



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL412184640C

**Date Concluded:** March 19, 2026

**Name, Address, and County of Facility**

**Investigated:**

**New Dawn Assisted Living**

**7333 Cartisian Ave N**

**Brooklyn Park MN 55430**

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Maggie Regnier

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>41218 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |                          | (X3) DATE SURVEY COMPLETED<br><br>R-C<br>04/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>NEW DAWN ASSISTED LIVING LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7333 CARTISIAN AVENUE NORTH<br>BROOKLYN CENTER, MN 55428                        |                          |                                                     |
| (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}                                                          | Initial Comments<br><br>On April 29, 2026, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for complaint #HL412184640C.<br><br>The building in which New Dawn Assisted Living was operating appeared to have no residents living on the premises.                                                                                                                                                                                                                                                                                                | {0 000}                                                         |                                                                                                                          |                          |                                                     |
| {0 110}<br>SS=F                                                  | 144G.10 Subdivision 1a Assisted living director license required<br><br>Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board.<br><br>This MN Requirement is not met as evidenced by:<br>Not assessed.                                                                                                                                                                                                                                    | {0 110}                                                         |                                                                                                                          |                          |                                                     |
| {0 180}<br>SS=F                                                  | 144G.16 Subd. 2 Initial survey<br><br>(a) During the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident.<br>(b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner.<br>(c) If the provisional licensee does not provide | {0 180}                                                         |                                                                                                                          |                          |                                                     |

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>NEW DAWN ASSISTED LIVING LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7333 CARTISIAN AVENUE NORTH<br>BROOKLYN CENTER, MN 55428 |                                                                                                                          |  |                                                     |
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| {0 180}                                                          | Continued From page 1<br><br>services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply.<br>(d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits.<br><br>This MN Requirement is not met as evidenced by:<br>Not assessed.                                                                                                                                                                                                                                                                                                            | {0 180}                                                                                           |                                                                                                                          |  |                                                     |
| {0 470}<br>SS=I                                                  | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(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<br>(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;<br>(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:<br>(i) awake; | {0 470}                                                                                           |                                                                                                                          |  |                                                     |

Minnesota Department of Health

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| {0 470}                                                                 | <p>Continued From page 2</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:<br/>Not assessed.</p> | {0 470}                                                                   |                                                                                                                          |                          |                                                                |