Electronically Delivered

April 15, 2026

Licensee
Harmony Assisted Living LLC
1519 Lydia Avenue West
Roseville, MN 55113

RE: Project Number(s) SL42075015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on April 1, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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
Per 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 residents/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 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 the Department of Health 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 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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 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
	42075	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY ASSISTED LIVING LLC	1519 LYDIA AVE W ROSEVILLE, MN 55113

(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 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: SL#42075015 On March 30, 2026, through April 1, 2026, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 3 residents; 3 receiving services under the Provisional Assisted Living license.	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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 30, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
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 will cause only 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 the potential to affect a large portion or all the residents). The findings include: On March 30, 2026, at approximately 11:30 a.m., house manager (HM)-B provided R2's Assisted Living Contract and stated the contract was used by the licensee for all residents who would live in the facility.	0 970		

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0 970	Continued From page 4 The licensee's Assisted Living Contract dated January 30, 2026, on page 12, included a section titled Miscellaneous Provisions, sub section Responsibilities, and read, "The resident agrees that resident shall be responsible for any personal injury or property damage ...". On March 30, 2026, at approximately 11:50 a.m., HM-B acknowledged the licensee's assisted living contract included waivers of liability for health and safety or personal property of the resident. HM-B stated the liability waivers would need to be removed from the licensee contracts. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan.	01640		

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01640	Continued From page 5 (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to finalize a written service plan (SP) within 14 calendar days after the initiation of services for one of three residents (R2). 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: R2 was admitted on January 30, 2026. On March 30, 2026, at 11:35 a.m., R2's SP dated March 19, 2026, was provided by house manager (HM)-B and stated it was R2's current SP with services R2 was receiving. HM-B also stated this is the only SP the licensee had developed for R2. R2's signed SP dated March 19, 2026, indicated R2 received services that included assistance with medication administration, blood glucose monitoring, managing of anxiety behavior, housekeeping, laundry, and meals.	01640		

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01640	Continued From page 6 R2's SP was finalized 49 days after the initiation of services, and R2 lacked a written SP finalized no later than 14 days after the initiation of services, to document the agreement between the licensee and R2, on services to be provided. On March 30, 2026, at approximately 11:55 a.m., HM-B confirmed R2's SP was not finalized within 14 days of R2's start of services. HM-B stated the licensee was unaware of this requirement and was waiting on the case worker findings before the SP was finalized. The licensee's SP policy dated September 2, 2025, indicated a SP would be finalized with each resident no later than 14 calendar days after start of service. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service	01650		

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01650	Continued From page 7 cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the residents' service plans (SP) included all required content for one of three residents (R2). 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: R2 was admitted on January 30, 2026. On March 30, 2026, at 11:35 a.m., R2's SP dated March 19, 2026, was provided by HM-B and indicated as R2's current SP with services R2	01650		

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01650	Continued From page 8 was receiving. R2's SP lacked the fees for services. On March 30, 2026, at approximately 11:50 a.m., HM-B acknowledged R2's SP lacked the required content and stated the licensee was waiting on the case worker findings before the fees for services were added to R2's SP. The licensee's SP policy dated September 2, 2025, indicated all required content for residents' service plans would be included. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by:	01760		

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01760	Continued From page 9 Based on observation, interview, and record review, the licensee failed to document administration of medications according to provider orders for one of three residents (R2). 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 March 30, 2026, at 9:45 a.m., during the entrance conference, house manager (HM)-B stated the licensee provided medication administration to all the residents. On March 30, 2026, at 10:15 a.m., during a tour of the facility with HM-B, in R2's bedroom located on the main level, the surveyor observed R2's medication nystatin powder 100,000 units/gram (units/g) was stored out in the open on top of a nightstand next to R2's bed. On March 30, 2026, at 10:15 a.m., R2 stated the nystatin medication had been administered to her by the licensee's staff, but she had self-administered the nystatin medication several times in the last couple of weeks since the nystatin medication was left in her room by the licensee's staff. On March 30, 2026, at approximately 2:15 p.m., clinical nurse supervisor (CNS)-C acknowledge R1's medication nystatin was administered by the	01760		

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01760	Continued From page 10 licensee staff and stated the nystatin administrations should of been documented by the licensee staff. R2 was admitted on January 30, 2026. R2's Assessment dated February 13, 2026, indicated R2's medication management included staff assistance required with medication administration. R2's Provider Orders dated February 18, 2026, indicated nystatin powder 100,000 units/g applied topically two times a day as needed (PRN) for rash. R2's Service Plan dated March 19, 2026, indicated R2's services provided included medication administration. R2's medication administration record (MAR), dated February 2026, indicated there was one (1) documented administration of the medication nystatin powder 100,000 units/g on February 14, 2026, for R2. This documented entry indicated the number 1 and lacked the required documentation of the time the medication was administered, the identity of the person who administered the medication, and the effectiveness of the PRN nystatin medication. R2's MAR, dated March 2026, indicated there was no documented administration of the nystatin powder 100,000 units/g in the month of March 2026, for R2. On March 31, 2026, at 1:51 p.m., by phone interview, HM-B stated before R2's nystatin medication was left in R2's room for approximately the last two (2) weeks, the	01760		

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01760	Continued From page 11 licensee's staff administered the nystatin medication on R2 and should have been documented in R2's MAR. HM-B also stated the licensee was unsure how many times the nystatin was administrated to R2 by the licensee's staff in February 2026, and March 2026, and why the nystatin medication administrations were not documented. On April 1, 2026, at 9:34 a.m., by phone interview, HM-B stated the licensee would email the surveyor a document that the licensee used to record resident PRN medications administered with the required information. On April 1, 2026, at 12:05 p.m., the licensee emailed the surveyor, that indicated the licensee was not sure how R2's nystatin medication documentation was missed. On April 1, 2026, at 12:05 p.m., the licensee emailed the surveyor a 19-page document titled PRN Meds Given - Overview, dated February 1, 2026, to April 1, 2026, that indicated R2's PRN medications administered during these dates. This document indicated the only time R2 received the nystatin medication between February 1, 2026, through April 1, 2026, was on February 14, 2026. On April 1, 2026, at 2:40 p.m., by phone interview, HM-B confirmed between February 1, 2026, through April 1, 2026, R2 received nystatin medication administrations in addition to the one that was administered to R2 on February 14, 2026. HM-B stated the additional nystatin medication administrations were not documented and was unsure why. HM-B also stated the licensee would retrain all staff on proper medication documentation procedures.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42075	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY ASSISTED LIVING LLC	1519 LYDIA AVE W ROSEVILLE, MN 55113

(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
01760	Continued From page 12 The licensee's Medication Documentation policy, dated September 2, 2025, indicated each medication administered by licensee staff would be documented in the resident's clinical record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01880 SS=D	144G.71 Subd. 19 Storage of medications 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for one of three residents (R2) reviewed with medication management services. 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:	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42075	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01880	Continued From page 13 On March 30, 2026, at 9:45 a.m., during the entrance conference, house manager (HM)-B stated the licensee provided medication administration to all the residents. On March 30, 2026, at 10:15 a.m., during a tour of the facility with HM-B, in R2's bedroom located on the main level, the surveyor observed R2's medication nystatin powder 100,000 units/gram (units/g) was stored out in the open on top of a nightstand next to R2's bed. On March 30, 2026, at approximately 2:15 p.m., clinical nurse supervisor (CNS)-C acknowledge R1's medication nystatin was not stored securely and stated R1's nystatin medication should not of been left out in R1's room by the licensee staff. R2 was admitted on January 30, 2026. R2's Assessment dated February 13, 2026, indicated R2's medication management included storage of all medications in a locked cabinet. R2's Provider Orders dated February 18, 2026, indicated nystatin powder 100,000 units/g applied topically two times a day as needed for rash. R2's Service Plan dated March 19, 2026, indicated R2's services provided included medication administration. On March 30, 2026, at 10:20 a.m., HM-B acknowledged R2's nystatin powder 100,000 units/g medication was not stored properly, and HM-B stated all resident medications should be stored in the licensee's locked medication closet. The licensee's Storage/Control of Medications policy dated September 2, 2025, indicated the	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42075	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY ASSISTED LIVING LLC	1519 LYDIA AVE W ROSEVILLE, MN 55113

(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
01880	Continued From page 14 licensee would assure that resident medications would be stored in a securely locked compartment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

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

Harmony Assisted Living
1519 Lydia Ave W
Roseville, MN 55113
Ramsey County
Parcel:

Phone:
harmony.assisted.living.llc@gmail.com

License Info

License: HFID 42075

Risk:
License:
Expires on:
CFPM: NIMA ABDI MOHAMED
CFPM #: 60359; Exp: 7/24/2028

Inspection Info

Report Number: F1029261096
Inspection Type: Full - Single
Date: 3/30/2026 Time: 11:40:33 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery:

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(2) *Priority Level: Priority 1 CFP#: 15*

MN Rule 4626.0235A(2) Separate types of raw animal foods from other raw animal foods during storage, preparation and display based on cook temperature.

COMMENT: UNPASTEURIZED SHELL EGGS ABOVE READY TO EAT FOODS IN FRIDGE. PIC INSTRUCTED TO NOT HAVE RAW ANIMAL PROTEINS ABOVE RTE FOODS BY STORING ON A LEVEL LOWER THAN RTE FOODS AND/OR KEEPING IN A CONTAINER WITH HIGH SIDE WALLS.

Comply By: 3/30/2026 Originally Issued On: 3/30/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11 *Priority Level: Priority 3 CFP#: 55*

MN Rule 4626.1515 Maintain the physical facilities in good repair.

COMMENT: LAMINATE PEELING OFF COUNTER ON FAR RIGHT SIDE EXPOSING MDF. PIC INSTRUCTED TO REPAIR OR REPLACE.

Comply By: 9/30/2026 Originally Issued On: 3/30/2026

Food & Beverage General Comment

FOOD AND BEVERAGE INSPECTION OF ALF CONDUCTED AS PART OF HRD SURVEY. INSPECTION FINDINGS COMMUNICATED TO HRD SURVEYOR, CARL SAMROCK, FOLLOWING THE INSPECTION.

ALF'S KITCHEN RESIDENTIAL IN NATURE: PERGO-ESQUE FLOOR, LAMINATE COUNTERS, WOOD/COMPOSITE WOOD DRAWERS AND CABINETRY; SMOOTH PAINTED WALLS AND CEILING.

ALF USES HIGH HEAT DISHWASHER TO SANITIZE EQUIPMENT AND UTENSILS AND AN IRREVERSIBLE MIN/MAX THERMOMETER TO VERIFY SANITIZING TEMPERATURES. ALF LOGS MAXIMUM DISHWASHER TEMPERATURES.

TOPICS REVIEWED WITH PIC: EMPLOYEE ILLNESS LOGGING, EXCLUSION, AND REPORTING REQUIREMENTS; SANITIZING; HYGIENE AND HANDWASHING; PROTECTION FROM CONTAMINATION; VOMIT/FECAL MATTER CLEANUP PROCEDURE; TEMPERATURE CONTROL; DATE MARKING.

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 F1029261096 from 3/30/2026

Trevor McPliment

NIMA MOHAMED
LALD HOUSE MANAGER CFPM

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

Harmony Assisted Living
Roseville
County/Group: Ramsey County

Inspection Info

Report Number: F1029261096
Inspection Type: Full
Date: 3/30/2026
Time: 11:40:33 AM

New Record: **Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
Location: FRIDGE at 41 Degrees F.
Comment:
Violation Issued?: No

New Record: **Product/Item/Unit:** SLICED DELI MEAT**; Temperature Process:** Cold-Holding
Location: FRIDGE at 41 Degrees F.
Comment:
Violation Issued?: No