



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

Electronically Delivered

June 6, 2025

Licensee  
Arbor Oaks Senior Living  
1640 155th Lane Northwest  
Andover, MN 55304

RE: Project Number(s) SL29443016

Dear Licensee:

On April 28, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on February 13, 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 'Kelly Thorson'.

Kelly Thorson, Supervisor  
State Evaluation Team  
Email: Kelly.Thorson@state.mn.us  
Telephone: 320-223-7336 Fax: 1-866-890-9290

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

Electronically Delivered

March 18, 2025

Licensee

Arbor Oaks Senior Living  
1640 155th Lane Northwest  
Andover, MN 55304

RE: Project Number(s) SL29443016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 13, 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 for widespread violations;

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

Level 4: a fine of \$5,000 per incident, 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 :



**St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

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

**REQUESTING A HEARING**

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

To submit a hearing request, please visit:

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

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

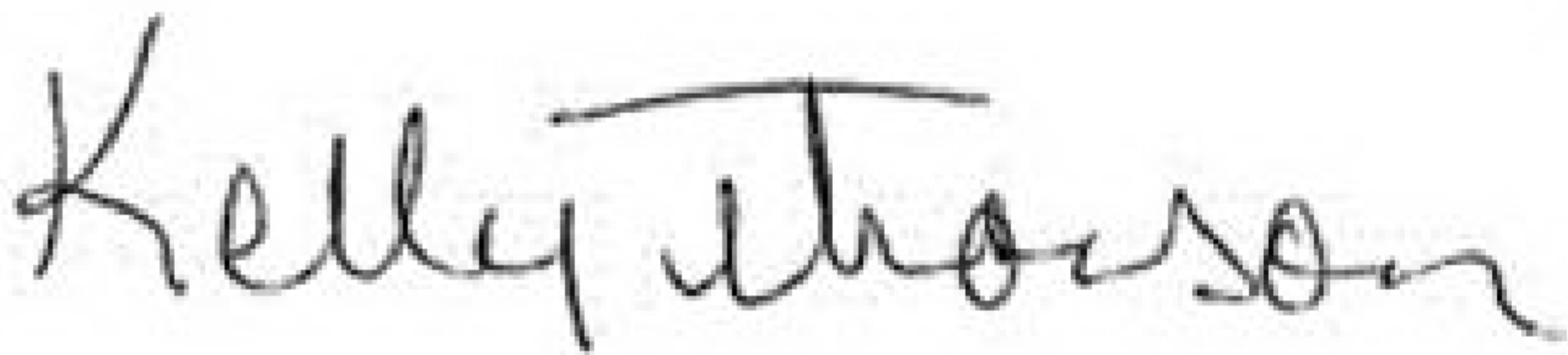
the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEpHVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Thorson". The signature is written in dark ink and is positioned below the word "Sincerely,".

Kelly Thorson, Supervisor

State Evaluation Team

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

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

HHH



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>29443</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR OAKS SENIOR LIVING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1640 155TH LANE NW ANDOVER, MN 55304</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p><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>INITIAL COMMENTS:</p> <p>SL29443016</p> <p>On February 10, 2025, through February 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 67 resident(s); 63 receiving services under the Assisted Living Facility with Dementia Care license.</p> <p>An immediate correction order was identified on February 11, 2025 issued for SL29445016, tag identification 1290.</p> <p>During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.</p>		0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 660 SS=F	<p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(a) The facility must establish and maintain a</p>		0 660		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 660	<p>Continued From page 1</p> <p>comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing for one of two employees (licensed practical nurse (LPN)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 the residents).</p> <p>The findings include: The facility TB risk assessment dated June 4, 2024, indicated the facility was a low risk setting for TB transmission.</p>	0 660			



Minnesota Department of Health

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0 660	<p>Continued From page 2</p> <p>LPN-D was hired February 23, 2022, and provided direct care for residents.</p> <p>LPN-D's employee record included a TB Quantiferon Gold blood test dated September 23, 2021.</p> <p>On February 12, 2025, at 11:30 a.m. licensed assisted living director (LALD)-A stated they do not have a TB screening test for LPN-D from upon hire and thought the one LPN-D brought in was sufficient.</p> <p>The licensee's TB Infection Control Plan policy dated May 2024, indicated baseline screening is required for all health care workers. Testing for the presence of m-tuberculosis by administering the two-step TST or single BAMT (TB blood test). An employee may only begin direct care after a negative TB symptom screen and a negative BAMT or 1st step TST. A negative test administered within 90 days of hire is acceptable.</p> <p>The Minnesota Department of Health guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include an annual facility TB risk assessment. The guidelines also indicated an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record.</p> <p>No further information was provided.</p>	0 660			

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0 660	Continued From page 3	0 660			
0 810 SS=F	<p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> <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>	0 810			



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0 810	<p>Continued From page 4</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with required content and provide required training. 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 February 13, 2025, licensed assisted living director (LALD)-A and maintenance (M)-H provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p><b>FIRE SAFETY AND EVACUATION PLAN</b> The licensee failed to identify the number of resident rooms on the posted fire safety and evacuation (FSEP) floor plans. On February 13, 2025, at 10:45 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A and maintenance (M)-H. During the tour, the surveyor observed numbers were posted at the resident room doors. The posted FSEP floor plans did not label the resident room numbers. Resident room numbers are required to be included on the fire safety and evacuation floor</p>	0 810			



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0 810	Continued From page 5  plans and used with the numbers installed on the resident room doors to provide efficient communication for exiting in the event of a fire or similar emergency. During an interview on February 13, 2025, at 1:45 p.m., LALD-A verified the floor plans lacked resident room identifiers and stated the floor plans would be revised.  <b>TRAINING</b> Record review indicated the licensee failed to provide training to employees on the FSEP at least twice per year evident by the lack of training documentation to support the training had been completed. During an interview on February 13, 2025, at 1:30 p.m., LALD-A stated if these training records were located, they would be emailed to the surveyor by the end of the day. On February 13, 2025, at 3:49 p.m., LALD-A emailed they were only able to locate records supporting that employees received FSEP training once in the past year. No further training documentation was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01290 SS=I	144G.60 Subdivision 1 Background studies required  (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under	01290			



Minnesota Department of Health

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01290	<p>Continued From page 6</p> <p>section 13.02, subdivision 12.</p> <p>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was submitted and completed for the current health facility identification (HFID) number for three of three employees (unlicensed personnel (ULP-E, ULP-F, and ULP-G) on the facility provided employee roster.</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 the residents).</p> <p>This resulted in an immediate correction order issued on February 11, 2025.</p> <p>The findings include:</p> <p>On February 11, 2025, at 1:30 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered three of the facility's employees were not listed as having background studies submitted with the licensee's HFID 29443.</p>	01290			



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01290	<p>Continued From page 7</p> <p>ULP-E was hired on August 23, 2021, to provide direct care and services to the licensee's residents. ULP-E provided direct care services without direct supervision on February 3, 5, 7, and 8, 2025. A background study had not been completed for ULP-E.</p> <p>ULP-F was hired on January 4, 2018, to provide direct care and services to the licensee's residents. ULP-F provided direct care services without direct supervision on February 4, 5, 6, and 8, 2025. A background study had not been completed for ULP-F.</p> <p>ULP-G was hired on February 9, 2024, to provide direct care and services to the licensee's residents. ULP-G provided direct care services without direct supervision on February 6, 2025. A background study had not been completed for ULP-G.</p> <p>On February 11, 2025, at 9:50 a.m., licensed assisted living director (LALD)-A stated they have resubmitted backgrounds for staff not on the NETStudy roster. LALD-A further stated he did not know why the names were not on the roster and has called department of human services (DHS) to help get this clarified.</p> <p>On February 11, 2025, at 2:00 p.m., LALD-A stated ULPs D, F, and G did not work under direct supervision as they understood the background studies had been completed and were not aware they were not on the NETStudy roster.</p> <p>The licensee's Background Check Review Process policy dated January 2024, indicated all candidates are required to complete disclosure and authorization forms, authorizing [the facility]</p>	01290			



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01290	Continued From page 8  to conduct Federal and State specific background checks. No employee will be allowed to perform any direct contact duties until all requirements of background screenings and checks are completed.  No further information was provided.  TIME PERIOD FOR CORRECTION: IMMEDIATE	01290			
01890 SS=D	144G.71 Subd. 20 Prescription drugs  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.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time sensitive medications included the opened or expiration date.  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).  The findings include:	01890			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>ARBOR OAKS SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1640 155TH LANE NW ANDOVER, MN 55304</b>			
(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
01890	<p>Continued From page 9</p> <p>On February 11, 2025, at 8:50 a.m., the surveyor observed unlicensed personnel (ULP)-C administer insulin for R2. R2's Lantus insulin pen was not labeled with an open date.</p> <p>Manufacturer's instructions for Lantus indicate injection pens should be used within 28 days after opening.</p> <p>On February 11, 2025, at 8:55 a.m., ULP-C stated someone should have labeled the insulin pen with the open date when they opened it, that's what they were trained to do.</p> <p>On February 11, 2025, at 10:00 a.m. clinical nurse supervisor (CNS)-B stated staff have been trained to add the open date for all insulin pens when they open a new one and is not sure why it was not done for that one resident, it just got missed.</p> <p>The licensee's Medications and Treatments policy dated March 2021, indicated once opened for use medication should be labeled with the specific date of first use.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890			





Minnesota Department of Health  
Environmental Health, FPLS  
P.O Box 64975  
Saint Paul  
651-201-4500

Type: Full  
Date: 02/10/25  
Time: 08:35:33  
Report: 1018251021

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

Arbor Oaks Senior Living  
1640 155th Lane Nw  
Andover, MN55304  
Anoka County, 02

### Establishment Info:

ID #: 0038199  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: / /

### Operator:

Phone #: 7632052248  
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

### Surface and Equipment Sanitizers

SMARTPOWER: = 700PPM at Degrees Fahrenheit  
Location: BUCKET  
Violation Issued: No

SMARTPOWER: = 700PPM at Degrees Fahrenheit  
Location: 3 COMP SINK  
Violation Issued: No

SMARTPOWER: = 700PPM at Degrees Fahrenheit  
Location: BUCKET  
Violation Issued: No

Hot Water: = at 166 Degrees Fahrenheit  
Location: DISHWASHER  
Violation Issued: No

Hot Water: = at 165 Degrees Fahrenheit  
Location: DISHWASHER MEMORY CARE  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Hot Holding/ SAUSAGE  
Temperature: 144 Degrees Fahrenheit - Location: COOK TOP  
Violation Issued: No

Process/Item: Hot Holding/SAUSAGE  
Temperature: 156 Degrees Fahrenheit - Location: WARMER  
Violation Issued: No



Type: Full  
Date: 02/10/25  
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Arbor Oaks Senior Living

# Food and Beverage Establishment Inspection Report

Page 2

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Process/Item: Cold Holding/ EGGS  
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER  
Violation Issued: No

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Process/Item: Cold Holding/ CHEESE  
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER  
Violation Issued: No

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Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		0	0	0

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DISCUSSED EMPLOYEE ILLNESS. VIEWED ILLNESS LOG.

DISCUSSED PEST CONTROL.

NO ORDERS ISSUED.

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

I acknowledge receipt of the Minnesota Department of Health inspection report number 1018251021 of 02/10/25.

Certified Food Protection Manager ORCHALE I MCKINNEY

Certification Number: FM120950 Expires: 12/19/23

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

ORCHALE I MCKINNEY  
KITCHEN MANAGER

Signed: \_\_\_\_\_

Rebecca Prestwood  
Sanitarian 3  
6512013777  
rebecca.prestwood@state.mn.us