



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

Electronically Delivered

April 14, 2025

Licensee  
Minnehaha Senior Living  
3733 23rd Avenue South  
Minneapolis, MN 55407

RE: Project Number(s) SL30780016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 18, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

### **STATE CORRECTION ORDERS**

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

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:

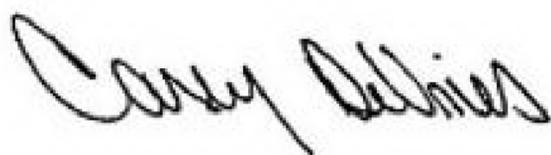
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

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,



Casey DeVries, Supervisor

State Evaluation Team

Email: [Casey.DeVries@state.mn.us](mailto:Casey.DeVries@state.mn.us)

Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>30780</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MINNEHAHA SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3733 23RD AVENUE SOUTH MINNEAPOLIS, MN 55407</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>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>SL30780016-0</p> <p>On March 17, 2025, through March 18, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 79 residents; 77 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p><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>	
01620 SS=D	<b>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</b>	01620		

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

Minnesota Department of Health

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01620	<p>Continued From page 1</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) 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>(e) 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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive assessment every 90 days for one of two residents (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</p>	01620		

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01620	<p>Continued From page 2</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 was admitted to the licensee on June 12, 2023.</p> <p>R2's Service Addendum to the Assisted Living Contract signed and dated January 17, 2025, indicated R2 received services for bathing, medication administration, safety checks, and escorts.</p> <p>R2's record included a New Nursing Assessment 90-day completed on June 4, 2024. R2's next New Nursing Assessment 90-day was not completed until December 28, 2024, which was completed 208 days after the June 4, 2024, assessment.</p> <p>On March 18, 2025, at 8:08 a.m., the surveyor observed unlicensed personnel (ULP)-E administer medications to R2.</p> <p>On March 18, 2025, at 9:55 a.m., licensed assisted living director (LALD)-D stated they would try and find additional 90-day assessments for R2. LALD-D stated they had some nursing turnover during the period of time of the missing 90-day assessment.</p> <p>On March 18, 2025, at 1:18 p.m., LALD-D stated they did not have additional 90-day assessments between the June 4, 2024, and December 28, 2024, 90-day assessments.</p> <p>On March 18, 2025, at 2:12 p.m., assistant clinical nurse supervisor (ACNS)-C stated they were hired and still learning the position when</p>	01620		

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01620	<p>Continued From page 3</p> <p>R2's 90-day assessment was missed. ACNS-C stated the nursing staff was responsible for completing 90-day assessments and they were still trying to figure out how to keep track of assessments. ACNS-C stated they got behind on that one assessment.</p> <p>The licensee's Comprehensive Assessment Schedule guideline dated August 2022, indicated "Ongoing Client Monitoring and Reassessment," should occur, "At least every 90 days."</p> <p>No additional 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 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</p>	01640		

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01640	<p>Continued From page 4</p> <p>when applicable. (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 obtain a resident or resident representative's signature documenting agreement on the services to be provided when a change was made to services and the service plan for one of two residents (R4).</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>R4 was admitted to the licensee on July 25, 2023.</p> <p>R4's Service Addendum to the Assisted Living contract signed and dated July 25, 2023, indicated R4 received services for bathing, medication administration, safety checks, and escorts.</p> <p>R4's Service Addendum to the Assisted Living contract, unsigned, printed and dated March 18, 2025, indicated R4 received services for bathing, medication administration, dressing, grooming, laundry, vital signs, denture care, safety checks, escorts, dressing, grooming, laundry, vital signs and denture care. The above-mentioned July 25,</p>	01640		

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01640	<p>Continued From page 5</p> <p>2023, signed Service Addendum to the Assisted Living contract did not include all of the services R4 was receiving.</p> <p>On March 18, 2025, at 2:12 p.m., both licensed assisted living director (LALD)-D and assistant clinical supervisor (ACNS)-C stated they had not obtained a signature when R4's services changed. ACNS-C stated they had been trying to catch up on service plans to make sure they were current and signed. ACNS-C stated it was the nurse's responsibility to make sure service plans were up to date with signatures.</p> <p>The licensee's Service Plan policy dated September 2023, document read, "To ensure compliance with the Comprehensive Home Care regulations, any changes to the service plan or agreement must be in writing and must be signed by the client or the client's responsible person and the RN." It further read, "Date/Signature of client or the client's representative each time a modification is made. The signature may be obtained by mail or fax if an agreement was reached in person or by telephone."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01640		
01820 SS=F	<p>144G.71 Subd. 13 Prescriptions</p> <p>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.</p>	01820		

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01820	<p>Continued From page 6</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of two residents (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>R2 was admitted to the licensee on June 12, 2023.</p> <p>R2's Service Addendum to the Assisted Living Contract signed and dated January 17, 2025, indicated R2 received services for bathing, medication administration, safety checks, and escorts.</p> <p>R2's medication administration record (MAR) for March 2025, indicated R2 took the following medications: -acetaminophen 325mg tablet, take two tablets (650mg) by mouth (PO) every four hours for pain as needed (PRN); -amiodarone 200mg tablet, take one tablet PO daily for atrial fibrillation (Afib); -amlodipine 10mg tablet, take one tablet PO daily for hypertension; -aspirin low dose 81mg tablet, take one tablet PO daily;</p>	01820		
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01820	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-atorvastatin 80mg tablet, take one tablet PO at bedtime;</li> <li>-dicacodyl 10mg suppository, unwrap and insert one suppository per rectum once daily for constipation;</li> <li>-furosemide 20mg tablet, take one tablet PO daily;</li> <li>-glipizide 5mg tablet, take half a tablet (2.5mg) PO daily 30 minutes before meal for diabetes;</li> <li>-lisinopril 10mg tablet, take one tablet PO daily for hypertension;</li> <li>-melatonin 5mg tablet, take three tablets (15mg) PO at bedtime;</li> <li>-ondansetron 4mg tablet, allow one tablet to dissolve on the tongue every eight hours PRN;</li> <li>-polyethylene glych powder 3350, mix 17 grams (g) (one capful) into four to eight ounces (oz) of liquid twice daily PRN;</li> <li>-pantoprazole 40mg tablet, take one tablet PO twice daily for gastric reflux;</li> <li>-potassium chloride 10 milliequivalents (meq) extended release (ER), take one tablet PO daily;</li> <li>-senna 8.6mg tablet, take two tablets PO twice daily; and</li> <li>-tamsulosin 0.4mg capsule, take one capsule PO at bedtime.</li> </ul> <p>R2's after visit summary (AVS) printed on February 4, 2025, indicated R2 took the above-mentioned medications but it lacked a provider signature.</p> <p>On March 18, 2025, at 8:08 a.m., the surveyor observed unlicensed personnel (ULP)-E administer the following medications to R2:</p> <ul style="list-style-type: none"> <li>-acetaminophen 325mg tablet, take two tablets (650mg) PO every four hours for pain PRN;</li> <li>-amiodarone 200mg tablet, take one tablet PO daily for Afib;</li> <li>-amlodipine 10mg tablet, take one tablet PO daily</li> </ul>	01820		

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01820	<p>Continued From page 8</p> <p>for hypertension; -aspirin low dose 81mg tablet, take one tablet PO daily; -furosemide 20mg tablet, take one tablet PO daily; -glipizide 5mg tablet, take half a tablet (2.5mg) PO daily 30 minutes before meal for diabetes; -lisinopril 10mg tablet, take one tablet PO daily for hypertension; -pantoprazole 40mg tablet, take one tablet PO twice daily for gastric reflux; -potassium chloride 10meq extended release (ER), take one tablet PO daily; and -senna 8.6mg tablet, take two tablets PO twice daily.</p> <p>On March 18, 2025, at 2:12 p.m., assistant clinical nurse supervisor (ACNS)-C stated they only had R2's AVS and did not have any other signed orders. ACNS-C stated they thought they could use the AVS as orders since it came from R2's provider. The surveyor reviewed the AVS with ACNS-C and showed them the AVS document did not have a provider written or electronic signature. ACNS-C stated, "I can get you some signed orders if you want." The surveyor stated they should have signed orders by a provider for all of their medications. ACNS-C stated they have approximately 10 other residents with outside providers and use the AVS's as orders. ACNS-C stated all other residents used an in-house nurse practitioner (NP).</p> <p>The licensee's Medication &amp; Treatments policy dated March 2021 indicated the RN was responsible for assuring current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the tenants' records, and an order received by email or facsimile machine must have been signed by</p>	01820		

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01820	<p>Continued From page 9</p> <p>the prescriber and must be immediately recorded or a useable copy must be placed in the tenant's record by a person authorized by the RN.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		



Minnesota Department of Health  
 Environmental Health, FPLS  
 P.O. Box 64975  
 St. Paul, MN 55164-0975  
 651-201-4500

Type: Full  
 Date: 03/17/25  
 Time: 10:50:00  
 Report: 1039251097

# Food and Beverage Establishment Inspection Report

**Location:**

Minnehaha Senior Living  
 3733 23rd Avenue South  
 Minneapolis, MN55407  
 Hennepin County, 27

**Establishment Info:**

ID #: 0037976  
 Risk:  
 Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6122380010  
 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.

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

Establishment food service from 3rd-party provider New Herizon Foods, Minneapolis Food License LIC411706.

**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 1039251097 of 03/17/25.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Establishment Representative

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

Aron Goodner  
 Public Health Sanitarian I  
 Freeman Building  
 aron.goodner@state.mn.us