



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

Electronically Delivered

April 17, 2026

Licensee  
Compassionate Hearts LLC  
1284 Berry Ridge Road  
Eagan, MN 55123

RE: Project Number(s) SL35466016

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](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Renee L. Anderson, Supervisor

State Evaluation Team

Email: [Renee.L.Anderson@state.mn.us](mailto:Renee.L.Anderson@state.mn.us)

Telephone: 651-201-5871 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>35466</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/07/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSIONATE HEARTS LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1284 BERRY RIDGE ROAD<br/>EAGAN, MN 55123</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | (X5)<br>COMPLETE<br>DATE                               |
| 0 000                                                               | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL35466016-0</p> <p>On April 6, 2026, through April 7, 2026, the<br/>Minnesota Department of Health conducted a full<br/>survey at the above provider and the following<br/>correction orders are issued. At the time of the<br/>survey, there were three residents; three<br/>receiving services under the Assisted Living<br/>Facility license.</p> | 0 000                                                                                     | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the<br/>far-left column entitled "ID Prefix Tag." The<br/>state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                        |
| 0 630<br>SS=D                                                       | 144G.42 Subd. 6 (b) Compliance with<br>requirements for reporting ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 630                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                                                                                          |  |                                                        |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSIONATE HEARTS LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1284 BERRY RIDGE ROAD<br/>EAGAN, MN 55123</b> |                                                                                                                          |  |                                                        |
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| 0 630                                                               | <p>Continued From page 1</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 was admitted on August 10, 2020, and began receiving assisted living services from the licensee as of August 1, 2021.</p> <p>R2's diagnoses included schizophrenia with bipolar disorder (mental health disease), autistic disorder (a neurological condition).</p> | 0 630                                                                                     |                                                                                                                          |  |                                                        |

Minnesota Department of Health

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| 0 630                                                        | <p>Continued From page 2</p> <p>R2's signed Service Plan, dated January 29, 2026, indicated R2 received services including assistance with housekeeping, laundry, meals, behavior management, and medication administration.</p> <p>On April 7, 2026, at 7:42 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R2 with medication administration.</p> <p>R2's IAPP dated March 31, 2026, included an individualized review and specific measures to minimize the risk of R2's vulnerability to physical, verbal, emotional, and financial abuse by others but R2's IAPP lacked:<br/>-review or assessment of the risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to other vulnerable adults.</p> <p>On April 7, 2026, at 10:05 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she did not realize the electronic medical record being used by the licensee did not include resident's risk to abuse others on the IAPP assessment. LALD/CNS-A verbalized she planned to either use a different document to complete the resident's IAPP or reach out to the licensee's electronic medical provider to include the required content.</p> <p>The licensee's 6.05 Individual Abuse Prevention Plan policy dated January 1, 2026, indicated, "PROCEDURE: 1. The plan will contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including:<br/>a. other vulnerable adults<br/>b. the person's risk of abusing other vulnerable</p> | 0 630                                                                             |                                                                                                                          |  |                                              |

Minnesota Department of Health

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| 0 630                                                        | Continued From page 3<br><br>adults, and<br>c. statements of the specific measures to be<br>taken to minimize the risk of abuse to that person<br>and other vulnerable adults.<br>2. For purposes of the abuse prevention plan,<br>abuse includes self-abuse."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days | 0 630                                                           |                                                                                                                          |                          |                                              |



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

## Food & Beverage Inspection Report

Page: 1

### Establishment Info

Compassionate Hearts LLC  
1284 BERRY RIDGE ROAD  
Eagan, MN 55123  
Dakota County  
Parcel:  
  
Phone:

### License Info

License: HFID 35466  
  
Risk:  
License:  
Expires on:  
CFPM: Saeed A. Barre  
CFPM #: FM120188; Exp: 10/23/2026

### Inspection Info

Report Number: F1005261103  
Inspection Type: Full - Single  
Date: 4/7/2026 Time: 10:00 AM  
Duration: minutes  
Announced Inspection: No  
Total Priority 1 Orders: 0  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 0  
Delivery: Emailed

No orders were issued for this inspection report.

## Food & Beverage General Comment

INSPECTION COMPLETED WITH OPERATOR AND REVIEWED WITH HRD NURSING EVALUATOR DEDE HINNENDAEL.

OPERATOR RAN A THERMOLABEL THROUGH THEIR DISHWASHER PRIOR TO INSPECTION AND IT PROVIDED A TEMPERATURE BETWEEN 160 AND 170 DEGREES F.

DISCUSSED DATE MARKING, GLOVE USE, COOKING TEMPERATURES, CROSS-CONTAMINATION, AND EMPLOYEE ILLNESS.

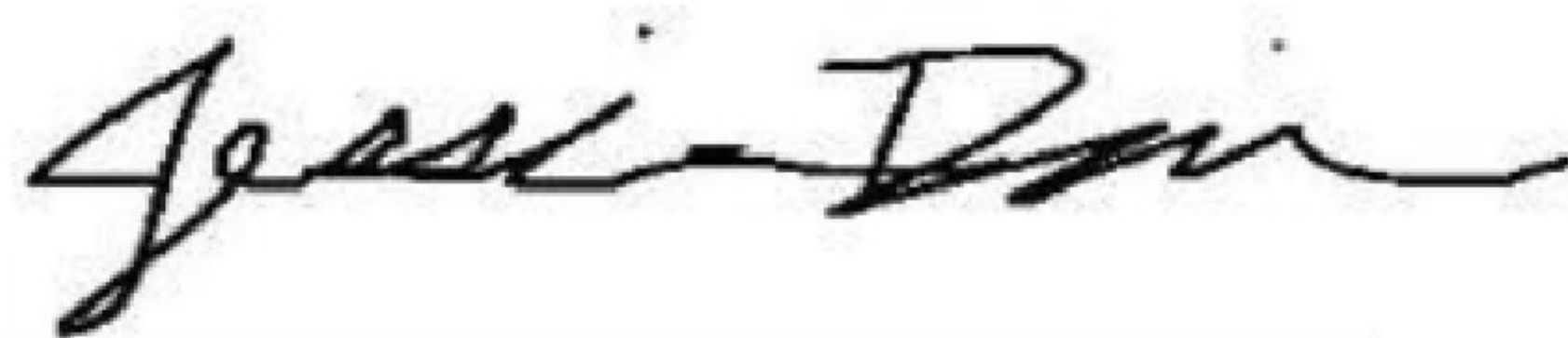
KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

FLOORING IS WOOD, CABINETS ARE WOOD WITH HOLLOW BASE, AND CEILING HAS A POPCORN FINISH. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

**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 F1005261103 from 4/7/2026**

FAID ALI  
OWNER

  
Jessica Davis, REHS  
Public Health Sanitarian 3  
651-201-3961  
jessica.davis@state.mn.us



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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

Compassionate Hearts LLC  
Eagan  
County/Group: Dakota County

### Inspection Info

Report Number: F1005261103  
Inspection Type: Full  
Date: 4/7/2026  
Time: 10:00 AM

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

**Location:** Refrigerator at 38 Degrees F.

Comment:

*Violation Issued?: No*

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

**Location:** Refrigerator at 40 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

Page: 1

Establishment Info

Compassionate Hearts LLC  
Eagan  
County/Group: Dakota County

Inspection Info

Report Number: F1005261103  
Inspection Type: Full  
Date: 4/7/2026  
Time: 10:00 AM

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** DISHWASHER

**Location:** Greater Than 160 Degrees F.

Comment: BETWEEN 160 AND 170 PER THERMOLABEL

Violation Issued?: No