Electronically Delivered

July 20, 2026

Licensee
Jabez Customized Living Services
8350 Pierce Street Northeast
Spring Lake Park, MN 55432

RE: Project Number(s) SL35705016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 24, 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 . . ."

IMPOSITION OF FINES

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

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

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 0100 - 144g.10 Subdivision 1 - License Required - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating

factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Jabez Customized Living Services. Please contact Kelly Thorson, Supervisor, at 320-223-7336 **on or before Thursday, July 23, 2026,** to schedule the conference call.

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.

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

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35705	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JABEZ CUSTOMIZED LIVING SERVICES	8350 PIERCE STREET NE SPRING LAKE PARK, MN 55432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35705016-0 On June 22, 2026, through June 24, 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 resident(s); three receiving services under the Assisted Living Facility [with Dementia Care] 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 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 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 evaluators' 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.	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1) Beginning August 1, 2021, no assisted	0 100		

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0 100	Continued From page 1 living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type. (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted	0 100		

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0 100	Continued From page 2 living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure there was at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between the licensed assisted living facility areas and unlicensed entity areas of the building. The deficient practice had the potential to affect all residents, staff, and visitors. 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: On June 22, 2026, through June 24, 2026, the surveyor conducted a routine survey at the	0 100		

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0 100	Continued From page 3 licensee's address at 8350 Pierce Street Northeast, Spring Lake Park, MN, 55432, and observed a duplex setting with house numbers of 8350 and 8352 with a separate entrance for each unit. On June 22, 2026, at 10:00 a.m., the surveyor toured the facility with unlicensed personnel (ULP)-B. The licensed unit (8350) was two stories, where the upper level contained two bedrooms, one bathroom, kitchen, dining room, and a living room, and the lower level contained two bedrooms, one bathroom, and a mechanical/laundry room. The north wall of unit 8350 was the dividing wall between the licensed and unlicensed area and the unlicensed unit (8352). There were no shared entrances or exits between the licensed (8350) and unlicensed (8352) units. On June 22, 2026, at 1:02 p.m., LALD/CNS-A provided the construction documents, which included the floor plans, wall sections, exterior elevations, and structural bracing drawings for the licensee's facility for review. Review of the construction documents indicated the wall which separated the licensed assisted living portion of the building from the unlicensed portion lacked a two-hour fire barrier. On June 22, 2026, at 10:05 a.m., ULP-B stated ULP-B was unaware of the licensing status of the opposite half of the duplex labeled as 8352. On June 22, 2026, at 10:41 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated LALD/CNS-A resided in the portion of the duplex not being utilized as an assisted living facility and the 8352 unit was not included in the current assisted living license for	0 100		

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0 100	Continued From page 4 health facility identification number (HFID) 35705. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 100		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part	0 480		

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0 480	Continued From page 5 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	0 480		

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0 480	Continued From page 6 Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 22,2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (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. This MN Requirement is not met as evidenced by: 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 one resident (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	0 630		

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0 630	Continued From page 7 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: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the licensee on April 27, 2020, and began receiving assisted living services on August 1, 2021. R2's diagnoses included schizoaffective disorder (mental health condition combining psychotic symptoms like hallucinations or delusions and mood disorders like depression or bipolar disorder) and Somatization disorder (mental health condition with long-term history of multiple physical symptom complaints not fully explained by a medical diagnosis). On June 23, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's scheduled morning medications. R2's IAPP dated May 6, 2026, indicated R2 was at risk of abusing other vulnerable adults and not at risk of abusing R2's self with specific measures taken to minimize the risk. R2's record lacked R2's risk of being abused by others and the specific measures taken to minimize the risk. On June 23, 2026, at 2:48 p.m., LALD/CNS-A stated LALD/CNS-A was unaware the R2's IAPP	0 630		

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0 630	Continued From page 8 was missing required content. LALD/CNS-A further stated all residents' IAPPs were built from the same template and would be missing the same required content. The licensee's undated Reporting Maltreatment of Vulnerable Adult policy indicated facility personnel were required to individually assess every resident to determine areas of vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse/neglect to that resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must	0 680		

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0 680	Continued From page 9 make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors of the facility. 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: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. The licensee's undated EPP lacked the following content and/or policies and procedures to address: - evidence of annual review of the EPP; - evidence of quarterly review of the missing	0 680		

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0 680	Continued From page 10 resident plan; - identify at risk population needs like maintaining independence, communication, transportation, supervision and medical care; - system to track the location of on-duty staff and sheltered residents; - evacuation plan to include staff responsibilities during an evacuation; - how the facility will provide a means to shelter in place for residents; - the medical record documentation system the facility has developed to preserve resident information security and availability of records; - policy and procedure to address the use of volunteers; - the facilities role in providing care and treatment at alternative sites under a 1135 waiver; - a communication plan to include: - names and contact information for staff and residents' physicians; - contact information state licensing agency and Minnesota Office of Ombudsman for LTC (long-term care); - a method for sharing information and medical documentation for residents; - means to provide information about the facility's occupancy, needs, and its ability to provide assistance; and - a method for sharing information from the emergency plan with residents and their families. On June 23, 2026, at 10:33 a.m., LALD/CNS-A stated LALD/CNS-A is aware there is required content to be included in the licensee's EPP however LALD/CNS-A was unaware the above items were missing. The licensee's undated Missing Resident policy indicated when a resident was not where the were reasonably expected to be, licensee	0 680		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JABEZ CUSTOMIZED LIVING SERVICES	8350 PIERCE STREET NE SPRING LAKE PARK, MN 55432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 680	Continued From page 11 employees promptly implemented the missing resident procedure. The policy did not address frequency of review. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0100, sections A and B, effective October 2022, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference. Per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110, Subp. 4, effective October 2022, the assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (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: (1) the facility and contracted service provider	0 910		

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0 910	Continued From page 12 when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written contract with the required content for one of one resident (R2). This had the potential to affect all residents who received assisted living services. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the licensee on April 27, 2020, and began receiving assisted living services on August 1, 2021. R2's [licensee] Contract and Lease Agreement was signed on May 6, 2026. On June 23, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's scheduled morning medications.	0 910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 910	Continued From page 13 R2's assisted living contract lacked the licensee's healthcare facility identification number (HFID). On June 23, 2026, at 2:53 p.m., LALD/CNS-A stated all residents signed the same version of assisted living contract. LALD/CNS-A further stated LALD/CNS-A was aware the HFID was required to be on the contract however, LALD/CNS-A was unaware it was missing as the licensee purchased the contract template from a third-party consultant and believed the correct content was present at that time. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (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. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (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; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and	0 930		

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0 930	Continued From page 14 Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written assisted living contract with all required content for one of one resident (R2). This had the potential to affect all residents who received assisted living services. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the licensee on April 27, 2020, and began receiving assisted living services on August 1, 2021. R2's Service Plan- IAAP (sic) dated May 6, 2026, indicated R2's services included medication management, verbal cues for toileting, bathing, grooming, and oral care, and behavior management.	0 930		

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0 930	Continued From page 15 On June 23, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's scheduled morning medications. R2's [licensee] Contract and Lease Agreement was signed on May 6, 2026. R2's assisted living contract lacked including or addressing the following: -the name and contact information for the licensee's representative who is designated to handle and resolve complaints; -the right under section 144G.54 to appeal the termination of an assisted living contract; -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; -contact information for the Ombudsman for Mental Health and Developmental Disabilities; and -contact information for the Office of Health Facility Complaints. On June 23, 2026, at 2:53 p.m., LALD/CNS-A stated all residents signed the same version of assisted living contract. LALD/CNS-A further stated LALD/CNS-A was unaware of the requirement to include the above information and assumed required content was present when the contract template was purchased from a third-party. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 930		

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0 940	Continued From page 16	0 940		
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.	0 940		

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0 940	Continued From page 17 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the assisted living contract included all required content for one of one resident (R2). This had the potential to affect all residents who received assisted living services. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the licensee on April 27, 2020, and began receiving assisted living services on August 1, 2021. R2's Service Plan- IAAP (sic) dated May 6, 2026, indicated R2's services included medication management, verbal cues for toileting, bathing, grooming, and oral care, and behavior management. On June 23, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's scheduled morning medications. R2's [licensee] Contract and Lease Agreement	0 940		

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0 940	Continued From page 18 was signed on May 6, 2026. R2's [licensee] Contract and Lease Agreement lacked a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I including: - whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; - whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); - whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; - whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; - a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; - a statement that residents may be eligible for assistance with rent through the housing support program; - a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; - the toll-free phone number for the Minnesota Adult Abuse Reporting Center. On June 23, 2026, at 2:53 p.m., LALD/CNS-A stated all residents signed the same version of	0 940		

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0 940	Continued From page 19 assisted living contract. LALD/CNS-A further stated the section titled 'Availability of Public Funds and Resources' on page four of the contract contained incorrect information and the licensee does indeed accept residents whose services and/or rent were covered partially or completely by public assistance funds. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 940		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (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: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. 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." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident	0 950		

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0 950	Continued From page 20 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure all resident assisted living contracts included a notice with the required verbiage for the residents to identify a designated representative. This had the potential to affect all residents who received services at the assisted living with dementia care facility. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. The [licensee] Designated Representative Form completed by each resident during admission read: "If someone other than the tenant will be responsible for paying the rent, signing forms and/or receiving communication this form must be complete." Followed by an opportunity for the	0 950		

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0 950	Continued From page 21 resident check a box which indicated if they wanted to designate a representative or declined to do so and check a box which indicated whether the designation was formal or informal. On June 23, 2026, at 12:52 p.m., LALD/CNS-A stated the licensee was unaware of the required verbiage to be included on the designated representative form and the form used for R2 was the same form used for all residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
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 observation, 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 for one of one resident (R2). This practice resulted in a level one violation (a violation that will cause only minimal impact on	0 970		

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0 970	Continued From page 22 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the licensee on April 27, 2020, and began receiving assisted living services on August 1, 2021. R2's Service Plan- IAAP (sic) dated May 6, 2026, indicated R2's services included medication management, verbal cues for toileting, bathing, grooming, and oral care, and behavior management. On June 23, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's scheduled morning medications. The licensee's undated Contract and Lease Agreement included the following clauses that would waive the facility's liability for health, safety, or person property of the resident: -Page nine: "LIABILITY- Landlord is not liable to Tenant or Tenant's guests for any injury, death or property damage occurring in the Room or on Landlord's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by Tenant or Tenant's guests. Landlord is also not liable for any	0 970		

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0 970	Continued From page 23 injury, death or damage occurring as the result of Tenant's receipt of health-related, supportive or other services from third party providers. Landlord may be liable to Tenant for its own negligent acts or those of its employees or agents. Unless caused by one of the aforementioned accepted reasons, Tenant agrees to hold Landlord harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Room or on Landlord's premises. On June 23, 2026, at 2:53 p.m., LALD/CNS-A stated all residents signed the same version of assisted living contract. LALD/CNS-A further stated LALD/CNS-A was unaware the above information could not be included in the contract and assumed the content of the contract met statute requirement when it was created by and purchased from a third-party. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the	01060		

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01060	Continued From page 24 location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide written notice with required content to the resident, legal representative, and designated representative, and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC)	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35705	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JABEZ CUSTOMIZED LIVING SERVICES	8350 PIERCE STREET NE SPRING LAKE PARK, MN 55432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01060	Continued From page 25 when the resident did not return from the emergency relocation within four days for one of one resident (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 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: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the licensee on April 27, 2020, and began receiving assisted living services on August 1, 2021. R2's diagnoses included schizoaffective disorder (mental health condition combining psychotic symptoms like hallucinations or delusions and mood disorders like depression or bipolar disorder) and Somatization disorder (mental health condition with long-term history of multiple physical symptom complaints not fully explained by a medical diagnosis). On June 23, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's scheduled morning medications. R2's Resident Notes- One Resident dated	01060		

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	35705	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JABEZ CUSTOMIZED LIVING SERVICES	8350 PIERCE STREET NE SPRING LAKE PARK, MN 55432

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01060	Continued From page 26 December 1, 2026, through June 23, 2026, included the following entries: - April 16, 2026, at 7:02 a.m., note indicated R2 had behaviors throughout the night including smoking and pacing naked. Nurse was notified and arrived to site at 4:30 a.m., at which time 911 was contacted and resident was taken to hospital for evaluation. - April 16, 2026, 7:17 a.m., note indicated hospital notified facility staff at approximately 7:00 a.m. resident would be kept on a hold. Psychiatrist and Cadi case manager notified by email. Message left with son. Writer unable to contact husband due to phone being disconnected. - May 6, 2026, at 3:40 p.m., "Resident returned to the facility from hospital at 10:15 a.m." R2's record lacked a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care (OOLTC) and the Office of Ombudsman for Mental Health and Developmental Disabilities (OOMHDD); - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. On June 23, 2026, at 10:42 a.m., LALD/CNS-A	01060		

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	35705	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JABEZ CUSTOMIZED LIVING SERVICES	8350 PIERCE STREET NE SPRING LAKE PARK, MN 55432

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01060	Continued From page 27 stated the licensee did not have an emergency relocation notice form and LALD/CNS-A was unaware of the requirement to provide an emergency relocation form to the resident or their designated representative as well as the ombudsman if the resident remained hospitalized for four days or more. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01890 SS=F	144G.71 Subd. 20 Prescription drugs 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 label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to monitor for expired medications for two of three residents and facility supplied medication. 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).	01890		

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01890	Continued From page 28 The findings include: During the entrance conference on June 22, 2026, at 10:49 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to residents at the facility. On June 22, 206, at 10:20 a.m., the surveyor observed the medication room with unlicensed personnel (ULP)-B and observed the following: - R2's hydrocodone/acetaminophen (pain management) 5-325 milligrams (mg), 10 tablets remained, expired November 12, 2025; - R2's valacyclovir (treats infection caused by herpes virus) 500 mg, six tablets remained, expired October 12, 2023; - R3's hydrocortisone (topical steroid cream to manage itching and swelling in the skin) 1% cream, partial tube remained, expired August 2024; - R3's Eucerin cream (intensive moisturizer), partial container remained, expired August 15, 2023; and - facility supply of acetaminophen (mild to moderate pain reliever) 500 mg, unknown number of tablets remained, expired January 2026. On June 22, 2026, at 10:24 a.m., ULP-B stated LALD/CNS-A audited medication supplies for expiration dates however, ULP-B was unsure of the frequency of medication supply audits. On June 22, 2026, at 10:59 a.m., LALD/CNS-A stated LALD/CNS-A audited medication supplies monthly for expiration dates. LALD/CNS-A further stated R2 and the house medication supplies were missed in error however, R3's medications	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35705	A. BUILDING: _____ B. WING _____	06/24/2026

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JABEZ CUSTOMIZED LIVING SERVICES	8350 PIERCE STREET NE SPRING LAKE PARK, MN 55432

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01890	Continued From page 29 were noted but not disposed of due to R3 not wanting unused medication disposed of regardless of expiration. The licensee's undated Medication Disposition or Disposal policy indicated controlled medications will be disposed of when discontinued. The policy further indicated prescription medications managed and secured by the licensee were destroyed upon death, termination of services, or when permanently discontinued. The policy did not address disposition of expired medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given,	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01910	Continued From page 30 date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record all required content for disposition of medications for one of two residents (R1) upon discharge. This practice resulted in a level two violation (a violation that did not harm a client'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: During the entrance conference on June 22, 2026, at 10:49 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to residents at the facility. R1's [licensee] Discharge Summary dated May 9, 2024, indicated R1 was admitted to the facility on August 19, 2019, and discharged on May 8, 2024. R1's Scheduled and PRN (as needed) Medications included on R1's discharge summary lacked prescription numbers and authentication from the resident or party who received the medications at discharge. On June 23, 2026, at 9:04 a.m., LALD/CNS-A	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01910	Continued From page 31 stated LALD/CNS-A was unaware of the requirement to include prescription numbers and authentication from the individual medications were given to at the time of discharge. The licensee's undated Medication Disposition or Disposal policy indicated documentation of medications managed by the licensee when medication management services were terminated included the name of the person who received the medications, date and time, and the name dose, and quantity of each medication that remained. The policy did not address inclusion of prescription numbers on the disposition summary. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee limited the rights of residents when the licensee required all residents who resided in the facility to follow certain house rules. This practice resulted in a level two violation (a violation that did not harm a resident's health or	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02290	Continued From page 32 safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on June 22, 2026, at 10:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was familiar with current minimum assisted living requirements. R2 was admitted to the licensee on April 27, 2020, and began receiving assisted living services on August 1, 2021. R2's [licensee] Contract & Lease Agreement was signed on May 6, 2026. On June 23, 2026, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R2's scheduled morning medications. R2's [licensee] House Rules and Boundaries document signed on May 6, 2026, indicated the following: - Phone calls- "Calls can be made and received on the house phone between 8am and 10 pm on weekdays and between 8am-10pm on weekends. Calls can be made and taken in a private area, unless exempted by the individual's team." - Smoking/Tobacco Use/Drug/Alcohol/or contraband- "Smoking will be permitted outside of the house in the designated location. Individuals must remain in the designated smoking area. All cigarette butts must be placed in the receptacle located in the smoking area. No street drugs or	02290		

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02290	Continued From page 33 alcohol or contraband, illegal or dangerous on the premise." On June 24, 2026, at 10:52 a.m., LALD/CNS-A stated all residents signed the house rules at the time of admission. LALD/CNS-A further stated LALD/CNS-A was unaware the restrictions were not allowed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

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

Jabez Customized Services
8350 PIERCE STREET NE
Spring Lake Park, MN 55432
Anoka County
Parcel:

Phone:

License Info

License: HFID 35705

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

Inspection Info

Report Number: F1013261037
Inspection Type: Full - Single
Date: 6/22/2026 Time: 01:45 pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator A. Skillingstad.

The establishment has a residential kitchen and serves food prepared on the same day. Dry snacks are stored in a basement room. The kitchen has laminate cabinets, vinyl tile floor, tile walls, granite counter top, and a textured painted ceiling.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

The facility's MN CFPM recently left the company. A copy of their MN CFPM was available. Per MN Rule 4626.0033E, the facility has 60 days from when they left to employ a new MN CFPM. The MN CFPM information was provided.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013261037 from 6/22/2026

Terika White
Operator

Jerry Malloy

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@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

Jabez Customized Services
Spring Lake Park
County/Group: Anoka County

Inspection Info

Report Number: F1013261037
Inspection Type: Full
Date: 6/22/2026
Time: 01:45 pm

Food Temperature: Product/Item/Unit: Ground beef**; Temperature Process:** Cold-Holding
Location: Freezer at 22 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Yogurt**; Temperature Process:** Cold-Holding
Location: Kitchen refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Deli meat**; Temperature Process:** Cold-Holding
Location: Kitchen refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Kitchen 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

Establishment Info

Jabez Customized Services
Spring Lake Park
County/Group: Anoka County

Inspection Info

Report Number: F1013261037
Inspection Type: Full
Date: 6/22/2026
Time: 01:45 pm

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No