



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

Electronically Delivered

October 10, 2025

Licensee

Amira Choice Plymouth  
18405 Old Rockford Road  
Plymouth, MN 55446

RE: Project Number SL33599016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a Survey on August 22, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the Survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

### **STATE CORRECTION ORDERS**

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this Survey of your facility.**

### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the



resident(s)/employee(s) identified in the correction order.

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

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

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

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

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

If you have any questions, please contact me.

Sincerely,



Kelly Thorson, Supervisor

State Evaluation Team

Email: [kelly.thorson@state.mn.us](mailto:kelly.thorson@state.mn.us)

Telephone: 651-431-5000 Fax: 1-866-890-9290

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  33599	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  08/21/2025
NAME OF PROVIDER OR SUPPLIER  AMIRA CHOICE PLYMOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 18405 OLD ROCKFORD ROAD PLYMOUTH, MN 55446			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>****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>SL33599016-0</p> <p>On August 19, 2025, through August 21, 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 106 residents; 64 were receiving services under the Provisional 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>		
0 775 SS=D	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775			

Minnesota Department of Health

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

TITLE

(X6) DATE



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0 775	<p>Continued From page 1</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 some 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On August 20, 2025, from approximately 10:50 a.m. to 1:30 p.m., the surveyor toured the facility with environmental services director (ESD)-E, licensed assisted living director (LALD)-C, and regional manager (RM)-F and the surveyor observed the following:</p> <p>A sprinkler head in the kitchen was obstructed by high stacked food items and boxes on a shelf. Proper clearance must be maintained around the sprinkler head to allow operation during a fire. ESD-E removed the obstructing items during inspection.</p>	0 775			



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0 775	Continued From page 2  An emergency exit sign in stairwell B on the first floor did not illuminate and function properly when tested. Emergency exit signs should be maintained in proper condition and function properly when disconnected from primary power.  ESD-E and LALD-C acknowledged the noted deficiencies during the tour and expressed that they would correct the deficiencies.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 775			
0 780 SS=A	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 (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;	0 780			



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0 780	<p>Continued From page 3</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms throughout the facility. 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 resident and does not affect health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>On August 20, 2025, from approximately 10:50 a.m. to 1:30 p.m., the surveyor toured the facility with environmental services director (ESD)-E, licensed assisted living director (LALD)-C, and regional manager (RM)-F and the surveyor observed the following:</p> <p>During the tour the surveyor tested smoke alarms by activating alarms in resident room 108. When the smoke alarm in the hallway was activated, it did not cause the smoke alarm in the resident sleeping room to actuate. ESD-E also tested smoke alarms by activating the smoke alarm in the bedroom hallway and resident sleeping room in resident room 108. During all tests, the smoke alarms in the unit were not interconnected such</p>	0 780			



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0 780	Continued From page 4  that the activation of one alarm would cause the other alarm to sound. The smoke alarms were loud enough that either alarm would be clearly audible from all locations within the unit, however alarms must be maintained as interconnected. ESD-E acknowledged the lack of interconnection and indicated the issue would be rectified.  During the facility tour interview on August 20, 2025, ESD-E and LALD-C 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.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 780			
0 900 SS=D	144G.50 Subdivision 1 Contract required  (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has	0 900			



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0 900	<p>Continued From page 5</p> <p>been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and execute a written contract with the required content post implementation of 144G Statutes for one of three residents (R2) reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 admitted to the facility on February 20, 2025, as an independent resident.</p> <p>R2's record lacked a signed resident agreement, or lease agreement.</p>	0 900			



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0 900	Continued From page 6  On August 21, 2025, at 10:25 a.m., licensed assisted living director (LALD)-C stated, "I don't know what happened it must have gotten overlooked, I did not do a contract for him, I only did one for his wife."  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900			
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited  The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.  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	0 970			

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0 970	<p>Continued From page 7</p> <p>the residents).</p> <p>The findings include:</p> <p>On August 19, 2025, at 10:20 a.m., licensed assisted living director (LALD)-C provided surveyor with the facilities blank resident agreement that is used for all residents.</p> <p>The licensee's Residency Agreement indicated, "Facility shall not be liable for any loss by reason of damage, theft, fire, casualty or otherwise to the contents, belongings, automobile(s) and personal effects of the Resident or Resident's family, agents, employees, guests or visitors located in or about the garage space, general parking lot, and/or storage unit, or for damage or injury to the Resident or Resident's family, agents, employees, guests, or visitors. Resident shall bold harmless and indemnify Facility from any injuries, damages, causes of action, claims to persons or property arising out of Resident's occupancy and use of the garage space, general parking lot, and/or storage unit rented by Resident. Resident may be responsible for supplying his or her own lock for rented storage unit."</p> <p>On August 21, 2025, at 10:50 a.m., LALD-C acknowledge the contract had the above-mentioned information and stated, "I was not aware it had that, we don't make the contracts so I can ask my boss who is here why it is in there."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970			



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01640 SS=D	<p><b>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</b></p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident or resident's designated representative and the licensee to document agreement on the services to be provided for two of six residents (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</p>	01640			

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01640	<p>Continued From page 9</p> <p>resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R7 was admitted to the licensee and began receiving assisted living services on June 4, 2025.</p> <p>R7's diagnoses included type 2 diabetes, anxiety, congestive heart failure and atrial fibrillation.</p> <p>R7's signed Service plan, dated August 20, 2025, after the initiation of survey, indicated R7's services included monthly vitals, linen laundry, blood glucose monitoring, and medication administration.</p> <p>R7's record lacked a signed service plan prior to the initiation of survey.</p> <p>On August 20, 2025, at 1022 clinical nurse supervisor (CNS)-D stated, "I gave [R7] this service plan on the fourth, and she has not yet signed it, so I went and had her sign it today, she likes to go over everything with her POA (power of attorney) before signing, anyway I had her sign today." When asked if there was a note documenting that the service plan was given to R7 and gone over on the fourth, CNS-D stated, "No ma'am there is no note."</p> <p>The licensee's Service Plan Agreement Developement and Revision policy dated March 1, 2014, indicated, "When Service Plan</p>	01640			



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01640	Continued From page 10  Agreement approval must be obtained from client representative and they are not available on site to sign the agreement the following process is acceptable: RN communicates changes in Service Plan to client representative and obtains approval for implementation Documentation of this approval is noted in the client medical record Services may be implemented with such approval RN and client representative agree upon the most timely method to obtain the required client representative signature on Service Plan Agreement Options for an expeditious signature include, but are not limited to; scheduling an in person meeting at the site, securely faxing the document or mailing the document The RN will have a tracking method to ensure the required signature is on file in a timely manner."  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
01890 SS=D	144G.71 Subd. 20 Prescription drugs  A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.  This MN Requirement is not met as evidenced by:	01890			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
01890	<p>Continued From page 11</p> <p>Based on observation, interview, and record review, the licensee failed to ensure time sensitive medications were dated when opened for one of three residents (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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R7 was admitted to the licensee and began receiving assisted living services on June 4, 2025.</p> <p>R7's diagnoses included type 2 diabetes, anxiety, congestive heart failure and atrial fibrillation.</p> <p>R7's signed Service plan, dated August 20, 2025, after the initiation of survey, indicated R7's services included monthly vitals, linen laundry, blood glucose monitoring, and medication administration.</p> <p>On August 20, 2025, at 8:15 a.m., the surveyor observed the contents of the facility third floor medication cart, which contained one novolog insulin pen for R7 with no open date/expired date label.</p> <p>On August 20, 2025, at 10:00 a.m., unlicensed personnel (ULP)-G stated, "I want you to know that was me that opened the pen, I opened it on</p>	01890			



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>33599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMIRA CHOICE PLYMOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>18405 OLD ROCKFORD ROAD PLYMOUTH, MN 55446</b>			
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01890	Continued From page 12  Sunday, and I forgot to write down the open date, I went back and fixed it."  On August 21, 2025, at 10:25 a.m., clinical nurse supervisor, (CNS)-D indicated the staff had all been trained and stated, "We do provide the label sticker, and they (staff) are asked to date it right away when they pull it from the fridge."  The licensee's medication policies did not address ensuring time sensitive medications were dated when opened.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01890			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen  For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>33599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>AMIRA CHOICE PLYMOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>18405 OLD ROCKFORD ROAD PLYMOUTH, MN 55446</b>			
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01940	<p>Continued From page 13</p> <p>appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content and failed to include all treatments or therapies ordered for one of one resident (R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R4 admitted to the licensee for services on April 16, 2025.</p> <p>R4's diagnoses included pulmonary disease and type 2 diabetes.</p>	01940			



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>33599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2025</b>
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01940	<p>Continued From page 14</p> <p>R4's Service Checkoff List dated August 1, 2025, through August 31, 2025, included O2 assist and O2 tank fill at 7:00 a.m., daily, had been completed August 1 through August 8, 2025</p> <p>On August 20, 2025, at 10:00 a.m., surveyor observed ULP-G go into R4's room and offer oxygen assistance. ULP-G stated, "We come in daily to see if she needs assistance with her oxygen, we help her rotate the tanks to be filled and get the tanks set up for her, some days she does it on her own, but most days we do it for her."</p> <p>R4's record lacked documentation of specific, written instructions and evidence the instructions were communicated with the unlicensed personnel (ULP) about the individual needs of the resident.</p> <p>R4's record lacked an evaluation of treatment and therapies to include:</p> <ul style="list-style-type: none"><li>- resident specific instructions related to the treatments/therapy administration;</li><li>- process for notifying an RN or appropriate licensed health professional when an issue or concern arises; and</li><li>- resident specific requirements related to documentation of treatments/therapy received, verification that it was administered as prescribed and monitoring to prevent possible complications and/or adverse reactions.</li></ul> <p>On August 21, 2025, at 10:25 a.m., clinical nurse supervisor (CNS)-D acknowledged there was no oxygen treatment plan in R4's record and stated, "She has been managing the oxygen herself except for I believe we have been helping her to</p>	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>33599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/21/2025</b>
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01940	Continued From page 15  put the tanks on the filling station, but she was doing the rest."  The licensee's Development of Individualized Treatment Management Plan policy, dated March 1, 2017, indicated, "Based on the comprehensive nursing assessment, the Registered Nurse (RN) will develop an individualized treatment management plan for each client that needs or requests treatment management services. This plan will be developed with the client and/or client's representative and this plan will be part of the client's service plan, and the client will be educated on the service plan. Once the treatment management plan has been developed, the RN will develop the client's treatment record with detailed information about the treatments staff will be managing."  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy  Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:	01950			



Minnesota Department of Health

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01950	<p>Continued From page 16</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for each resident treatment and documented those instructions in the resident's record for one of three residents (R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R4 admitted to the licensee for services on April 16, 2025.</p> <p>R4's diagnoses included pulmonary disease and type 2 diabetes.</p> <p>R4's Service Checkoff List dated August 1, 2025, through August 31, 2025, included O2 assist and O2 tank fill at 7:00 a.m., daily, had been completed August 1 through August 8, 2025</p>	01950			

Minnesota Department of Health

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01950	<p>Continued From page 17</p> <p>On August 20, 2025, at 10:00 a.m., surveyor observed ULP-G go into R4's room and offer oxygen assistance. ULP-G stated, "We come in daily to see if she needs assistance with her oxygen, we help her rotate the tanks to be filled and get the tanks set up for her, some days she does it on her own, but most days we do it for her."</p> <p>R4's record lacked documentation of specific, written instructions and evidence the instructions were communicated with the unlicensed personnel (ULP) about the individual needs of the resident.</p> <p>On August 21, 2025, at 10:25 a.m., clinical nurse supervisor (CNS)-D acknowledged there were no written specific instructions for R4's oxygen in R4's record and stated, "She has been managing the oxygen herself except for I believe we have been helping her to put the tanks on the filling station, but she was doing the rest."</p> <p>The licensee's Development of Individualized Treatment Management Plan policy, dated March 1, 2017, indicated, "Following completion of the nursing assessment, including an assessment of the client's need for treatment management, the RN develops an individualized treatment management plan for the client in conjunction with the client and/or the client's representative, and educates the client and/or the client's representative on the individualized treatment management plan. The plan will address: Identification of the treatment management services to be provided by our agency; Identification of any specific client instructions regarding treatments our agency staff will</p>	01950			



Minnesota Department of Health

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01950	Continued From page 18  administer."  No further information provided.  TIME PERIOD OF CORRECTION: Seven (7) days	01950			
02310 SS=D	<b>144G.91 Subd. 4 (a) Appropriate care and services</b>  (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 and interview, the licensee failed to ensure that oxygen tanks were properly stored for one out of one resident (R4).  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 August 20, 2025, at 10:00 a.m., the surveyor observed three oxygen tanks in R4's bedroom. One tank was secured on the portable oxygen tank refill system machine, and two tanks located on the side table and unsecured.	02310			

Minnesota Department of Health

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02310	<p>Continued From page 19</p> <p>On August 20, 2025, at 12:07 p.m. clinical nurse supervisor (CNS)-D stated, "[R4] likes to keep them up on the table because it is hard for her to bend over so it was more manageable for her to be able to do some of that on her own when she doesn't want to ask for help, but we are working on a better solution now to get them secured."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02310			





Metro District Office  
Minnesota Department of Health  
625 Robert St N, PO BOX 64975  
St Paul, MN 55164  
Phone: 651-201-4500

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Amira Choice  
18405 Old Rochford Road  
Plymouth, MN 55446  
Hennepin County  
Parcel:  
  
Phone:

### License Info

License: HFID 33599  
  
Risk:  
License:  
Expires on:  
CFPM: LUKE NATHANIEL CASWELL  
CFPM #: FM79805; Exp: 09/30/2027

### Inspection Info

Report Number: F8087251078  
Inspection Type: Full - Single  
Date: 8/19/2025 Time: 4:00:00 PM  
Duration: minutes  
Announced Inspection: No  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery: Emailed

No orders were issued for this inspection report.

## Food & Beverage General Comment

THIS WAS AN UNANNOUNCED AND UNSCHEDULED FULL INSPECTION.

INSPECTION DONE WITH EXECUTIVE DIRECTOR JEN ENSIGN.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING

NOROVIRUS

BARE HAND CONTACT WITH READY TO EAT FOODS

EMPLOYEE ILLNESS

EMPLOYEE EXCLUSION

COOLING METHODS

REHEATING METHODS

SANITIZER CONCENTRATION

DATE MARKING

ALL ITEMS ON THIS REPORT

ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT AND HRD NURSE SURVEYOR.

**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.**



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I acknowledge receipt of the Metro District Office inspection report number F8087251078 from 8/19/2025

*John Boettcher*

---

JEN ENSIGN  
EXECUTIVE DIRECTOR

---

John Boettcher,  
Public Health Sanitarian 3  
651-201-5076  
john.boettcher@state.mn.us





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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

Amira Choice  
Plymouth  
County/Group: Hennepin County

### Inspection Info

Report Number: F8087251078  
Inspection Type: Full  
Date: 8/19/2025  
Time: 4:00:00 PM

**Equipment Temperature:** Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

**Location:** Upright Cooler at 37 Degrees F.

**Comment:** SATELLITE KITCHEN

**Violation Issued?:** No

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

**Location:** Upright Cooler at 40 Degrees F.

**Comment:** SATELLITE KITCHEN

**Violation Issued?:** No

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

**Location:** Upright Cooler at 40 Degrees F.

**Comment:** SATELLITE KITCHEN

**Violation Issued?:** No

**Equipment Temperature:** Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

**Location:** Under Counter Freezer at 1 Degrees F.

**Comment:** SATELLITE KITCHEN

**Violation Issued?:** No

**Equipment Temperature:** Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

**Location:** Under Counter Cooler at 37 Degrees F.

**Comment:** BISTRO

**Violation Issued?:** No

**Equipment Temperature:** Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

**Location:** Ice Cream Freezer at -4 Degrees F.

**Comment:** BISTRO

**Violation Issued?:** No

**Equipment Temperature:** Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

**Location:** Beverage Cooler at 34 Degrees F.

**Comment:** BISTRO

**Violation Issued?:** No

**Food Temperature:** Product/Item/Unit: SOUP; Temperature Process: Hot-Holding

**Location:** Warmer at 174 Degrees F.

**Comment:** MAIN KITCHEN

**Violation Issued?:** No

**Equipment Temperature:** Product/Item/Unit: AMBIENT AIR; Temperature Process: Ambient Air

**Location:** Upright Freezer at -6 Degrees F.

**Comment:** MAIN KITCHEN

**Violation Issued?:** No



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

**Location:** Prep Cooler at 40 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** HARD BOILED EGG; **Temperature Process:** Cold-Holding

**Location:** Prep Cooler at 40 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Prep Cooler at 40 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** PORK; **Temperature Process:** Hot-Holding

**Location:** Steam Table at 172 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** POTATO; **Temperature Process:** Hot-Holding

**Location:** Steam Table at 147 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Upright Cooler at 42 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Upright Cooler at 41 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Upright Cooler at 41 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Walk-in Cooler at 39 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Walk-in Cooler at 40 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Walk-in Cooler at 38 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Walk-in Cooler at 38 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Walk-in Cooler at 38 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*



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

**Location:** Walk-in Cooler at 39 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** HARD BOILED EGGS; **Temperature Process:** Cold-Holding

**Location:** Walk-in Cooler at 39 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Walk-in Freezer at 6 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Upright Cooler at 40 Degrees F.

Comment: SERVER STATION

*Violation Issued?: No*

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

**Location:** Upright Cooler at 40 Degrees F.

Comment: SERVER STATION

*Violation Issued?: No*

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

**Location:** Upright Cooler at 40 Degrees F.

Comment: SERVER STATION

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT AIR; **Temperature Process:** Ambient Air

**Location:** Upright Cooler at 12 Degrees F.

Comment: SERVER STATION

*Violation Issued?: No*



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

## Sanitizer Observations/Recordings

Page: 1

### Establishment Info

Amira Choice  
Plymouth  
County/Group: Hennepin County

### Inspection Info

Report Number: F8087251078  
Inspection Type: Full  
Date: 8/19/2025  
Time: 4:00:00 PM

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Kitchen **Equal To** 400 PPM

Comment: SATELLITE KITCHEN

*Violation Issued?: No*

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

**Location:** Dishwashing Area **Equal To** 172 Degrees F.

Comment: MAIN KITCHEN

*Violation Issued?: No*

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

**Location:** Dishwashing Area **Equal To** 400 PPM

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Kitchen **Equal To** 400 PPM

Comment: MAIN KITCHEN

*Violation Issued?: No*

**Sanitizing Chemical:** Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Server Station **Equal To** 200 PPM

Comment: SERVER STATION

*Violation Issued?: No*