



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

Electronically Delivered

October 31, 2025

Licensee  
Abiitan Mill City  
428 South 2nd Street  
Minneapolis, MN 55401

RE: Project Number(s) SL32750016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 30, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

### **STATE CORRECTION ORDERS**

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

### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement;

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

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

- Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
- Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**

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

**DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

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

**REQUESTING A HEARING**

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

To submit a hearing request, please visit:

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

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

### **INFORMAL CONFERENCE**

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Abiitan Mill City. **Please contact Casey DeVries at 651-201-5917 on or before November 3, 2025, to schedule the conference call.**

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

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor  
State Evaluation Team  
Email: [Casey.DeVries@state.mn.us](mailto:Casey.DeVries@state.mn.us)  
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>32750</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABIITAN MILL CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>428 SOUTH 2ND STREET MINNEAPOLIS, MN 55401</b>
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL32750016-0</p> <p>On September 29, 2025, through September 30, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 98 residents; 36 receiving services under the Assisted Living Facility with Dementia Care license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
0 100 SS=F	144G.10 Subdivision 1 License required	0 100		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 100	<p>Continued From page 1</p> <p>(a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type.</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p>	0 100		
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0 100	<p>Continued From page 2</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain accurate licensure when they applied for licensure for a single residential dwelling, despite sharing one roof with an adjoining publicly accessible restaurant and gym, without having an approved two-hour fire barrier separating entities.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 29, 2025, from approximately 10:45 a.m. until 2:35 p.m., during a tour with</p>	0 100		
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0 100	<p>Continued From page 3</p> <p>maintenance (M)-F, engineer surveyor observed building occupancies were currently residing in the building during the course of the survey. M-F provided licensee's building floor plan and highlighted in orange, areas of the building in which external entities, identified as a restaurant and gym, occupied the building but lacked the appropriate fire barriers to separate the entities from the assisted living residential living areas. The identified restaurant and gym are located directly below licensee's memory care residential units on the second floor above.</p> <p>The licensee's first floor was largely used for assisted living uses including the front lobby, administration offices, and resident rooms on the East side of the building. The gym that was operating independently from the assisted living facility as a business served both the public and residents of the licensee. The door separating the gym from the assisted living area was a one (1) hour rated door. There was also a café and restaurant on the West side of the first floor that was operated independently from the assisted living facility and served both the public and residents of the licensee. The door separating the restaurant from the assisted living lobby was a 1-hour fire rated door, and the door was propped open with a doorstop. The fire doors from the restaurant kitchen to the dock/trash area and further leading into the assisted living rated exit enclosure were all 2-hour rated fire doors, but were all propped open with door stops.</p> <p>The 2nd floor was identified by M-F as licensee's assisted living memory care unit. The 3rd floor was being used as assisted living. The 4th floor was being used as assisted living. The 5th floor was being used as assisted living</p>	0 100		
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0 100	Continued From page 4  On September 29, 2025, at approximately 1:45 p.m., engineer surveyor requested documentation from M-F on building separations and fire rating of building elements. During the survey the licensee did not provide the requested documentation regarding separations between floors, occupancies, or other building components. No further information was provided by M-F beyond the floor plans identified above.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 100		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services  (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;	0 480		

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0 480	<p>Continued From page 5</p> <p>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;</p> <p>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;</p> <p>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;</p> <p>(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</p> <p>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p>	0 480		

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0 480	<p>Continued From page 6</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 30, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 775 SS=F	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a</p>	0 775		

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0 775	<p>Continued From page 7</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 29, 2025, from approximately 10:45 a.m. to 2:35 p.m., the surveyor toured the facility with maintenance (M)-F. During the tour the surveyor observed the following:</p> <p>Multiple fire doors were propped open with wooden doorstops on the main floor level. The fire doors between the lobby and the restaurant were propped open. Similarly fire doors separating the restaurant from the dock, separating the dock from the trash room, separating the rated exit enclosure from the dock, and separating the rated exit enclosure from the lobby were all held open with door stops. These fire doors would not close properly during an emergency and would not provide protection to compartmentalize the building and stop the spread of fire and smoke. Fire doors must be self-closing or automatic closing and fully close and latch during activation of fire alarm system. The provided doorstops must be removed, and the doors must be maintained free of obstruction.</p> <p>A sprinkler head in the second-floor storage room was partially obstructed by stored boxes and materials. Proper clearance must be maintained around sprinkler heads to ensure proper</p>	0 775		
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0 775	<p>Continued From page 8</p> <p>activation and function during emergency.</p> <p>An emergency light fixture did not function properly when tested near the third-floor storage room. The emergency light did not illuminate when tested to remove it from primary power source. Emergency lights should be maintained in proper working order.</p> <p>An emergency light fixture did not function properly when tested in the main floor office electrical room. The emergency light did not illuminate when tested to remove it from primary power source. Emergency lights should be maintained in proper working order.</p> <p>An unapproved multiplug adapter was in use in resident room 511 to power a television and other electronics. The unapproved adapter may pose fire risk and should be removed.</p> <p>M-F acknowledged the noted deficiencies during the tour and expressed that they would correct the deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 775		
0 780 SS=A	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate</p>	0 780		

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0 780	<p>Continued From page 9</p> <p>sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in each room used for sleeping purposes. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the client and does not affect health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p>	0 780		
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Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>ABIITAN MILL CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>428 SOUTH 2ND STREET MINNEAPOLIS, MN 55401</b>
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0 780	<p>Continued From page 10</p> <p>On September 29, 2025, from approximately 10:45 a.m. to 2:35 p.m., the surveyor toured the facility with maintenance (M)-F. During the tour the surveyor observed the following:</p> <p>A hardwired smoke alarm was absent from a provided hardwired mount inside the sleeping room of unoccupied resident apartment 318. M-F acknowledged the missing smoke alarm and indicated that a replacement would be provided. A working smoke alarm was present in the hallway directly outside the sleeping room and functioned properly when tested. Smoke alarms must be provided and maintained in each room used for sleeping purposes.</p> <p>During the facility tour interview on September 29, 2025, M-F verified the above listed fire protection and physical environment observations while accompanying on the tour. and expressed that they would ensure interconnection and correct the deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 780		
0 800 SS=B	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p>	0 800		

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0 800	<p>Continued From page 11</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the client and does not affect health or safety) and was issued at a pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On September 29, 2025, from approximately 10:45 a.m. to 2:35 p.m., the surveyor toured the facility with maintenance (M)-F. During the tour the surveyor observed the following:</p> <p>An outlet cover was absent from electrical outlet in 3rd floor storage room. Electrical fixtures should be properly guarded by cover to prevent shock.</p> <p>An electrical junction box was uncovered in the second-floor library ceiling. Electrical fixtures should be properly guarded by cover to prevent shock.</p> <p>A wiring raceway for a key fob system was left unfinished, with loose wires protruding, which could potentially trip or snag a passerby. Wiring</p>	0 800		
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Minnesota Department of Health

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0 800	<p>Continued From page 12</p> <p>should be properly finished or capped.</p> <p>The sink faucet in resident room 231 was very loud and made a continuous high pitched squeaking noise when run. The noise was disruptive to the resident and the faucet should be restored to proper working order.</p> <p>The toilet in resident room 321 was continuously running, with the tank never fully filling. M-F indicated that there was an issue with the float and that the toilet would be restored to proper working condition.</p> <p>M-F acknowledged the noted deficiencies during the tour and expressed that they would correct the deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
01730 SS=F	<p><b>144G.71 Subd. 5 Individualized medication management plan</b></p> <p>(a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of</p>	01730		

Minnesota Department of Health

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01730	<p>Continued From page 13</p> <p>diversion, and consistent with the manufacturer's directions;</p> <p>(3) documentation of specific resident instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) developed and maintained an individualized medication management plan to address storage of over the counter medications for three of three residents (R3, R4, R6).</p>	01730		
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Minnesota Department of Health

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01730	<p>Continued From page 14</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 30, 2025, at 9:00 a.m., during observations of medication management services being provided to R3 and R4, the surveyor observe each resident's apartment had over the counter (OTC) medications unsecured and accessible to each resident.</p> <p>On September 30, 2025, at 9:25 a.m., the surveyor observed R6's apartment. R6 resided in the apartment with their significant other. R6's shared apartment included multiple OTC medications in the kitchen and bedroom. Unlicensed personnel (ULP)-C stated the OTC medications were R6's significant other's OTC medications.</p> <p>R3 R3 was admitted on February 3, 2025.</p> <p>R3's untitled documented dated September 10, 2025, was identified by clinical nurse supervisor (CNS)-A as R3's current service plan. The service plan indicated R3 required Medication Management Plan service since February 3, 2025, and read, "Medications will be stored in a locked medications cart."</p>	01730		
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Minnesota Department of Health

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01730	<p>Continued From page 15</p> <p>R3's AL Nursing Assessment dated September 10, 2025, indicated under Section 6: Medication Management, R3 required assistance with medication administration and was unable to demonstrate secure storage for medications.</p> <p>R4 R4 was admitted on July 13, 2023.</p> <p>R4's untitled documented dated August 8, 2025, was identified by CNS-A as R4's current service plan. The service plan indicated R4 required Medication Management Plan service since July 11, 2023, and read, "Medications will be stored in a locked med cart."</p> <p>R4's AL Nursing Assessment dated August 14, 2025, indicated under Section 6: Medication Management, R4 required assistance with medication administration and was unable to demonstrate secure storage for medications.</p> <p>R6 R6 was admitted on October 22, 2024.</p> <p>R6's untitled documented dated September 30, 2025, was identified by CNS-A as R6's current service plan. The service plan indicated R6 required Medication Management Plan service since October 21, 2024, and read, "Medications will be stored in a locked medication cart."</p> <p>R6's AL Nursing Assessment dated August 29, 2025, indicated under Section 6: Medication Management, R6 required assistance with medication administration and was unable to demonstrate secure storage for medications.</p> <p>R6's record lacked evidence the licensee</p>	01730		

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01730	<p>Continued From page 16</p> <p>developed a medication management plan to address R6's significant other's medications that were accessible to R6.</p> <p>On September 30, 2025, at 12:15 p.m., CNS-A stated residents on medication management service and assessed as unable to manage medications on their own should not have access to medications. CNS-A stated the licensee was aware residents had ordered medications in the past through delivery services which delivered directly to the resident and licensee was not aware of when it occurred. CNS-A stated licensee would need to audit resident rooms to ensure medications were stored according to the nurse's assessment, service plan, and according to licensee's policy and procedures.</p> <p>The licensee's Individualized Medication, Treatment, and Therapy Management Plans policy dated August 1, 2021, indicated the licensee would develop a medication management plan which included storage of medication based on the nurse assessment and resident needs.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p>	01880		

Minnesota Department of Health

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01880	<p>Continued From page 17</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription medications were stored according to the manufacture's guidelines for two of two residents (R5, R7)</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 30, 2025, at 7:30 a.m., a refrigerator located in a staff office on the second floor in the memory care unit contained the following medications: - 1 full Wegovy 0.25 milligram injection pen; - 3 full Basaglar Kwikpen insulin injection pens; and - 4 full insulin aspart injection pens.</p> <p>On September 30, 2025, at 7:35 a.m., clinical nurse supervisor (CNS)-A provided a document titled [licensee] Service Received. CNS-A stated it was the refrigerator temperature log. The following dates did not have entries: September 4, 2025, September 8, 2025, September 13, 2025, September 16, 2025, September 17, 2025, September 18, 2025, September 27, 2025, and September 28, 2025. The temperature log also lacked a temperature range.</p>	01880		
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Minnesota Department of Health

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01880	<p>Continued From page 18</p> <p>On September 30, 2025, at 7:38 a.m., CNS-A stated medications should be stored according to manufacturer's guidelines. CNS-A stated staff were trained to check the refrigerator temperatures at the beginning of the shift. CNS-A stated if there was no entry documented that meant the refrigerator temperature was not checked by staff. CNS-A stated if staff did not record the refrigerator temperature there was no way to determine if the medications were being stored according to manufactures guidelines. Additionally, CNS-A stated if there were no refrigerator temperature ranges there was no way for staff to know the medications were being stored according to manufacturer's guidelines.</p> <p>The licensee's Storage of Medication policy dated August 1, 2021, indicated licensee would store medications according to acceptable standards.</p> <p>The manufacturer's guidelines for the use of Wegovy dated August 2025 recommended unopened medications should be stored between 36 degrees and 46 degrees Fahrenheit.</p> <p>The manufacturer's guidelines for the use of Basaglar injection pen dated October 2024 recommended unopened medications should be stored between 36 degrees Fahrenheit and 46 degrees Fahrenheit.</p> <p>The manufacturer's guidelines for the use of insulin aspart dated September 2025 recommended unopened medications should be stored between 36 degrees and 46 degrees Fahrenheit.</p>	01880		
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01880	Continued From page 19  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
02040 SS=F	<p><b>144G.81 Subdivision 1 Fire protection and physical environment</b></p> <p>An assisted living facility with dementia care must meet the requirements of section 144G.45 and the following additional requirements: (1) an assessment of safety risks must be performed on and around the property. The safety risks identified by the facility on the assessment must be mitigated to protect the residents from harm. The mitigation efforts must be documented in the facility's records; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide an appropriate hazard vulnerability assessment and required documentation. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to</p>	02040		

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02040	<p>Continued From page 20</p> <p>affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 29, 2025, at approximately 2:00 p.m., maintenance (M)-F provided documents on the fire protection and physical environment of the property. The licensee provided a hazard vulnerability assessment (HVA) and an emergency operation plan detailing the top risks identified. The risks identified in the emergency operations plan did not correspond to the HVA or its findings. The top-rated vulnerability according to the HVA was ice storms and this was not addressed in the any documentation. Likewise, no mitigation was provided to the surveyor, and no further information has been provided.</p> <p>During the record review and interview on September 29, 2025, M-F verified the hazard vulnerability assessment did not match outlined concerns for the facility and was not complete with some hazards left unscored. M-F also stated they were unaware of steps for mitigation of the identified risks or documentation of such. M-F stated that they understood requirements and would perform a hazard vulnerability assessment and identify mitigation.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02040		



Rochester District Office  
Minnesota Department of Health  
3425 40th Ave NW, Suite 115  
Rochester, MN 55901  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

ABIITAN MILL CITY  
428 S 2ND ST  
Minneapolis, MN 55401  
Hennepin County  
Parcel:  
  
Phone:  
cheryllocke@abiitan.org

### License Info

License: HFID 32750  
  
Risk:  
License:  
Expires on:  
CFPM:  
CFPM #: ; Exp:

### Inspection Info

Report Number: F8044251218  
Inspection Type: Full - Single  
Date: 9/30/2025 Time: 10:53:20 AM  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 1  
Delivery:

### New Order: 6-300 Physical Facility Numbers and Capacities

6-301.14A *Priority Level: Priority 3 CFP#: 10*

*MN Rule 4626.1457* Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.

COMMENT: Sign not posted at handwashing sink in serving kitchen.

*Comply By: 9/30/2025 Originally Issued On: 9/30/2025*

## Food & Beverage General Comment

HRD inspection conducted with nurse evaluator Keith Langley. Inspection report reviewed on site with Cheryl Locke.

All food is prepared at the on-site restaurant, which is licensed and inspected by the Minneapolis Health Department. Milk and small items are stored on site in refrigerator.

**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 Rochester District Office inspection report number F8044251218 from 9/30/2025**

Establishment Representative

  
Michael DeMars, RS  
Public Health Sanitarian 3  
michael.demars@state.mn.us



Rochester District Office  
Minnesota Department of Health  
3425 40th Ave NW, Suite 115  
Rochester, MN 55901

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## Temperature Observations/Recordings

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### Establishment Info

ABIITAN MILL CITY  
Minneapolis  
County/Group: Hennepin County

### Inspection Info

Report Number: F8044251218  
Inspection Type: Full  
Date: 9/30/2025  
Time: 10:53:20 AM

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

**Location:** Refrigerator at 38.9 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Refrigerator at 35.0 Degrees F.

Comment:

*Violation Issued?: No*