Electronically Delivered

April 24, 2026

Licensee
Kayli Residence LLC
8256 Scott Avenue North
Brooklyn Park, MN  55443

RE:  Project Number(s) SL39817016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 7, 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.

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 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,

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

CLN

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39817 | A. BUILDING: _____ B. WING _____ | 04/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| KAYLI RESIDENCE LLC | 8256 SCOTT AVENUE NORTH BROOKLYN PARK, MN 55443 |

| (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 |
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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL39817016-0<br><br>On April 6, 2026, through April 7, 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 three residents: all of whom received services under the 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3. | |
| 0 910 SS=C | 144G.50 Subd. 2 (a-b) Contract information<br><br>(a) The contract must include in a conspicuous place and manner on the contract the legal name | 0 910 | | |

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| 0 910 | Continued From page 1<br><br>and the health facility identification of the facility.<br>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:<br>(1) the facility and contracted service provider when applicable;<br>(2) the licensee of the facility;<br>(3) the managing agent of the facility, if applicable; and<br>(4) the authorized agent for the facility.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to execute a written contract with the required content for three of three residents who resided in the licensee's facility.<br><br>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 the potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>R1<br>R1's assisted living contract signed on December 15, 2023, lacked the licensee's Health Facility Identification number (HFID#) listed on the contract in a conspicuous place and manner.<br><br>R2<br>R2's assisted living contract signed on September 24, 2025, had the wrong HFID# listed. The contract lacked the licensee's correct HFID# | 0 910 | | |

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| 0 910 | Continued From page 2<br>listed on the contract in a conspicuous place and manner.<br><br>R3<br>R3's assisted living contract signed on December 15, 2023, lacked the licensee's HFID# listed on the contract in a conspicuous place and manner.<br><br>On April 7, 2026, at 11:32 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated the HFID#s were missing from the contract due to oversight.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 910 | | |
| 0 930 SS=B | 144G.50 Subd. 2 (d-e; 1-4) Contract information<br><br>(d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints.<br>(e) The contract must include a clear and conspicuous notice of:<br>(1) the right under section 144G.54 to appeal the termination of an assisted living contract;<br>(2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer;<br>(3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of | 0 930 | | |

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| 0 930 | Continued From page 3<br><br>Health Facility Complaints;<br>(4) the resident's right to obtain services from an unaffiliated service provider;<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for two of three residents (R1, R3).<br><br>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive).<br><br>The findings include:<br><br>R1<br>R1's assisted living contract was signed on December 15, 2023.<br><br>R3<br>R3's assisted living contract was signed on December 15, 2023.<br><br>R1 and R3's assisted living contract lacked the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer.<br><br>On April 7, 2026, at 12:03 p.m., unlicensed personnel/administrator (ULP/A)-D stated their previous consultant had them remove the above-mentioned missing topic from the contract. | 0 930 | | |

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| 0 930 | Continued From page 4<br><br>ULP/A-D stated the consultant told them that the section of the contract mentioned above was not important. ULP/A-D provided the surveyor with a copy of a blank Resident Contract for Assisted Living and the transfer within the community policy was included on page 7 of the blank contract. CNS-C stated the blank contract form is what they would use for new residents going forward. The licensee used a copy of the blank contract for R2.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 930 | | |
| 0 950 SS=A | 144G.50 Subd. 3 Designation of representative<br><br>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:<br><br>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.<br><br>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." | 0 950 | | |

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| 0 950 | Continued From page 5<br><br>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to include the required statutory language giving residents the right to identify a designated representative on its own separate page for one of three residents (R2).<br><br>This practice resulted in a level one violation (a violation that will cause only minimal impact on the residents 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).<br><br>The findings include:<br><br>R2's Assisted Living Contract was signed on September 24, 2025.<br><br>R2's assisted living contract did not include the required statutory notice language about designated representative on a document separate from the contract.<br><br>On April 7, 2026, at 11:37 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they thought they had the designated representative notice in the contract. | 0 950 | | |

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| 0 950 | Continued From page 6<br>LALD/CNS-C stated it was an oversight.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 950 | | |
| 01330 SS=D | 144G.60 Subd. 4 (b) Unlicensed personnel<br><br>(b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:<br>(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;<br>(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or<br>(3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of three employees (unlicensed personnel (ULP)-A).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 01330 | | |

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| 01330 | Continued From page 7<br><br>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).<br><br>The findings include:<br><br>ULP-A was hired on January 20, 2026, to provide direct care and services to residents.<br><br>R1's Medication Administration Summary for the month of April 2026, indicated ULP-A administered 8:00 a.m., 4:00 p.m., and 6:00 p.m., medications to R1 on April 6, 2026.<br><br>ULP-A's employee record lacked evidence of training and competency evaluations for the following topics;<br>- standby assistance techniques and how to perform them;<br>- safe transfer techniques and ambulation; and<br>- range of motion and positioning.<br><br>On April 7, 2026, at 9:25 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated it was an oversight that ULP-A was missing the above-mentioned topic from their training record.<br><br>The licensee's 5.02 Competency Training Evaluations dated February 1, 2024, read "5. Training and competency evaluations for all ULPs will include:<br>a) Documentation requirements for all services provided<br>b) Reports of changes in the resident's condition to the supervisor designated by the facility | 01330 | | |

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| 01330 | Continued From page 8<br>c) Basic infection control, including blood-borne pathogens<br>d) Maintenance of a clean and safe environment<br>e) Appropriate and safe techniques in personal hygiene and grooming, including:<br>i. hair care and bathing<br>ii. care of teeth, gums, and oral prosthetic devices<br>iii. care and use of hearing aids<br>iv. dressing and assisting with toileting<br>f) Training on the prevention of falls<br>g) Standby assistance techniques and how to perform them<br>h) Medication, exercise, and treatment reminders<br>i) Basic nutrition, meal preparation, food safety, and assistance with eating<br>j) Preparation of modified diets as ordered by a licensed health professional<br>k) Communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family<br>l) awareness of confidentiality and privacy<br>m) Understanding appropriate boundaries between staff and residents and the resident's family<br>n) Procedures to use in handling various emergency situations<br>o) Awareness of commonly used health technology equipment and assistive devices.<br>6. In addition to the above training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>a. Observing, reporting, and documenting resident status<br>b. Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel | 01330 | | |

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| 01330 | Continued From page 9<br>c. Reading and recording temperature, pulse, and respirations of the resident<br>d. Recognizing physical, emotional, cognitive, and developmental needs of the resident<br>e. Safe transfer techniques and ambulation<br>f. Range of motioning and positioning<br>g. Administering medications or treatments as required."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01330 | | |
| 01640 SS=D | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(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.<br>(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.<br>(c) The facility must implement and provide all services required by the current service plan.<br>(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.<br>(e) Staff providing services must be informed of the current written service plan. | 01640 | | |

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| 01640 | Continued From page 10<br><br>This MN Requirement is not met as evidenced by:<br>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 one of three residents (R3).<br><br>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).<br><br>The findings include:<br><br>R3 was admitted to the licensee on December 15, 2023, and started receiving assisted living services.<br><br>R3's diagnosis included anxiety disorder, dependent personality disorder, dysthymic disorder, elevated prostate specific antigen [PSA], and hyperlipidemia.<br><br>R3's unsigned service plan - waiver effective date April 7, 2026, indicated R3 received the following services: activity assistance, appointment reminder/assistance, bathing reminder, dressing, glasses care, grooming, housekeeping, laundry, manage behavior, manage symptoms, medication administration, and safety check. | 01640 | | |

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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 |
|---|---|---|---|---|
| 01640 | Continued From page 11<br><br>On April 7, 2026, at approximately 1:00 p.m., assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they made changes to R3's service plan and forgot to send it to the guardian for signature.<br><br>The licensee's 6.10 Service Plan Modifications policy dated January 1, 2024, read, "PROCEDURE: If the service plan needs to be modified due to a change in a prescriber's order or a change in the resident's needs, the Service Plan Modification form will be completed; this form includes:<br>- Describe changes in service and whether the service is added (new), changed, or discontinued<br>- Frequency of new service or if service if terminated<br>- Identification of the staff who will perform the service<br>- Schedule and methods of monitoring staff<br>- Fee for the service<br>- Date/Signature of RN making changes<br>- Date/ signature of resident or the resident's representative each time a modification is made. The signature may be obtained by mail or fax if an agreement was reached in person or by telephone."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01640 | | |
| 01890 SS=D | 144G.71 Subd. 20 Prescription drugs<br><br>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 | 01890 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39817 | A. BUILDING: _____ B. WING _____ | 04/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KAYLI RESIDENCE LLC | 8256 SCOTT AVENUE NORTH BROOKLYN PARK, MN 55443 |

| (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 | Continued From page 12<br><br>label with legible information including the expiration or beyond-use date of a time-dated drug.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure a medication was labeled with the resident's name for one of one resident (R2) who utilized insulin.<br><br>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).<br><br>The findings include:<br><br>R2 was admitted to the licensee on September 23, 2025, and received assisted living services.<br><br>R2's signed service plan dated September 23, 2025, indicated R2 received assistance with ambulation, bathing assistance, bedmaking, dressing, mobility assistance, manage behavior, manage symptoms, medication administration, grooming, incontinence care, record blood glucose, record vital signs, toileting, safety check, and transfer assistance.<br><br>On April 7, 2026, at 12:30 p.m., the surveyor observed the medication cabinet and observed R2's Lantus insulin pen and Humalog KwikPen both stored in a small plastic baggie with a pharmacy label affixed to the bag. The label had | 01890 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39817 | A. BUILDING: _____ B. WING _____ | 04/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KAYLI RESIDENCE LLC | 8256 SCOTT AVENUE NORTH BROOKLYN PARK, MN 55443 |

| (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 | Continued From page 13<br><br>R2's name and orders for Lantus insulin pen administration. The label nor the individual insulin pens included an opened-on date.<br><br>On April 7, 2026, at 12:38 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they forgot to write the opened-on date on the insulin for R2.<br><br>A Sanofi Pdf document revised November 2025, entitled using Lantus Learn How to Inject Insulin read,<br>"STORAGE INSTRUCTIONS<br>- Store unused Lantus vials in the refrigerator between 36°F to 46°F (2°C to 8°C)<br>- Store in-use (opened) Lantus vials in a refrigerator or at room temperature below 86°F(30°C)<br>- Do not freeze Lantus<br>- Keep Lantus out of direct heat and light<br>- If a vial has been frozen or overheated, throw it away<br>- The Lantus vials you are using should be thrown away after 28 days, even if it still has insulin left in it".<br><br>A Humalog insulin lispro injection 100uints/ml a Lilly Medicine Pdf document revised December 2025, read, "Once you start using Humalog Junior KwikPen, it should be stored at room temperature, below 86°F(30°C), and must be used within 28 days or be discarded, even if it still contains Humalog."<br><br>The licensee's 7.11 Medication Storge policy dated October 26, 2025, indicated medications will be stored consistent with manufacturer's recommendations.<br><br>No further information was provided. | 01890 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39817 | A. BUILDING: _____ B. WING _____ | 04/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KAYLI RESIDENCE LLC | 8256 SCOTT AVENUE NORTH BROOKLYN PARK, MN 55443 |

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|---|---|---|---|---|
| 01890 | Continued From page 14<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01890 | | |

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

# Food & Beverage Inspection Report



## Establishment Info

Kayli Residence LLC
8256 SCOTT AVENUE NORTH
Brooklyn Park, MN 55443
Hennepin County
Parcel:

Phone:

## License Info

License: HFID 39817

Risk:
License:
Expires on:
CFPM: Victoria Munyeka
CFPM #: 119235; Exp: 09/27/2026

## Inspection Info

Report Number: F1051261082
Inspection Type: Full - Single
Date: 4/6/2026 Time: 11:00:00 AM
Duration: 30 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

MET WITH THE NURSE EVALUATOR, DEE MOSSISA.

DISCUSSED THE FOLLOWING WITH THE MANAGER, VICTORIA:

EMPLOYEE ILLNESS LOG
VOMIT CLEAN-UP PROCEDURES
HANDWASHING & GLOVE USE/DISPOSAL
NOROVIRUS
CERTIFIED FOOD PROTECTION MANAGER RENEWAL

**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 St Cloud District Office inspection report number F1051261082 from 4/6/2026**

Victoria
Manager

Kai Yang,
Public Health Sanitarian 1
320-640-3532
kai.yang@state.mn.us

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

# Temperature Observations/Recordings



## Establishment Info

Kayli Residence LLC
Brooklyn Park
County/Group: Hennepin County

## Inspection Info

Report Number: F1051261082
Inspection Type: Full
Date: 4/6/2026
Time: 11:00:00 AM

**Food Temperature: Product/Item/Unit:** MILK**; Temperature Process:** Cold-Holding
**Location:** Upright Cooler at 40 Degrees F.
Comment: KITCHEN
*Violation Issued?: No*