Electronically Delivered

October 29, 2025

Licensee
Sunrise View Assisted Living
603 Louisiana Avenue
Adrian, MN 56110

RE: Project Number(s) SL32183016

Dear Licensee:

On September 30, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on May 1, 2025 and the follow-up survey completed on July 10, 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Protecting, Maintaining and Improving the Health of All Minnesotans

AMENDED

Electronically Delivered

August 5, 2025

Licensee
Sunrise View Assisted Living
603 Louisiana Avenue
Adrian, MN 56110

RE: Project Number(s) SL32183016

Dear Licensee:

Please Note: This letter amends previous letter dated August 4, 2025. Specifically, the fine imposed on reissued tag 1290 was corrected to $1,000.00. No other changes have been made.

On July 10, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on May 1, 2025. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the May 1, 2025 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on May 1, 2025, found not corrected at the time of the July 10, 2025, follow-up survey and/or subject to penalty assessment are as follows:

1290-Background Studies Required-144g.60 Subdivision 1 - $1,000.00

The details of the violations noted at the time of this follow-up survey completed on July 10, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. 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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

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 addtion to any enforcement mechanism authorized in § 144G.20.

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.

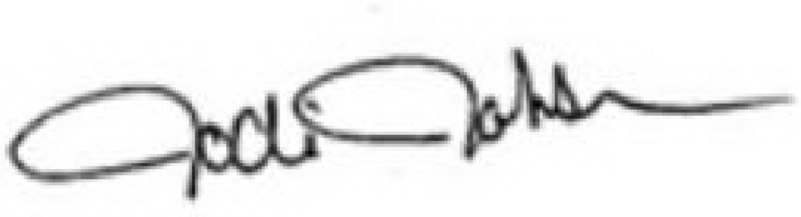
To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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.

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Electronically Delivered

August 4, 2025

Licensee
Sunrise View Assisted Living
603 Louisiana Avenue
Adrian, MN 56110

RE: Project Number(s) SL32183016

Dear Licensee:

On July 10, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on May 1, 2025. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the May 1, 2025 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on May 1, 2025, found not corrected at the time of the July 10, 2025, follow-up survey and/or subject to penalty assessment are as follows:

1290-Background Studies Required-144g.60 Subdivision 1 - $3,000.00

The details of the violations noted at the time of this follow-up survey completed on July 10, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES
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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 addtion to any enforcement mechanism authorized in § 144G.20.

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.

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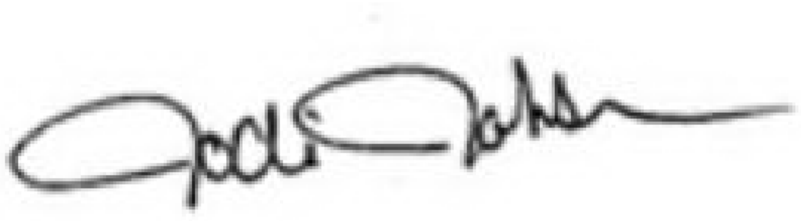

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32183	A. BUILDING: _____ B. WING _____	R 07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE VIEW ASSISTED LIVING	603 LOUISIANA AVENUE ADRIAN, MN 56110

(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}	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER FOLLOW UP SURVEY WITH RE-ISSUE OF ORDERS INITIAL COMMENTS SL32183016-1 On July 10, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on May 1, 2025. At the time of the survey, there were 28 residents; 28 receiving services under the Assisted Living Facility with Dementia Care license. As a result of the follow-up survey, the following orders were reissued.	{0 000}	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
{0 480} SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	{0 480}		

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

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{0 480}	Continued From page 2 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. This MN Requirement is not met as evidenced by:	{0 480}	Not reviewed on this survey.	
{0 510} SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by:	{0 510}	Not reviewed on this survey.	

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{0 650}	Continued From page 3	{0 650}		
{0 650} SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by:	{0 650}	Not reviewed on this survey.	
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies	{0 680}		

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{0 680}	Continued From page 4 temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by:	{0 680}		
{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 section 13.02, subdivision 12. (c) Termination of a staff member in good faith	{01290}	Not reviewed on this survey.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{01290}	Continued From page 5 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted through Department of Human Services (DHS) NETStudy 2.0 and received in affiliation with the assisted living license for two of two employees (unlicensed personnel (ULP)-D, dietary (D)-O). This had the potential to affect all residents. This practice resulted in a level three violation (a violation that harmed a client/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 the potential to affect a large portion or all the residents). The findings include: The licensee was issued an immediate correction order on April 28, 2025, at a level 3/Widespread for allowing employees without cleared background studies to work independently with residents. ULP-D ULP-D was hired on April 19, 2023, to provide direct care services to the residents. ULP-D was listed as "in process" on June 11,	{01290}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{01290}	Continued From page 6 2025, on the facility's NETStudy roster provided by the licensee. The staff schedule for July 2025, indicated ULP-D worked on July 7, 8, and 9, 2025. ULP-D's Final Registry Results Form (provided during the initial survey on May 1, 2025) dated April 21, 2023, indicated the background study application had been submitted and read, "This applicant has not been previously determined eligible for employment and must be fingerprinted." D-O D-O was hired on April 1, 2025, to provide dietary services to the residents. D-O was listed as "in process" on June 12, 2025, on the facility's NETStudy roster provided by the licensee. The licensee's kitchen schedule dated July 2025, indicated D-O worked July 1, 2, 3, 7, and 9, 2025. On July 10, 2025, at 10:39 a.m., assisted living director assistant (ALDA)-B stated she made the staff schedules and ULP-D worked independently providing direct care to the residents. ALDA-B stated D-O had staff scheduled to work at the same time; however, D-O could have unsupervised contact with the residents during meal service. The licensee's Background Checks policy dated August 1, 2021, indicated the community will conduct a Minnesota Department of Human Services Background Study on all staff of community who will have independent, unsupervised contact with tenants or Residents of	{01290}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{01290}	Continued From page 7 community. No employee may have independent direct contact with any tenants or Residents until acceptable result of the background study have been received. No further information was provided.	{01290}		
{01370} SS=E	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences,	{01370}		

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{01370}	Continued From page 8 cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by:	{01370}	Not reviewed on this survey.	
{01380} SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by:	{01380}	Not reviewed on this survey.	

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SUNRISE VIEW ASSISTED LIVING	603 LOUISIANA AVENUE ADRIAN, MN 56110

(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
{01440}	Continued From page 9	{01440}		
{01440} SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by:	{01440}	Not reviewed on this survey.	
{01830} SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152.	{01830}		

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	32183	A. BUILDING: _____ B. WING _____	R 07/10/2025

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{01830}	Continued From page 10 This MN Requirement is not met as evidenced by:	{01830}	Not reviewed on this survey.	
{02110} SS=C	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided	{02110}		

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{02110}	Continued From page 11 to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by:	{02110}	Not reviewed on this survey.	
{02320} SS=E	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by:	{02320}	Not reviewed on this survey.	

Electronically Delivered

June 11, 2025

Licensee
Sunrise View Assisted Living
603 Louisiana Avenue
Adrian, MN 56110

RE: Project Number(s) SL32183016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 1, 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 survey:

0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00
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 $3,500.00**. 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

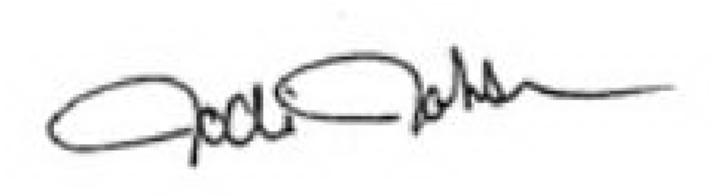
a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 000	Initial Comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL32183016-0 On April 28, 2025, through May 1, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 27 residents; 27 receiving services under the Assisted Living Facility with Dementia Care license. 1290: An immediate correction order was issued on April 28, 2025; at a level 3/Widespread (I). The licensee took action on April 28, 2025, but the scope and level remains at I.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 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. 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. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 28, 2025, and May5, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control with proper hand hygiene for one of two employees (unlicensed personnel (ULP)-H). This had the potential to affect all residents, staff, and visitors. 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).	0 510		

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0 510	Continued From page 4 The findings include: On April 29, 2025, during continuous observation from approximately 8:00 a.m.- 9:00 a.m., the surveyor observed unlicensed personnel (ULP)-H completing the following tasks: - 8:03 a.m. ULP-H did not sanitize or wash hands. ULP-C began punching medications out of the medication cards into a medicine cup. ULP-H missed the med cup and a tablet landed on top of the med cart, ULP-H picked up the pill with her bare hands and placed it in the medication cup. ULP-H then went to R5's room, assisted R5 to sit up on the edge of her bed, and attempted to administer the medications to R5. R5 refused to take the medications so ULP-H brought the medications to the medication cart and placed them in a labeled bag for disposal. ULP-C did not wash hands or use hand sanitizer, - 8:24 a.m. ULP-H set up R9's medications for administration, crushed the medications and added pudding. ULP-H entered R9's room, administered the medications to R9, and exited the room. ULP-H did not wash hands or use hand sanitizer, - 8:37 a.m. ULP-H entered R10's room, assisted her with personal cares, assisted R10 to the dining room table. ULP-H did not wash hands or use hand sanitizer. On April 29, 2025, during continuous observation between 10:00 a.m. and 12:00 p.m., the surveyor observed ULP-H completing the following tasks: - 10:06 a.m. ULP-H attempted to comfort R5 who was calling out for help. ULP-H placed their hand on R5's back and talked to R5. ULP-H did not wash hands or use hand sanitizer; - 10:14 entered R9's room and assisted with personal hygiene, dressing, transferred R9 with a mechanical stand lift, and then brought R9 out to	0 510		

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0 510	Continued From page 5 the dining room table. ULP-H did not wash hands or use hand sanitizer; - 10:49 a.m. ULP-H and ULP-K entered R2's room put on gloves, and assisted to change an incontinent brief. ULP-K applied barrier cream to R2's groin area, and assisted R2 to get dressed. ULP-H and ULP-K used a mechanical lift and transferred R2 into a wheelchair. ULP-H and ULP-K removed their gloves. ULP-H did not use hand sanitizer or wash her hands. On April 30, 2025, at 11:10 a.m., clinical nurse supervisor (CNS)-B stated staff should always use hand sanitizer in between residents when passing meds and staff should wash hands whenever hands are soiled and after they remove gloves. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of	0 650		

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0 650	Continued From page 6 staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included all required content for one of two employees (unlicensed personnel (ULP)-I). 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: ULP-I was hired on September 11, 2023, to provide direct care services. On April 28, 2025, at 12:00 p.m., the surveyor observed ULP-I administering medications to various residents. On April 29, 2025, at approximately 7:40 a.m., the surveyor observed ULP-I apply thrombo-embolic deterrent (TED) stockings (compression	0 650		

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0 650	Continued From page 7 stockings that reduce swelling and prevent blood clots) on and checking blood sugar for R8. ULP-I's employee record included competency records signed by ULP-I on April 24, 2024. The competency records were not marked with pass or fail and were not signed by a registered nurse. ULP-I's employee record lacked evidence of the following: - an annual performance evaluation; - documentation ULP-I had been supervised within 30 days of performing delegated tasks; - documentation of the following competencies had been completed: -appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing - care of teeth, gums, and oral prosthetic devices - care and use of hearing aids - dressing and assisting with toileting; - standby assistance techniques and how to perform them; - reading and recording temperature, pulse, and respirations of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; - administering medications or treatments as required; - administration for all routes of medications; - medication preparation for unplanned times away from the facility; - blood glucose monitoring; and - application of Ted stockings. On May 1, 2025, at 10:35 a.m., ULP-I stated she watched the electronic training system videos and the previous RN at the facility had trained her and competency tested her for medications, TED	0 650		

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0 650	Continued From page 8 hose, blood glucose monitoring and the other resident cares. On May 1, 2025, at 10:00 a.m., assisted living director assistant (ALDA)-B stated she was unable to find any further training and competency testing for ULP-I; it should have been completed, but they could not find the documentation. On May 1, 2025, at 10:52 a.m., ALDA-B stated they were unable to find performance evaluations for ULP-I. ALDA-B stated the previous licensed assisted living director (LALD) would have had them and she removed everything on her computer when she left. On May 1, 2024, at 1:01 p.m., ALDA-B further stated she could not find a 30-day supervision for ULP-I. She was unsure if it was completed, but should have been. The licensee's Personnel Files Employee Records policy dated August 1, 2021, indicated the employee file would include the following: - For unlicensed personnel, evidence of completed competency evaluations, conducted by a RN for delegated nursing services or conducted by a therapist for delegated therapy services, indicating competency in the delegated areas; and - Documentation of annual performance review, which identify areas of improvement and training recommendations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		

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0 680	Continued From page 9	0 680		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an all-hazards risk assessment emergency preparedness program and plan to include Appendix Z required elements. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a	0 680		

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0 680	Continued From page 10 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 the residents). The findings include: The facility's Emergency Preparedness binder contained a hazard vulnerability risk assessment which did not include emerging infectious diseases. The following required information was not present in the binder: - which staff would assume specific roles in another's absence through succession planning and delegation of authority; - a policy and/or procedure for tracking the location of on duty staff and residence if relocated; and - a policy for medical documentation which preserves resident information, protects confidentiality, and secures/maintains availability of records. On May 1, 2025, at 3:30 p.m., assisted living director assistant (ALDA)-B stated the licensee had been made aware of missing information in their emergency preparedness plan and they were working to fix it at a corporate level. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		

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01290	Continued From page 11	01290		
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 section 13.02, subdivision 12. (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted through Department of Human Services (DHS) NETStudy 2.0 and received in affiliation with the assisted living license for four of four employees (unlicensed personnel (ULP)-D, ULP-E, activity coordinator (AC)-F, and maintenance (M)-G. This resulted in an immediate order on April 28, 2025. This practice resulted in a level three violation (a violation that harmed a client/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 the potential to affect a large	01290		

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01290	Continued From page 12 portion or all the residents). The findings include: ULP-D ULP-D was hired on April 19, 2023, to provide direct care services to the residents. ULP-D was not listed on the facility's NETStudy roster provided by the licensee. The staff schedule for April 20-25, 2025, indicated ULP-D worked on April 21, 23, 24, and 26, 2025. ULP-D's Final Registry Results Form dated April 21, 2023, indicated the background study application had been submitted and read, "This applicant has not been previously determined eligible for employment and must be fingerprinted." ULP-D was listed on DHS NETStudy 2.0 as "affiliated" on April 21, 2023, and had a separation date of May 6, 2023. ULP-E ULP-E was hired on June 20, 2023, to provide direct care services to the residents. ULP-E was not listed on the facility's NETStudy roster provided by the licensee. The staff schedule for April 20-25, 2025, indicated ULP-D worked on April 20, 21, 22, 23, 24 and 25, 2025. ULP-E's Final Registry Results Form dated June 20, 2023, indicated the background study application had been submitted and read, "This applicant has not been previously determined	01290		

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01290	Continued From page 13 eligible for employment and must be fingerprinted." ULP-E was listed on DHS NETStudy 2.0 as affiliated June 30, 2023, and had a separation date of July 15, 2023. AC-F AC-F was hired on April 8, 2024, to provide activities with the residents. AC-F was not listed on the facility's NETStudy roster provided by the licensee. AC-F Final Registry Results Form dated April 9, 2024, indicated the background study application had been submitted and read, "This applicant has not been previously determined eligible for employment and must be fingerprinted." M-G M-G was hired on January 11, 2023, to provide maintenance services within the facility. M-G was not listed on the facility's NETStudy roster provided by the licensee. On April 28, 2025, at 1:48 p.m., assisted living director assistant (ALDA)-B stated ULP-D and ULP-E were employed by the licensee and provided unsupervised direct care services to the residents. ALDA-B further stated at 1:56 p.m., AC-F and M-G worked full time hours Monday through Friday and would have unsupervised contact with the residents. On April 28, 2025, at 2:40 p.m., assisted living director in residency (ALDIR)-A stated they had the Final Registry Results Form for ULP-D, ULP-E, and AC-F but were unable to locate one	01290		

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01290	Continued From page 14 for M-G. All staff should have been affiliated to the licensee. The licensee's Background Checks policy dated August 1, 2021 indicated the community will conduct a Minnesota Department of Human Services Background Study on all staff of community who will have independent, unsupervised contact with tenants or Residents of community. No employee may have independent direct contact with any tenants or Residents until acceptable result of the background study have been received. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate The licensee took immediate action on April 28, 2025; however, the scope and level remains at l. In addition, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for two of two employees (licensed assisted living director (LALD)-M and director of business development (DBD)-M). This had the potential to affect all residents living in the assisted living facility. 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).	01290		

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01290	Continued From page 15 The findings include: On April 28, 2025, at 9:20 a.m., licensed assisted living director (LALD)-M stated she worked at a sister facility and would be onsite to assist with the survey process. The licensee's Staff List indicated LALD-M was hired on October 10, 2019. LALD-M had a background study completed August 27, 2021, affiliated with health facility identification number (HFID) 35521, which was another licensee owned by the same company. LALD-M's background study was not affiliated with the assisted living facility with dementia care (ALFDC) license. On April 28, 2025, at 1:19 p.m., director of business development (DBD)-L stated he would be onsite during the survey process and did the physical plant inspection with the engineer for all the facilities. The licensee's Staff List indicated DBD-L was hired on July 19, 2020. DBD-L was not listed on the licensee's NETStudy roster. DBD-L had a background study clearance letter dated April 28, 2025, after it was requested by the surveyor. On April 28, 2025, at 2:40 p.m., assisted living director in residency (ALDIR)-A stated they were working on getting all staff from the sister facilities that were listed on the staff roster were affiliated with the licensee's HFID. No further information was provided.	01290		

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01290	Continued From page 16 TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01370 SS=E	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries	01370		

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01370	Continued From page 17 between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for two of two employees (unlicensed personnel (ULP)-H, ULP-I). 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). The findings include: ULP-H ULP-H was hired on June 17, 2024, to provide direct care services. On April 28, 2025, at 11:44 a.m., the surveyor observed ULP-H checking R2's blood glucose. On April 29, 2025, 7:45 a.m. though 11:02 a.m., the surveyor observed ULP-H administering medications, and assisting residents with personal hygiene, toileting, dressing, and	01370		

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01370	Continued From page 18 transfers. ULP-H's employee record lacked evidence to indicate ULP-H completed the required training: - understanding appropriate boundaries between staff and residents and the resident's family. ULP-I ULP-I was hired on September 11, 2023, to provide direct care services. On April 28, 2025, at 12:00 p.m., the surveyor observed ULP-I administering medications to residents. ULP-I's employee record lacked evidence to indicate ULP-I had been competency tested for the following: - appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; and - standby assistance techniques and how to perform them. On May 1, 2025, at 10:00 a.m., assisted living director assistant (ALDA)-B stated they had provided all the training and competencies they could find for ULP-I. The competency testing would have been completed by a registered nurse that no longer worked for the company. The licensee's Training and Competency Evaluations for ULP policy dated August 1, 2021, indicated training competency testing for ULP's would include: - training includes procedures for personal	01370		

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01370	Continued From page 19 hygiene and grooming, monitored with supervisory visits, which include: i. Hair care and bathing ii. Care and use of hearing aids iii. Care of teeth, gums, and oral prosthetic devices iv. Dressing and assisting with toileting; - training on standby assistance techniques, assist of one & two staff, use of walker, use of cane, and mechanical devices; and - HHA training on "Professional Boundaries for Care Givers", which include communication skills, preserving the dignity of the Resident, showing respect for the Resident, the Resident's preferences, cultural background, and understanding appropriate boundaries between staff and Residents and the Resident's family. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident;	01380		

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01380	Continued From page 20 (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for one of two employees (unlicensed personnel (ULP)-I). 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: ULP-I was hired on September 11, 2023, to provide direct care services. On April 28, 2025, at 12:00 p.m., the surveyor observed ULP-I administering medications to residents. ULP-I's employee record lacked evidence to indicate ULP-I had been competency tested for the following: - reading and recording temperature, pulse, and respirations of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; and - administering medications or treatments as	01380		

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01380	Continued From page 21 required. On May 1, 2025, at 10:00 a.m., assisted living director assistant (ALDA)-B stated they had provided all the training and competencies they could find for ULP-I. The competency testing would have been completed by a registered nurse that no longer worked for the company. The licensee's Training and Competency Evaluations for ULP policy dated August 1, 2021, indicated training competency testing for ULP's would include: - recording temperature, pulse, and respirations on vitals flow sheet; - training on safe transfer techniques and ambulation (monitored with supervisory visits); - training on range of motioning, positioning, and proper body alignment; - training on administering medications according to Residents Five (5) Rights, medications for LOA's, medication ordering and receiving, medication destruction, medication documentation, narcotic counting and documentation; and - training on treatments for Residents as the specific treatment is ordered, including documentation No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an	01440		

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01440	Continued From page 22 appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. 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 direct supervision of staff performing delegated nursing or therapy tasks within 30 days of first providing those services for one of one unlicensed personnel (ULP)-I). 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	01440		

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01440	Continued From page 23 situation has occurred only occasionally). The findings include: ULP-I was hired on September 11, 2023, to provide direct care services. On April 28, 2025, at 12:00 p.m., the surveyor observed ULP-I administering medications to residents. ULP-I's employee record lacked evidence a RN conducted direct supervision of delegated nursing tasks within 30 days of first providing those services. On May 1, 2025, at 10:00 a.m., assisted living director assistant (ALDA)-B stated ULP-I did not have evidence of a 30-day supervision in her employee record and the RN that would have completed it no longer worked for the company. The licensee's Supervision of HHA (home health aide) or ULP dated August 1, 2021, identified HHA's and ULP will be supervised by a Registered Nurse (RN) or delegated to the Licensed Practical Nurse (LPN) during the first 30 days of employment after completion of the HHA class. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01440		
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date	01640		

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01640	Continued From page 24 that services are first provided, an assisted living facility shall finalize a current written service plan. (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. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of nine residents (R3, R5) had a service plan signed by the resident or resident's designated representative and the facility to document agreement on the services to be provided. 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	01640		

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01640	Continued From page 25 found to be pervasive). The findings include: R3 On April 29, 2025, at 7:36 a.m., the surveyor observed unlicensed personnel (ULP)-I administering medication to R3. ULP-I stated R3 had thickened liquids and a pureed diet. R3 was admitted on September 23, 2019, under the licensee's comprehensive home care license and began receiving assisted living services on August 1, 2021. R3's unsigned, service plan printed on May 1, 2025, indicated R3's services included medication administration, bathing, ambulation, dressing, grooming, compression stockings, brace, meal assistance, and behavior management. The service plan was not authenticated by the resident or the resident's representative, or by the facility. R5 On April 29, 2025, at 8:03 a.m., the surveyor observed ULP-H administering medications to R5. R5 began receiving assisted living services on September 16, 2021. R5's Service Recap Summary for April 1-30, 2025, indicated staff provided safety checks, medication administration, behavior management, assist with ambulation, dressing grooming, bathing, toileting, and blood glucose monitoring. R5's record did not include a signed service plan.	01640		

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01640	Continued From page 26 On May 1, 2025, at 8:18 a.m., clinical nurse supervisor (CNS)-C stated they could not find a signed service plan for R3 and R5. The licensee's Service Plan policy dated August 1, 2021, indicated all residents receiving services would have a written service plan in place and it would be authenticated by the facility and the resident or their representative. No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to renew prescriptions at least every 12 months for one of eight residents (R7). 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	01830		

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01830	Continued From page 27 situation has occurred only occasionally). The findings include: On April 29, 2025, at 8:24 a.m., the surveyor observed unlicensed personnel (ULP)-H administering medications to R7. R7 was admitted March 31, 2023. R7 had a service plan dated September 30, 2024, which indicated R7 received medication administration services. R7's medication administration record for April 1-29, 2025, indicated R7 received the following medications administered by staff: - levothyroxine (thyroid) - acetaminophen (pain) - bupropion (depression) - diclofenac gel (topical pain reliever) - Eliquis (blood thinner)\ - ferrous sulfate (iron supplement) - folic acid (supplement) - furosemide (removes extra fluid from the body) - hydrocodone/APAP (narcotic pain medication) - omeprazole (gastric reflux) - tamsulosin (prostate) - Timolol eye drop (eye disease) - quetiapine (antipsychotic) - latanoprost eye drop (eye disease) R7's annual renewal of orders was signed by the physician on September 7, 2023. On April 30, 2025, at 9:59 a.m., clinical nurse supervisor (CNS)-C stated the orders dated September 7, 2023, were the most current. The licensee's Medication Administration - Procedure policy dated August 1, 2021, indicated	01830		

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01830	Continued From page 28 the physician orders for medications would be in the resident's file. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
02110 SS=C	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only;	02110		

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02110	Continued From page 29 (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures required for assisted living facilities with dementia care were implemented and provided to each resident and/or the resident's legal and designated representative at the time of move-in for three of three residents (R2, R3, R4). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee had an assisted living with dementia care license effective August 1, 2021. R2, R3, and R4's records lacked documentation for receipt of the required Assisted Living with Dementia Care policies and procedures at the time of resident move-in, to include: - philosophy of how services were provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;	02110		

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02110	Continued From page 30 - evaluation of behavioral symptoms and design of supports for intervention plans, including non-pharmacological practices that were person-centered and evidence-informed; - wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; - medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; - staff training specific to dementia care; - description of life enrichment programs and how activities were implemented; - description of family support programs and efforts to keep the family engaged; - limiting the use of public address and intercom systems for emergencies and evacuation drills only; - transportation coordination and assistance to and from outside medical appointments; and - safekeeping of residents' possessions. On May 1, 2025, at 3:00 p.m. the surveyor spoke to administrative employee (AE)-N via telephone. AE-N stated they did not have the specific policies developed, but the information was incorporated into the other policies, the contract, the resident handbook, and Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) which were given to residents and representatives. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02110		

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02310	Continued From page 31	02310		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of one resident (R2) with a perimeter mattress. 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: On April 29, 2025, at 9:57 a.m., the surveyor observed unlicensed personnel (ULP)-H attempting to give R2 her medications. R2 was laying in her bed on her right side. The left side of R2's bed was against the wall. The mattress was a perimeter mattress with a section in the middle for entering and exiting the bed. On the right side of the bed, there was a long body pillow against the edge of the perimeter mattress, there was a pillow tucked under the mattress, and a foam mat on the floor next to the bed.	02310		

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02310	Continued From page 32 R2 was admitted on January 1, 2015, under the licensee's comprehensive home care license and began receiving assisted living services on August 1, 2021. R2's diagnoses included Alzheimer's disease with behavioral disturbance, mood disorder, restless leg syndrome, epilepsy, and senile psychosis. R2's service plan signed October 16, 2024, indicated R2 received services including medication administration, behavior management, safety checks, therapeutic exercises, transfer assist, wheelchair assist, dressing grooming, bathing, and toileting assistance. R2's comprehensive assessment dated February 28, 2025, identified R2 needed assistance with bed mobility. Resident requires one staff member to provide assistance with repositioning every 3 hours day or night if the resident has not done so independently. Resident is able to move herself in bed. R2's bed safety section of the assessment indicated R2 had a "curved foam mattress" and R2's bed did not have any assistive devices. The assessment did not have any further information regarding the mattress or an assessment to indicate appropriate use of the mattress, risks versus benefits of using the mattress discussed with the responsible party, or that the mattress had been checked for recalls. On April 30, 2025, at 11:13 a.m., clinical nurse supervisor (CNS)-C stated there should not have been a pillow under the mattress and was unsure why it was there. On April 30, 2025, at 11:40 a.m., assisted living director assistant (ALDA)-B stated the only	02310		

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02310	Continued From page 33 reason for staff to have put the pillow under the mattress could be that R2 was trying to crawl out of the bed so staff placed the pillow there to help prevent it. On May 1, 2025, at 3:20 p.m., CNS-C stated she did not consider the perimeter mattress to be a restraint. CNS-C stated there should have been an assessment completed, but here was no assessment for the perimeter mattress, education on risks versus benefits of use, and checking for recalls. CNS-C stated R2 used the body pillow for positioning; however, the pillow placed under the mattress was a restraint and should not have been there. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		
02320 SS=E	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: The licensee failed to ensure medications were administered according to policy and accepted standards of practice for for two of two residents (R5, R2) who refused medications.	02320		

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02320	Continued From page 34 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). The findings include: R5 R5 was admitted September 16, 2021, with diagnoses including cognitive deficits, schizoaffective bipolar disorder (a mental health condition characterized by symptoms of both schizophrenia (psychosis) and a mood disorder, specifically bipolar disorder), anxiety disorder, and vascular dementia. R5's Service Recap Summary for April 1-30, 2025, indicated staff provided services included safety checks, medication administration, behavior management, assist with ambulation, dressing grooming, bathing, toileting, and blood glucose monitoring. R5's record lacked a signed service plan. R5's Individualized Medication Management Plan dated March 26, 2025, indicated "declined medications are documented and reported per policy and procedure to RN and followed up with resident, representative and provider." On April 29, 2025, at 8:03 a.m., the surveyor observed unlicensed personnel (ULP)-H attempting to administer medications to R5.	02320		

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02320	Continued From page 35 ULP-H set up the following medications for administration: acetaminophen (pain), duloxetine (antidepressant and helps chronic pain), Xarelto (blood thinner), and Vicodin (narcotic pain medication). ULP-H entered R5's room and R5 was sleeping in her bed. ULP-H awoke R5 and told her it was time for her medication and assisted R5 to sit on the edge of the bed. ULP-H tried to hand R5 the medication cup and was prompting her to take the medication. R5 complained her back hurt. ULP-H explained to R5 there was pain medication in the medication cup and she should take it. R5 laid back sideways across the bed with her legs hanging out of the bed. At 8:11 a.m., ULP-H stated "I don't know what to do" and again assisted R5 to a sitting position and encouraged R5 to take the medication to help her pain. At 8:13 a.m., R5 was crying out "my back hurts" and "owe". ULP-H again encouraged to take the medication. R5 laid back down sideways in the bed with her feet hanging out. ULP-H left the room and placed the medications into an envelope for destruction and documented them as refused. ULP-H stated any medications that are refused are put into a labeled envelope and brought to the nurse or assisted living director assistant (ALDA)-B at the end of the shift. ULP-H did not reapproach to attempt medication administration later. ULP-H did not notify clinical nurse supervisor (CNS)-C that R5 was refusing medications or that R5 was having pain. On April 29, 2025, at 10:00 a.m., R5 was sitting at the dining room table crying and calling out "help, help, help, oh please help". ULP-H went into a room and then upon exiting at 10:06 a.m. approached R5, and told her "I don't know what more we can do, you refused your meds". ULP-H told the surveyor since she refused her morning	02320		

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SUNRISE VIEW ASSISTED LIVING	603 LOUISIANA AVENUE ADRIAN, MN 56110

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02320	Continued From page 36 medications she had given her an acetaminophen as needed dose and it was going to take awhile to work. ULP-H told R5 "yelling isn't going to help", and went into another resident's room to get them up for the day. At 10:14 a.m., R5 continued to cry and call out "help, help, help, please, please, please," and knocking on the table. At 10:18 a.m., CNS-C entered the unit and upon hearing R5 calling out approached her and asked what she needed help with. R5 said "Kleenex please" and CNS-C gave her a Kleenex and R5 stated "thank you very much". CNS-C assisted R5 with toileting and no further calling out was noted. R2 R2 was admitted on January 1, 2015, under the licensee's comprehensive home care license and began receiving assisted living services on August 1, 2021. R2's diagnoses included Alzheimer's disease with behavioral disturbance, mood disorder, restless leg syndrome, epilepsy, and senile psychosis. R2's service plan signed October 16, 2024, indicated R2 received services including medication administration, behavior management, safety checks, therapeutic exercises, transfer assist, wheelchair assist, dressing grooming, bathing, and toileting assistance. R2's comprehensive assessment dated February 28, 2025, identified resident sleeps many hours of a 24 hour period and may not arouse to be able to take medications or complete blood glucose checks as prescribed. Staff to reapproach multiple times, update RN when not able to administer for adjustment with medication time, and document refusals or unable to administer. RN available to staff on call	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32183	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE VIEW ASSISTED LIVING	603 LOUISIANA AVENUE ADRIAN, MN 56110

(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
02320	Continued From page 37 or on site 24 hours a day. On April 29, 2025, at 9:57 a.m., the surveyor observed ULP-H attempting to give R2 her medications. R2 was laying in her bed on her right side. R2 did not awaken to ULP-H's prompts that it was time to take her medications. ULP-H then left the room, placed medication into an envelope for destruction and documented medications as refused. ULP-H did not attempt to reapproach R2 for medication administration, nor did she notify CNS-C of the medication refusal. On April 30, 2025, at 10:48 a.m., CNS-B stated staff should have reapproached R5 and R2 with the medications again. If the residents continue to refuse the medications, staff should have notified her, especially if R5 was having pain after refusing her morning pain medications. In addition, CNS-B stated R5 had an order to administer the medications later if she is sleeping in. The licensee's Medication Record - Documentation policy dated August 1, 2021, indicated if the medication was refused, document refused on the EMAR (electronic medication administration record). No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Sunrise View Assisted Living
603 Louisiana Avenue
Adrian, MN
Nobles County
Parcel:

Phone:

License Info

License: HFID 32183

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

Inspection Info

Report Number: F7990251002
Inspection Type: Follow-up - Single
Date: 5/5/2025 Time: 9:30:18 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

Previous 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: AT LEAST ONE ONSITE STAFF MEMBER NEEDS TO HAVE A CERTIFIED FOOD PROTECTION MANAGER LICENSE FROM MDH.
Comply By: 6/1/2025 Originally Issued On: 4/28/2025

Previous Order: 2-100 Supervision
2-102.12DMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033D Post the certified food protection manager certificate.
COMMENT: POST THE CFPM LICENSE AFTER RECEIVING IT.
Comply By: 6/1/2025 Originally Issued On: 4/28/2025

Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED AS A FOLLOW UP TO LAST WEEK'S INSPECTION WITH HRD. THE FOLLOW UP WAS NECESSARY DUE TO A HIGH NUMBER OF ORDERS. ALL ORDERS HAVE BEEN CLEARED EXCEPT THE CFPM ORDERS WHICH ARE CURRENTLY BEING ADDRESSED.

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 Mankato District Office inspection report number F7990251002 from 5/5/2025

Lyle

Benjamin D. Ische

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Sunrise View Assisted Living
603 Louisiana Avenue
Adrian, MN
Nobles County
Parcel:

Phone:

License Info

License: HFID 32183

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

Inspection Info

Report Number: F7990251001
Inspection Type: Full - Single
Date: 4/28/2025 Time: 11:00:35 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
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: AT LEAST ONE ONSITE STAFF MEMBER NEEDS TO HAVE A CERTIFIED FOOD PROTECTION MANAGER LICENSE FROM MDH.
Comply By: 6/1/2025 Originally Issued On: 4/28/2025

New Order: 2-100 Supervision
2-102.12DMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033D Post the certified food protection manager certificate.
COMMENT: POST THE CFPM LICENSE AFTER RECEIVING IT.
Comply By: 6/1/2025 Originally Issued On: 4/28/2025

! **New Order: 3-100 Food Characteristics: unadulterated**
3-101.11 *Priority Level: Priority 1 CFP#: 13*
MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.
COMMENT: DISCARD CAN OF FRUIT COCKTAIL THAT IS DENTED ON THE BOTTOM SEAM. IN THE FUTURE DO NOT ACCEPT DENTED CANS FROM YOUR SUPPLIER.
Comply By: Complied On Site Originally Issued On: 4/28/2025

New Order: 4-100 Equipment Construction Materials
4-101.11BCDE *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.
COMMENT: REMOVE WOODEN HANDLED KNIVES AND OTHER WOODEN HANDLED UTENSILS.
Comply By: 5/5/2025 Originally Issued On: 4/28/2025

New Order: 4-300 Equipment Numbers and Capacities
4-303.11B *Priority Level: Priority 3 CFP#: 48*
MN Rule 4626.0721B Provide chemical sanitizers to sanitize equipment and utensils during all hours of operation.
COMMENT: ESTABLISHMENT NEEDS TO SANITIZE EQUIPMENT, TABLES, AND UTENSILS IN THE UPSTAIRS KITCHENETTE AND EATING AREAS.
Comply By: 5/5/2025 Originally Issued On: 4/28/2025

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: AT THE TIME OF INSPECTION THE UPSTAIRS DISH MACHINE WAS NOT WORKING AND THE TRUE 3 DOOR REACH IN FREEZER HAD A TORN GASKET.
Comply By: 5/12/2025 Originally Issued On: 4/28/2025

New Order: 4-500 Equipment Maintenance and Operation
4-502.11C *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0820C Ambient air temperature, water pressure, and water temperature measuring devices must be accurate within the intended range of use and maintained in good repair.
COMMENT: PROVIDE A HIGH TEMP DISH MACHINE THERMOMETER FOR THE UPSTAIRS DISH MACHINE.
Comply By: 5/12/2025 Originally Issued On: 4/28/2025

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11A *Priority Level: Priority 2 CFP#: 16*
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.
COMMENT: CLEAN AND MAINTAIN CLEAN THE CAN OPENER.
Comply By: 5/5/2025 Originally Issued On: 4/28/2025

New Order: 6-300 Physical Facility Numbers and Capacities
6-303.11B *Priority Level: Priority 3 CFP#: 56*
MN Rule 4626.1470B Provide at least 20 foot candles (215 LUX) of light intensity at a distance of 30 inches from the floor for areas where food is provided for consumer self-service, including buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption, inside equipment including reach-in and under counter refrigerators, in utensil storage areas, warewashing areas, and in toilet rooms.
COMMENT: REPLACE MISSING LIGHT BULB IN TRUE 3 DOOR REACH IN COOLER.
Comply By: 5/12/2025 Originally Issued On: 4/28/2025

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, NOROVIRUS PREVENTION, AND HANDWASHING. A FOLLOW UP INSPECTION WILL BE CONDUCTED THE WEEK OF 05/05/25.

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 Mankato District Office inspection report number F7990251001 from 4/28/2025

Benjamin D. Ische

Lyle Myers

Ben Ische,
Public Health Sanitarian Supervisor
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Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

Sunrise View Assisted Living
Adrian
County/Group: Nobles County

Inspection Info

Report Number: F7990251001
Inspection Type: Full
Date: 4/28/2025
Time: 11:00:35 AM

Equipment Temperature: Product/Item/Unit: True 3 Door Reach in Kitchen**; Temperature Process:** Cold-Holding
Location: Upright Refrigerator at 38 Degrees F.
Comment: Tomato
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: True 3 Door in Pantry**; Temperature Process:** Cold-Holding
Location: Upright Refrigerator at 39 Degrees F.
Comment: Yogurt
Violation Issued?: No

Food Temperature: Product/Item/Unit: Lasagna**; Temperature Process:** Cooking
Location: Oven at 184 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: White Milk Cooler**; Temperature Process:** Cold-Holding
Location: Upright Refrigerator at 38 Degrees F.
Comment: Milk
Violation Issued?: No

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Establishment Info

Sunrise View Assisted Living
Adrian
County/Group: Nobles County

Inspection Info

Report Number: F7990251001
Inspection Type: Full
Date: 4/28/2025
Time: 11:00:35 AM

Sanitizing Equipment: **Product:** Sodium Hypochlorite**; Sanitizing Process:** Chemical Dishwasher
Location: Dishwashing Area **Equal To** 100 Degrees F.
Comment: 100 PPM Chlorine
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Auto-Mix Dispenser
Location: Rag Bucket **Equal To** 200 PPM
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F7990251001

Food Establishment Inspection Report

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

No. of Risk Factor/Intervention/Violations	3	Date: 4/28/2025
No. of Repeat Risk Factor/Intervention/Violations		Time: 11:00:35 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
Sunrise View Assisted Living	603 Louisiana Avenue	Adrian, MN		
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 32183		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	OUT	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	OUT	Food in good condition, safe & unadulterated	X	
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	IN	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	N/O	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	N/A	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	IN	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43		In-use utensils; Properly stored		
44		Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47	X	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained & clean		
56	X	Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature) Benjamin D. Asche

Follow-up: Follow-up Date: