



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 16, 2025

Licensee

Brookdale West St Paul AL
305 Thompson Avenue East
West Saint Paul, MN 55118

RE: Project Number(s) SL30634016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 30, 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 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

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

To submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in

a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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

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

If you have any questions, please contact me.

Sincerely,

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

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

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30634	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2025
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST ST PAUL AL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 THOMPSON AVENUE EAST WEST SAINT PAUL, MN 55118
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL30634016-0</p> <p>On July 28, 2025, through July 30, 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 11 residents; 11 receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	<p>Continued From page 1</p> <p>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.</p> <p>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:</p> <p>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;</p> <p>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are</p>	0 480		

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0 480	<p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated, July 29, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p>	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a 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) to include an annual facility TB risk assessment. In addition, the licensee failed to conduct a TB symptom screen and documentation of completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of three employees (clinical nurse supervisor (CNS)-C). This had the potential to affect all current residents, staff, and visitors.</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>TB risk assessment During the entrance conference on July 28, 2025, at 12:52 p.m. with licensed assisted living director/licensed practical nurse (LALD/LPN)-A, the surveyor requested to review the facility's TB risk assessment.</p> <p>On July 30, 2025, at 3:35 p.m., director of clinical services (DCS)-F stated she was unable to find evidence a TB risk assessment had been completed.</p> <p>CNS-C CNS-C was hired May 13, 2024, to provide clinical services for the licensee's residents.</p> <p>On July 30, 2025, at 11:59 a.m., DCS-F stated they were attempting to obtain CNS-C's TB symptom screen and TB testing from their Edina location as that was where CNS-C had previously worked.</p> <p>On August 1, 2025, at 2:43 p.m., the surveyor received an email from LALD/LPN-A indicating she was unable to locate evidence CNS-C had completed a TB symptom screen or TB testing as required.</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>The MN Department of Health Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for Health Care Setting Licensed by MDH updated June 2024, indicated: Settings should perform a facility risk assessment on an annual basis. The worksheet further indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes:</p> <ol style="list-style-type: none"> 1. Assessing for current symptoms of active TB disease. 2. Assessing TB history, and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or single TB blood test. <p>The licensee's TB screening policy was requested but not received.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 730 SS=E	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the following for each resident:</p> <ol style="list-style-type: none"> (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; 	0 730		

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0 730	<p>Continued From page 6</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> <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</p>	0 730		

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0 730	<p>Continued From page 7</p> <p>included the required documentation of all provided services for two of two residents (R1, R2), and failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1 and R2's records lacked documentation that all services were provided as scheduled.</p> <p>R1 R1's diagnoses included Alzheimer's disease.</p> <p>R1's Service Plan dated February 17, 2025, indicated R1 received services including medication administration, assistance with bathing, dressing, grooming, escorts and mobility.</p> <p>R1's ADL (activities of daily living) Sheet dated July 2025, included documentation of services provided for AM Cares, PM Cares, and Night Cares. Applicable services documented for R1 from July 1, 2025, through July 29, 2025, indicated the unlicensed personnel (ULP) documented the AM Cares as follows: - Escorts/Mobility: 23 out of 29 opportunities documented as "NA" (not applicable); PM Cares were documented as follows:</p>	0 730		

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0 730	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Dressing/Grooming: 19 out of 29 opportunities were documented; all documented "NA"; - Contenance Care (documented on three separate lines): 19 out of 29 opportunities on each line were documented; all documented "NA"; <p>Escort/Mobility: 19 out of 29 opportunities were documented; all documented "NA"</p> <p>R2 R2's diagnoses included type II diabetes mellitus, symptoms and signs involving cognitive functions and awareness, and syncope (fainting, or a sudden temporary loss of consciousness) and collapse.</p> <p>R2's Service Plan dated January 17, 2026, indicated R2 received services including medication administration, blood glucose monitoring, assistance with bathing, dressing and grooming.</p> <p>R2's ADL (activities of daily living) Sheet dated July 2025, included documentation of services provided for AM Cares, PM Cares, and Night Cares. Applicable services documented for R1 from July 1, 2025, through July 29, 2025, indicated the ULP documented the AM Cares as follows: - Dressing/Grooming - 24 out of 29 opportunities were documented "NA" PM cares were documented as follows: - Dressing/Grooming - 18 out of 29 opportunities were documented; all documented "NA"</p> <p>On July 29, 2025, at 3:21 p.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A reviewed R1 and R2's current ADL sheets and stated there were several blanks where documentation had not been completed</p>	0 730		

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0 730	<p>Continued From page 9</p> <p>and further stated much of the documentation indicated "NA" for services that the residents are receiving. LALD/LPN-A stated they would need to conduct further education on this.</p> <p>R3 R3 was admitted to the licensee on April 22, 2020, and discharged from the facility to another assisted living facility on April 18, 2025.</p> <p>R2's Service Plan dated December 13, 2024, indicated the resident received services including medication administration, dressing, grooming, bathing, and behavior management.</p> <p>R2's record lacked a discharge summary to include: - course of illness; - allergies; - treatments and therapies; - pertinent lab, radiology, and consultation results; and - a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status.</p> <p>The licensee's Admission/Discharge Policy revised August 2021, indicated: At the time of discharge, the community must provide the resident, and, with the resident's consent, the resident's representatives and case manager, with a written discharge summary that includes: a. A summary of the resident's stay that includes diagnoses, courses of illnesses, allergies, treatments, and therapies, and pertinent lab, radiology, and consultation results. b. A final summary of the resident's status</p>	0 730		
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0 730	<p>Continued From page 10</p> <p>from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, which includes the resident status, including baseline and current mental, and behavioral, and functional status;</p> <p>c. A reconciliation of all pre-discharge medications with the resident's post-discharge prescribed and over-the-counter medications; and</p> <p>d. A post-discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post-discharge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post-discharge medical and nonmedical services the resident will need.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days</p>	0 730		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</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 keep the facility in compliance with the Minnesota Fire Code. The deficient conditions have the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a</p>	0 775		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST ST PAUL AL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 THOMPSON AVENUE EAST WEST SAINT PAUL, MN 55118
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0 775	<p>Continued From page 11</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 facility tour with director of maintenance (DM)-G and sales manager (SM)-H on July 30, 2025, between 9:00 a.m. and 11:30 a.m. the following deficient conditions were observed:</p> <p>CARBON MONOXIDE:</p> <p>The surveyor observed that there was not code compliant carbon monoxide protection in the facility.</p> <p>Code complaint carbon monoxide protection shall be provided. Carbon monoxide alarms can be in combination with the smoke alarms in the resident rooms.</p> <p>FIRE/SMOKE DOORS:</p> <p>The surveyor observed the doors from the resident rooms to the corridor and other doors did not close and latch under their own power. Some were being held open by various types of hold opens.</p> <p>These doors shall close and latch under their own power.</p> <p>KITCHEN HOOD PROTECTION SYSTEM:</p>	0 775		
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0 775	<p>Continued From page 12</p> <p>The surveyor observed the kitchen hood protection system was red tagged/non-compliant. The semi-annual inspection report stated that the system does not have dedicated reset relay for gas (turns on via shunt) non-compliant.</p> <p>This shall be fixed immediately.</p> <p>DRYER VENT/LINT:</p> <p>The surveyor observed that the dryer vent was partially disconnected and that there was a buildup of lint behind the clothes dryer.</p> <p>The vent shall be connected and the lint cleaned up.</p> <p>COMBUSTIBLE STORAGE:</p> <p>The surveyor observed combustible storage in the mechanical/boiler/storage room was too close to the boiler and on top of the boiler. Also, in the sales office there was boxes up against an electric wall heater.</p> <p>Combustible storage shall be neat and orderly and shall be kept away from heating appliances.</p> <p>ELECTRICAL:</p> <p>The surveyor observed a power tap plugged into a power tap and a cover missing on a junction box above the fire sprinkler air compressor.</p> <p>The deficient conditions were visually verified by the DM-G and SM-H accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 775		

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01290	Continued From page 13	01290		
01290 SS=D	<p>144G.60 Subdivision 1 Background studies required</p> <p>(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.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under 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 received an affiliation with the assisted living license for one of two employees (clinical nurse supervisor (CNS)-C).</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>	01290		

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01290	<p>Continued From page 14</p> <p>CNS-C was hired February 2, 2025, to provide clinical services for the licensee's residents.</p> <p>On July 28, 2025, at approximately 12:30 p.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A provided the NETStudy 2.0 employee roster for this licensee's Health Facility identification number (HFID#) 30634. LALD/LPN-A stated the roster also included employees for their two sister facilities (HFID 30684 and 30627) as some of the staff were cross-trained to work at each facility. Review of the roster indicated CNS-C was affiliated with HFID 30684 (the facility next door), but not with this licensee.</p> <p>On July 30, 2025, at approximately 3:00 p.m., director of clinical service (DCS)-F stated CNS-C worked for this licensee as well as the ALFDC (assisted living with dementia care) next door. DCS-F further stated they had not affiliated CNS-C's background study with this licensee until today when the surveyor had requested it.</p> <p>The licensee's background study policy was requested but not received.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01620 SS=E	<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>	01620		

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01620	<p>Continued From page 15</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 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</p>	01620		

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01620	<p>Continued From page 16</p> <p>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 comprehensive reassessment not to exceed 90 calendar days from the last assessment for two of two residents (R1, R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1 R1's Service Plan dated February 17, 2025, indicated R1 received services including medication administration, assistance with bathing, dressing, grooming, escorts and mobility.</p> <p>R1's last three assessments were requested. Assessments dated February 3, 2025, February 17, 2025, and June 24, 2025, were provided. 127 days had passed between the February 17, 2025, assessment and the June 24, 2025, assessment (37 days late).</p>	01620		

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01620	<p>Continued From page 17</p> <p>R2 R2's Service Plan dated January 17, 2026, indicated R2 received services including medication administration, blood glucose monitoring, assistance with bathing, dressing and grooming.</p> <p>R2's last three assessments were requested. Assessments dated December 16, 2024, February 7, 2025, and June 23, 2025, per provided. 136 days had passed between the February 2025, and June 2025, assessments (46 days late).</p> <p>On July 29, 2025, at 3:05 p.m., licensed assisted living director/licensed practical nurse (LALD/LPN)-A reviewed R1 and R2's last 90-day assessments and stated they were completed late.</p> <p>The licensee's Evaluation Process Policy revised November 2024, indicated: 2. The final resident evaluation should be completed by a licensed nurse or registered nurse (RN) if required per state regulations(s): a. at move-in, b. within 14-30 days after move-in, c. every 6 months or as required more frequently by state regulatory requirements, and d. as soon as possible after a change in condition that results in altered care needs over a period of greater than two weeks.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01620		

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01650	Continued From page 18	01650		
01650 SS=D	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a</p>	01650		

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01650	<p>Continued From page 19</p> <p>violation that did not harm a client'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>R2's Service Plan dated January 17, 2026, indicated R2 received services including medication administration, blood glucose monitoring, assistance with bathing, dressing and grooming. The Service Plan did not include the frequency of each service.</p> <p>On July 30, 2025, at 11:23 a.m., the surveyor observed unlicensed personnel (ULP)-I performing a blood glucose check and administering insulin for R2.</p> <p>On July 30, 2025, at 10:09 a.m., clinical nurse supervisor (CNS)-C reviewed R2's Service Plan and stated it did not include how often each service was provided.</p> <p>The licensee's Service Plan Process Policy revised March 2020, indicated:</p> <p>4) The service plan should include:</p> <ul style="list-style-type: none"> a. Specific and individualized needs of the resident. b. Specific and individualized approaches for the care of the resident based on their needs. c. Specific physician requested services and care. d. Goal(s) statements, when required by the state regulation, should identify individual resident needs and approaches to meet these needs. 	01650		
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01650	Continued From page 20 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01650		
01910 SS=D	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the medication's prescription number as applicable, for one of one discharged resident (R3).</p>	01910		

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01910	<p>Continued From page 21</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a 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>The discharge resident roster provided by the licensee, indicated R3 discharged on April 18, 2025, to another facility.</p> <p>R3's service plan dated December 13, 2024, indicated services included medication administration.</p> <p>R3's Medication Disposal-Individual Resident form dated April 18, 2025, identified medications that had been with the resident/guardian. The document identified the medication name, strength, prescription number, quantity, and signature of the nurse and witness. The document did not include the prescription number for any of the medications including: mirtazapine (antidepressant), aspirin, probiotic, lidocaine patch, Tylenol extra strength, Dilantin (anticonvulsant), Lac-Hydrin cream, atorvastatin calcium (to lower cholesterol), escitalopram oxalate (antidepressant), Vitamin D3, Trazodone (antidepressant), folic acid, and estradiol (estrogen).</p> <p>On July 30, 2025, at approximately 11:30 a.m., clinical nurse supervisor (CNS)-C provided the surveyor with R3's Medication Disposal form. CNS-C stated the prescription number had not</p>	01910		

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01910	<p>Continued From page 22</p> <p>been recorded and further stated R3's guardian was in a hurry when he was completing the form at time of discharge.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		



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

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Establishment Info

Brookdale West St Paul AL
305 Thompson Ave E
West St Paul, MN 55118
Dakota County
Parcel:

Phone:
debvei@brookdale.com

License Info

License: HFID 30634

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1031251072
Inspection Type: Full - Single
Date: 7/29/2025 Time: 11am
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 4
Total Priority 2 Orders: 1
Total Priority 3 Orders: 7
Delivery: Emailed

New Order: 2-100 Supervision

2-102.12AMN *Priority Level: Priority 3 CFP#: 2*

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

COMMENT:

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM).

ENSURE 1 FULL-TIME EMPLOYEE HAS TAKEN AN APPROVED FOOD SAFETY COURSE AND AFTER COMPLETION APPLIES WITH STATE FOR CFPM.

LINKS PROVIDED IN EMAIL WITH REPORT.

Comply By: 7/29/2025 Originally Issued On: 7/29/2025

! New Order: 2-200 Employee Health

2-201.11C *Priority Level: Priority 1 CFP#: 3*

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

COMMENT:

ILLNESS LOG IS NOT BEING FILLED OUT.

ENSURE ILLNESS LOG IS COMPLETED EVERY TIME A FOOD SERVICE EMPLOYEE CALLS IN OR GOES HOME SICK.

Comply By: 7/29/2025 Originally Issued On: 7/29/2025

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

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

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

COMMENT:

OBSERVED TUBE RAW GROUND BEEF RESTING IN PREP SINK NEXT TO BAG OF VEG.

HAD MEAT REMOVED FROM PREP SINK.

ALWAYS SEPARATE RAW FROM READY-TO-EAT WHEN PREPPING.

WHENEVER POSSIBLE, BEGIN WITH VEG AND FINISH WITH RAW MEATS.

ALWAYS WASH/RINSE/SANITIZE PREP SINK BEFORE AND AFTER USE.

Comply By: 7/29/2025 Originally Issued On: 7/29/2025

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

3-304.12A *Priority Level: Priority 3 CFP#: 43*

MN Rule 4626.0275A Store food preparation or dispensing utensils in the food with the handles above the top of the food within the container.

COMMENT:

DISPOSABLE PLASTIC CUP BEING USED IN DRIED FOOD AS SCOOP.

****DISCONTINUE USING SCOOPS/CUPS WITHOUT HANDLES IN DRIED FOOD.**

FOLLOW ABOVE DIRECTION.

Comply By: 8/19/2025 Originally Issued On: 7/29/2025

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

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

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

COMMENT:

OBSERVED BAG OF FLOUR STORED ON DRY FOOD STORAGE FLOOR.

MOVE ALL FOOD ITEMS OFF FLOOR AND ONTO SHELVES.

Comply By: 7/31/2025 Originally Issued On: 7/29/2025

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

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

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

COMMENT:

MULTIPLE ITEMS IN 1-DOOR COOLER MEASURED OVER 41F. MULTIPLE TCS ITEMS DISCARDED.

KITCHEN MANAGER TO DISCARD ANY REMAINING ITEMS OVER 41F.

POOR AIRFLOW MAY BE CAUSE OF HIGH TEMPS.

REARRANGE COOLER AND CHECK TEMPS PRIOR TO RELOADING.

IF TEMPS DO NOT HOLD AT 41F OR BELOW, COOLER MUST BE REPAIRED.

Comply By: 7/29/2025 Originally Issued On: 7/29/2025

New Order: 3-500C Microbial Control: date marking

3-501.17A *Priority Level: Priority 2 CFP#: 23*

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

COMMENT:

ESTABLISHMENT IS NOT DATE MARKING FOODS.

DATE MARK ALL FOODS THAT ARE PREPPED IN KITCHEN OR PROCESSED FOODS/MEATS OPENED IN KITCHEN.

DISCARD REMAINING AFTER 7 DAYS.

Comply By: 7/29/2025 Originally Issued On: 7/29/2025

New Order: 4-300 Equipment Numbers and Capacities

4-303.11A *Priority Level: Priority 3 CFP#: 48*

MN Rule 4626.0721A Provide cleaning agents to clean equipment and utensils during all hours of operation.

COMMENT:

ESTABLISHMENT DOES NOT HAVE SANITIZER BUCKETS PREPARED.

MAKE SANI BUCKETS FOR STATIONS PRIOR TO BEGINNING FOOD PREP OR COOKING.

REPLACE BUCKETS ONCE SOILED OR LOW ON SANI CONCENTRATION.

Comply By: 7/31/2025 Originally Issued On: 7/29/2025

New Order: 4-400 Equipment Location and Installation

4-402.11A *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

COMMENT:

SEAL AREA BETWEEN STAINLESS PREP SINK AND COUNTER WITH 100% SILICONE.

Comply By: 8/19/2025 Originally Issued On: 7/29/2025

New Order: 4-500 Equipment Maintenance and Operation

4-501.11AB *Priority Level: Priority 3 CFP#: 47*

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

COMMENT:

1. 1-DOOR COOLER NOT KEEPING FOODS BELOW 41F.

IF REARRANGING COOLER DOES NOT LOWER TEMPS, HAVE COOLER REPAIRED.

2. VEG WASH MAESURED 0PPM.

REPAIR VEG WASH DESPENSER SO IT MEASURES ACCORDING TO CHEMICAL MANUFACTURERS SPECIFICATIONS.

Comply By: 7/29/2025 Originally Issued On: 7/29/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11 *Priority Level: Priority 3 CFP#: 55*

MN Rule 4626.1515 Maintain the physical facilities in good repair.

COMMENT:

WALL AROUND WATER LINES AND DRAIN UNDER PREP SINK ARE NOT SEALED.

SEAL AROUND WATER AND DRAIN LINES AND/OR ADD ESCUTCHEONS.

Comply By: 8/19/2025 Originally Issued On: 7/29/2025

! New Order: 7-200 Toxic Supplies and Applications

7-201.11A *Priority Level: Priority 1 CFP#: 28*

MN Rule 4626.1600A Separate poisonous or toxic materials from food, equipment, utensils, linens, and single-service and single-use articles by spacing or partitioning.

COMMENT:

OBSERVED 2 BOTTLES OF RED HOT STORED NEXT TO CHEMICALS UNDER SINK.

HAD HOT SAUCE MOVED TO FOOD STORAGE.

ALWAYS KEEP FOOD ITEMS AND CHEMICALS SEPARATED.

Comply By: 7/29/2025 Originally Issued On: 7/29/2025

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 F1031251072 from 7/29/2025



Lisa Lott
Cook

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Public Health Sanitarian 3
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Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

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Establishment Info

Brookdale West St Paul AL
West St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031251072
Inspection Type: Full
Date: 7/29/2025
Time: 11am

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

Location: 1-Door Cooler at 45 Degrees F.

Comment:

Violation Issued?: Yes

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

Location: 1-Door Cooler at 49 Degrees F.

Comment:

Violation Issued?: Yes

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

Location: 1-Door Cooler at 46 Degrees F.

Comment:

Violation Issued?: Yes

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

Location: 1-Door Cooler at 47 Degrees F.

Comment:

Violation Issued?: Yes

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

Location: 1-Door Cooler at 46 Degrees F.

Comment:

Violation Issued?: Yes

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

Location: 1-Door Cooler at 41 Degrees F.

Comment:

Violation Issued?: No



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

Sanitizer Observations/Recordings

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Establishment Info

Brookdale West St Paul AL
West St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031251072
Inspection Type: Full
Date: 7/29/2025
Time: 11am

Sanitizing Equipment: Product: Veg Wash; **Sanitizing Process:** Dispenser

Location: Prep Area **Equal To** 0 Degrees F.

Comment:

Violation Issued?: Yes

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

Location: Dishwashing Area **Equal To** 164 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Quaternary Ammonia; **Sanitizing Process:** Dispenser

Location: 3-Comp Sink **Equal To** 400 Degrees F.

Comment:

Violation Issued?: No