Electronically Delivered

April 7, 2026

Licensee
Personal Care Senior Living
3850 Jefferson Street Northeast
Fridley, MN 55432

RE: Project Number(s) SL38983016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 12, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

pursuant to this survey:

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00
St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,500.00**. 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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 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
	38983	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL CARE SENIOR LIVING	3850 JEFFERSON STREET NE FRIDLEY, MN 55432

(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 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: SL38983016-0 On March 9, 2026, through March 12, 2026, 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 twenty-three (23) residents; twenty-three (23) receiving services under the Assisted Living with Dementia license. An immediate correction order was identified on March 11, 2026, issued for SL38983016-0, tag identification 1290. During the course of the survey, the licensee took action to mitigate the imminent risks. Noncompliance remained and the scopes and levels remain unchanged.	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 License Providers. 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 surveyors' 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.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the clinical nurse supervisor (CNS) developed and implemented a staffing plan to determine staffing levels to meet the needs of all residents, which included reviewing the staffing plan at least twice per year. This had the potential to affect all residents, staff, and visitors.	0 470		

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0 470	Continued From page 2 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: The licensee held an assisted living with dementia license effective July 29, 2025, and was licensed for a capacity of 29 residents, with a current census of 23 residents. During the entrance conference on March 9, 2026, at 9:45 a.m., registered nurse (RN)-F, stated the licensee was familiar with the current minimum living requirements. In addition, they stated they had three shifts as follows: - morning shift (6:30 a.m. to 2:30 p.m.) 4 staff; - evening shift (2:30 p.m. to 10:30 p.m.) 4 staff; and - night shift (10:30 p.m. to 6:30 a.m.) 3 staff. The licensee's Staffing Evaluation and Plan was dated March 26, 2025. On March 12, 2026, at 11:20 a.m., licensed assisted living director (LALD)-C stated they were unaware of the staffing plan to be reviewed at least twice per year. The licensee's undated Staffing, Direct-Care Staffing Plan and Daily Schedule policy noted "the staffing plan would be evaluated for appropriate levels in the facility and revised as needed at a minimum of two times per year."	0 470		

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0 470	Continued From page 3 No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	0 470		
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; (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;	0 480		

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0 480	Continued From page 4 (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 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) 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:	0 480		

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0 480	Continued From page 5 Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 11, 2026, 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 to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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 affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical	0 775		

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0 775	Continued From page 6 Environment Inspection Report (PEIR) dated March 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 780 SS=D	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	Continued From page 7 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire	0 810		

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0 810	Continued From page 8 or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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	0 810		

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0 810	Continued From page 9 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). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated March 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	0 810		
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:	01290		

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01290	Continued From page 10 Based on interview and record review, the licensee failed to ensure a background study was submitted and completed for the current health facility identification (HFID) number 38983 for one of one employee (unlicensed personnel (ULP-D). This practice resulted in a level three violation (a violation that harmed a 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 potential to affect a large portion or all the residents). This resulted in an immediate correction order issued on March 11, 2026. The findings include: ULP-D was hired on August 17, 2022, to provide direct care and services to residents. ULP-D worked alone without supervision on March 9, 2026, 6:30 a.m. to 3:20 p.m.; March 10, 2026, 6:30 a.m. to 10:30 p.m.; and March 11, 2026, at 6:30 a.m. On Mach 11, 2026, at 10:02 a.m. surveyor observed ULP-D assist with oral medication for licensee's residents. On March 11, 2026, at 11:23 a.m., licensed assisted living director (LALD)-C provided the surveyor ULP-D's file to include ULP-D's background study. ULP-D's background study dated March 25, 2025, was submitted under HFID 36849. Surveyor reviewed the facility's NETStudy 2.0 roster and discovered ULP-D was not listed as having a background study	01290		

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01290	Continued From page 11 submitted with the licensee's HFID 38983. On March 11, 2026, at 11:42 a.m., LALD-C stated ULP-D was a transfer employee at a different location that had changed ownership. LALD-A stated that ULP-D's background study would be ran under HFID 38983. Licensee's Personnel Records policy dated July 11, 2023, read "personnel record kept to date with documentation of a completed criminal background study." No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	01290		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment;	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38983	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL CARE SENIOR LIVING	3850 JEFFERSON STREET NE FRIDLEY, MN 55432

(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
01500	Continued From page 12 disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training was	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38983	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL CARE SENIOR LIVING	3850 JEFFERSON STREET NE FRIDLEY, MN 55432

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01500	Continued From page 13 provided and included all required topics for each 12 months of employment, for one of two employees (unlicensed personnel (ULP)-D). 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-D started employment with the license on August 17, 2022, to provide assisted living with dementia services. On Mach 11, 2026, at 10:02 a.m., surveyor observed ULP-D assist with oral medication for licensee's residents. ULP-L's undated training Transcript was identified by clinical nurse supervisor (CNS)-B as ULP-D's completed training from date of hire to March 12, 2026. The transcript lacked evidence that ULP-D completed the required annual training content in 2025: -reporting maltreatment of vulnerable adults or minors; -effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; and -principles of person-centered planning/service delivery.	01500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38983	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL CARE SENIOR LIVING	3850 JEFFERSON STREET NE FRIDLEY, MN 55432

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01500	Continued From page 14 On March 12, 2026, at 11:23 a.m., licensed assisted living director (LALD)-C stated there was a new employee in the role as the business coordinator and assigned all employee education. LALD-C stated education would be provided to meet training requirements. The licensee's Assisted Living with Memory care Annual Training policy dated July 11, 2023, read "all employees would complete annual education as follows: - reporting of maltreatment of vulnerable adults under section 626.557; - effective approaches for communication with residents with dementia, Alzheimer's disease or related disorders; and - principles of person-centered planning/service delivery." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38983	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL CARE SENIOR LIVING	3850 JEFFERSON STREET NE FRIDLEY, MN 55432

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01910	Continued From page 15 medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include medication name, quantity and names of staff and other individuals involved in the disposition of medications for one of one discharged resident (R3). 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 affect a large portion or all of the residents). The findings include: R3 was admitted to the licensee on November 13, 2025, and discharged on February 17, 2026. R3's record included a discharge/transfer summary dated February 26, 2026. The summary and R3's record lacked documentation of R3's disposition of medications upon termination of the service plan, with the following requirements: -the name of the medication,	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38983	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01910	Continued From page 16 -strength, -prescription number if applicable, -quantity, -to whom the medications were given, -date of disposition, and -the names of the staff and other individuals involved in the disposition. On March 10, 2026, at 9:59 a.m., clinical nurse supervisor (CNS)-B stated "once the pharmacy began accepting take back medications, we would simply send them all back in their enclosed containers but didn't keep record of that. Going forward, it will also be documented in the medical record." The licensee's Discharge Summary policy dated July 10, 2023, read "reconciliation of all predischarge medications with post discharge prescribed and over-the-counter medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

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

Food & Beverage Inspection Report

Establishment Info

Personal Care Senior Living
3850 Jefferson Street NE
Columbia Heights, MN 55432
Anoka County
Parcel:

Phone:
tmartinson@personalcareseniorliving.com

License Info

License: HFID 38983

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

Inspection Info

Report Number: F1029261071
Inspection Type: Full - Single
Date: 3/11/2026 Time: 11:40:19 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 2
Total Priority 3 Orders: 5
Delivery:

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: PIC WITH SERVSAFE COMPLETION CERTIFICATE BUT NO MN ISSUES CFPM CERTIFICATE. PIC INSTRUCTED TO ENSURE ESTABLISHMENT EMPLOYS INDIVIDUAL(S) WITH UP-TO-DATE MN ISSUED CFPM CERTIFICATION.

MN CFPM CERTIFICATE ATTAINMENT INFORMATION CAN BE FOUND AT THE FOLLOWING ADDRESSES -

https://www.health.state.mn.us/communities/environment/food/cfpm/index.html

https://mn-mdh.portal.opengov.com/categories/1087/record-types/6498
Comply By: 4/3/2026 Originally Issued On: 3/11/2026

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A1 *Priority Level: Priority 1 CFP#: 21*
MN Rule 4626.0395A1 Maintain all hot, TCS foods at 135 degrees F (57 degrees C) or above. Roast beef may be held at 130 degrees F (54 degrees C) if cooked in accordance with the specified time and temperature.
COMMENT: HOT HELD ITEMS IN DANGER ZONE. PIC INSTRUCTED TO DISCARD BY SET TIME AND TO ENSURE FUTURE HOT HOLDING IS MAINTAINED AT 135F OR ABOVE.

Comply By: 3/11/2026 Originally Issued On: 3/11/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: NO SMALL DIAMETER PROBE THERMOMETER. EXAMPLE OF SMALL DIAMETER PROBE THERMOMETER PROVIDED. PIC INSTRUCTED TO OBTAIN AND MAINTAIN WORKING SMALL DIAMETER PROBE THERMOMETER ONSITE.
Comply By: 3/20/2026 Originally Issued On: 3/11/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: QAC TEST STRIPS EXPIRED. PIC INSTRUCTED TO HAVE NON-EXPIRED TEST STRIPS AT FACILITY.
Comply By: 3/13/2026 Originally Issued On: 3/11/2026

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114B *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805B Discontinue using a sanitizer concentration that exceeds the EPA approved manufacturer's label amount.
COMMENT: AUTOMATIC DISPENSER YIELDING QUATERNARY AMMONIUM COMPOUND (QAC) SOLUTION WELL BEYOND 400 PPM. PIC INSTRUCTED TO ENSURE QAC USED ON FOOD-CONTACT SURFACES IS 200-400 PPM.
Comply By: 3/11/2026 Originally Issued On: 3/11/2026

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: QAC DISPENSER DISPENSING AT ~ 500-600 PPM. PIC INSTRUCTED TO HAVE DISPENSER ADJUSTED/REPAIRED/REPLACED TO ENSURE QAC IS BEING DISPENSED AT 200-400 PPM.
Comply By: 3/13/2026 Originally Issued On: 3/11/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-602.11E *Priority Level: Priority 3 CFP#: 16*
MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.
COMMENT: 11/7/23-3/11/26: DARK SUBSTANCE PRESENT IN ICE MACHINE INTERIOR. PIC INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 3/11/2026 Originally Issued On: 3/11/2026

New Order: 4-900 Protecting Clean Items
4-903.11B *Priority Level: Priority 3 CFP#: 44*
MN Rule 4626.0955B Store all clean equipment and utensils in a self-draining position that permits air drying and covered and inverted.
COMMENT: 11/7/23-3/11/26: MUGS AND GLASS IN SERVER CABINET PLACED IN/STACKED PRIOR TO COMPLETELY AIR DRYING. PIC INSTRUCTED TO ENSURE STAFF ARE ALLOWING EQUIPMENT AND UTENSILS TO FULLY AIR DRY PRIOR TO STORING AND/OR STACKING.
Comply By: 3/11/2026 Originally Issued On: 3/11/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: FOOD DEBRIS AND RESIDUES ACCUMULATING UNDER DRY STORAGE RACKS AND UNDER DISHWASHER AREA. PIC INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 3/11/2026 Originally Issued On: 3/11/2026

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1029261071 from 3/11/2026

Trevor McCliment

CARLA ZACZKOWSKI
COOK - PERSON IN CHARGE

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Personal Care Senior Living
Columbia Heights
County/Group: Anoka County

Inspection Info

Report Number: F1029261071
Inspection Type: Full
Date: 3/11/2026
Time: 11:40:19 AM

New Record: Product/Item/Unit: MEAT BALL**; Temperature Process:** Hot-Holding
Location: Steam Table at 125 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: STEAMED CARROT**; Temperature Process:** Hot-Holding
Location: Steam Table at 122 Degrees F.
Comment:
Violation Issued?: Yes

New Record: Product/Item/Unit: MARGARINE BLEND**; Temperature Process:** Cold-Holding
Location: CONTINENTAL 1-DOOR UPRIGHT at 40 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: CONTINENTAL 3-DOOR UPRIGHT at 38 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

Personal Care Senior Living
Columbia Heights
County/Group: Anoka County

Inspection Info

Report Number: F1029261071
Inspection Type: Full
Date: 3/11/2026
Time: 11:40:19 AM

Sanitizing Chemical: Product: QUATERNARY AMMONIUM**; Sanitizing Process:** Spray Bottle
Location: Equal To 500 PPM
Comment:
Violation Issued?: Yes

Sanitizing Chemical: Product: QUATERNARY AMMONIUM**; Sanitizing Process:** Dispenser
Location: Equal To 600 PPM
Comment:
Violation Issued?: Yes

Sanitizing Equipment: Product: Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 175 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: Product: QUATERNARY AMMONIUM**; Sanitizing Process:** Wiping Cloth Bucket
Location: Equal To 300 PPM
Comment:
Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL38983016	**Date:** 3/11/2026
Facility Name: Personal Care Senior Living	
Facility Address: 3850 Jefferson St. NE, Minneapolis, MN 55421	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Controlled egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center, a nursing station, or other approved location. Building occupants shall not be required to pass through more than one controlled egress locked door before entering an exit. The procedures for operation of the unlocking system shall be described as part of the fire safety and evacuation plan. All clinical staff shall have the keys, codes, or other means necessary to operate the locking device. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

   Comments:

   No remote release button or switch was provided to break power to all controlled egress doors. The memory care wing of the facility had controlled egress doors limiting the ability to exit from that area. There was no method to release all controlled egress doors via remote release button or switch to unlock the controlled egress doors in the memory care wing. Controlled egress doors should have capability of being unlocked from an approved location.

   The exit signs installed in the memory care wing of the facility designated a path of egress that would require an occupant to pass through two sets of controlled egress doors. Exit signs indicated a path of egress through a controlled egress door leading to the front dining seating area, and then through the controlled egress door leading to the front vestibule or to the rear patio. The path of egress should not require passing through more than one controlled egress door before entering an exit.

☒ **TAG IDENTIFICATION: 0780**

SCOPE/ SEVERITY: Level 2; Isolated **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Smoke alarms shall be interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

   Comments: The smoke alarms in resident room 110 did not interconnect. The two resident rooms in the Southwest corner of the facility were combined together to create one larger dwelling unit for two residents designated as resident room 110. The unit was set up with sleeping arrangements on the North half of the unit, and living room, cooking and bathing facilities on the South half of the unit, with a connecting door between each half of the unit propped open. A smoke alarm was provided on each half of the unit, but the smoke alarms were not interconnected such that the activation of one would cause the other to sound.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

   Comments: The emergency binder provided to the surveyor by registered nurse (RN)-E and maintenance (M)-F during the survey was not properly maintained and failed to include most required documents relating to fire safety and evacuations. Licensee was unable to provide documentation of resident room locations, resident needs for evacuation, and other important information required in the FSEP. Facility staff directed the surveyor to contact the executive director (ED)-A to obtain FSEP documentation. FSEP documents should be readily available at the facility so that they may be used in event of an emergency. ED-A later provided required documentation to the surveyor via email.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include the location and number of resident rooms. [Minn. Stat. 144G.45 subd.2]

   Comments: The diagrams provided to the surveyor did not adequately identify resident room location and numbers. The floor plan listed each resident room as "guest room" and does not provide unique identifiers. Floor plans were inaccurate and incomplete. Floor plans should be fully developed to include number and location of resident rooms and be maintained such that it is accurate and complete.