of administration of treatments</p> <p>Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment or</p>	01960		

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01960	<p>Continued From page 54</p> <p>therapies were administered as prescribed, or to document the reason they were not provided, for two of two residents (R1 and 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 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><b>R1</b> R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>On June 9, 2025, at 12:52 p.m., the surveyor observed unlicensed personnel (ULP)-D check R1's blood sugar.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, and oxygen. The service plan did not include Libre Sensor (device that continuously monitors blood sugar levels) management.</p> <p>R1's signed prescriber orders dated May 22, 2025, included: -Free Style Libre Sensor; change every 15 days</p> <p>R1's record lacked documentation of when R1's</p>	01960		

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01960	<p>Continued From page 55</p> <p>Libre sensor was changed.</p> <p>On June 10, 2025, at 11: 46 a.m., licensed practical nurse (LPN)-C stated R1's Libre sensor was changed every 14-15 days. LPN-C stated R1's record did not include documentation of R1's Libre sensor management.</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include fluid restriction, blood sugar checks, weekly weight, blood pressure checks, and oxygen. The service plan did not include daily oxygen saturation checks or incentive spirometer (device that helps patients practice deep breathing to strengthen and expand their lungs).</p> <p>R2's record lacked signed prescriber orders for the following treatments: -daily O2 saturation checks -fluid restriction -weekly weights</p> <p>R2's TAR dated June 2025, included: -Weight weekly on Wednesdays, before breakfast</p> <p>R2's Weight Sheet included weekly weight results dated January 1, 2025, through May 4, 2025. R1's weight sheet did not include documentation of any weekly weights after May 4, 2025.</p> <p>R2's record lacked documentation of daily O2 saturation checks.</p> <p>On June 11, 2025, at 9:31 a.m., LPN-C reviewed R2's weight sheet and stated the ULP had not</p>	01960		

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01960	<p>Continued From page 56</p> <p>documented R2's weekly weight since May 4, 2025. LPN-C stated R2's record lacked documentation of R2's fluid intake related to her fluid restriction. LPN-C spoke with the ULP regarding where they documented R2's fluid intake and the ULP stated the previous nurse who no longer worked for the licensee had told them R2 was no longer on a fluid restriction and to push fluids. LPN-C stated she would follow up with R2's provider to clarify if R2 still required fluid restrictions.</p> <p>The licensee's Medication and Treatment Record-Documentation and Refusal policy dated August 1, 2021, indicated documentation of medication/treatment/therapy administration would be completed by the person who performed the task immediately after the medication assistance/administration is completed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01960		
01970 SS=D	<p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by:</p>	01970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13628 PILOT KNOB ROAD APPLE VALLEY, MN 55124</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01970	<p>Continued From page 57</p> <p>Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for two of two residents (R1 and R2) receiving treatments.</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>R1 R1 was admitted on July 1, 2024, with diagnoses that included diabetes and cerebrovascular accident (CVA) (stroke) and chronic obstructive pulmonary disease (COPD) (lung disease that causes breathing problems).</p> <p>On June 9, 2025, at 12:52 p.m., the surveyor observed unlicensed personnel (ULP)-D check R1's blood sugar.</p> <p>R1's service plan dated October 3, 2024, indicated R1 received services to include blood pressure checks, pulse checks, oxygen saturation (O2 SATs) checks, blood glucose checks, and oxygen. The service plan did not include Libre Sensor (device that continuously monitors blood sugar levels) management.</p> <p>R1's Treatment Administration Record (TAR) dated June 2025, included: -Check Blood Pressure and Pulse daily in the</p>	01970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13628 PILOT KNOB ROAD APPLE VALLEY, MN 55124</b>
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01970	<p>Continued From page 58</p> <p>morning -Check Oxygen saturations every shift and notify nurse if O2 SATs are less than 90 %</p> <p>R1's signed prescriber orders dated July 3, 2024, included oxygen as needed for low O2 SATs; however; the order did not include how many liters of oxygen to use or what O2 saturation result was considered low and would require the use of oxygen.</p> <p>R1's record lacked signed prescriber orders for the following treatments: -daily O2 saturation checks</p> <p>R2 R2 was admitted on December 15, 2023, with diagnoses that included diabetes and COPD.</p> <p>On June 10, 2025, at 7:55 a.m., the surveyor observed R2 lying in bed with oxygen on at 2 liters via nasal cannula. R2's incentive spirometer (device that helps patients practice deep breathing to strengthen and expand their lungs) was on R2's bedside table.</p> <p>R2's service plan dated July 16, 2024, indicated R2 received services to include fluid restriction, blood sugar checks, weekly weight, blood pressure checks, and oxygen. The service plan did not include daily oxygen saturation checks or incentive spirometer.</p> <p>R2's TAR dated June 2025, included: -Weight weekly on Wednesdays, before breakfast -Check Blood Pressure on Mondays, Wednesdays, and Fridays. -Remind to use incentive spirometer frequently throughout shift</p>	01970		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13628 PILOT KNOB ROAD APPLE VALLEY, MN 55124</b>
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01970	<p>Continued From page 59</p> <p>R2's record lacked documentation of daily O2 saturation checks.</p> <p>R2's record lacked signed prescriber orders for the following treatments: -blood pressure checks -daily O2 saturation checks -fluid restriction -weekly weights -incentive spirometer</p> <p>On June 11, 2025, at 9:39 a.m., licensed practical nurse (LPN)-C stated R1 and R2's records lacked prescriber orders as noted above.</p> <p>The licensee's Medication and Treatment Orders policy dated August 1, 2021, indicated a current, authorized prescriber order for medications or treatments administered by staff would be on file and kept in the resident's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01970		
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</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13628 PILOT KNOB ROAD APPLE VALLEY, MN 55124</b>
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02310	<p>Continued From page 60</p> <p>services according to acceptable health care, medical, or nursing standards for storage of oxygen. This had the potential to affect all residents, staff, and visitors of 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) 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 June 11, 2025, during the engineer's survey visit, the engineer observed two unsecured oxygen cylinders on the floor of R4's room. At this time, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the oxygen cylinders on the floor were not secured and they would have to call the oxygen supplier to obtain something to store them in that would keep them secure.</p> <p>The licensee's Oxygen Use policy dated August 1, 2021, indicated oxygen cylinders and vessels must remain upright at all times. Never tip an oxygen cylinder or vessel on its side or try to roll it to a new location.</p> <p>The Minnesota Department of Health Oxygen Cylinder Storage Requirements dated April 16, 2020, indicated cylinders must be secured (chains or racks) to prevent them from falling over.</p> <p>No additional information was provided.</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28479</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13628 PILOT KNOB ROAD APPLE VALLEY, MN 55124</b>
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02310	Continued From page 61  TIME PERIOD FOR CORRECTION: Seven (7) days	02310		



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

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Community Assisted Living Campus  
13628/13644 Pilot Knob Road  
Apple Valley, MN 55124  
Dakota County  
Parcel:  
  
Phone:

### License Info

License: HFID 28479  
  
Risk:  
License:  
Expires on:  
CFPM: Deborah Ross  
CFPM #: FM 1256; Exp: 10/13/2026

### Inspection Info

Report Number: F7963251009  
Inspection Type: Full - Single  
Date: 6/10/2025 Time: 3:54:45 PM  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery: Emailed

No orders were issued for this inspection report.

## Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED WITH MDH NURSE EVALUATOR KASSIE MARKINGS AND ESTABLISHMENT REPRESENTATIVE BARB CEBALLOS. DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES
- DEFINITION OF SAME-DAY SERVICE
- PROPER COLD HOLDING
- PROPER THERMOMETER NEEDED FOR TAKING FOOD TEMPERATURES

THIS LOCATION IS A CAMPUS WITH TWO HOMES LOCATED NEXT TO EACH OTHER- 13628 PILOT KNOB RD AND 13644 PILOT KNOB ROAD. THESE TWO HOMES SHARE THE SAME HFID NUMBER. BOTH HOMES HAVE A RESIDENTIAL KITCHEN WITH A BUILT IN THREE COMPARTMENT SINK AND A DISHWASHER. BOTH HOMES HAVE WOOD FLOORING, WOOD CABINETS, LAMINATE COUNTERTOPS, TEXTURED CEILINGS AND PAINTED WALLS.

**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 F7963251009 from 6/10/2025**

Barb Ceballos  
owner

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

Community Assisted Living Campus  
Apple Valley  
County/Group: Dakota County

### Inspection Info

Report Number: F7963251009  
Inspection Type: Full  
Date: 6/10/2025  
Time: 3:54:45 PM

**Food Temperature: Product/Item/Unit: MILK; Temperature Process:**

**Location:** 13644 ADDRESS at 41 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit: SLICED HAM; Temperature Process:**

**Location:** 13644 ADDRESS at 39 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit: MILK; Temperature Process:**

**Location:** 13628 ADDRESS at 37 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit: LUNCH MEAT; Temperature Process:**

**Location:** 13628 ADDRESS at 36 Degrees F.

Comment:

*Violation Issued?: No*



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

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## Sanitizer Observations/Recordings

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Page: 1

### Establishment Info

Community Assisted Living Campus  
Apple Valley  
County/Group: Dakota County

### Inspection Info

Report Number: F7963251009  
Inspection Type: Full  
Date: 6/10/2025  
Time: 3:54:45 PM

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

**Location:** Dishwashing Area **Equal To** 200 PPM

Comment:

*Violation Issued?: No*