Electronically Delivered

April 14, 2026

Licensee
Faribault Senior Living
843 Faribault Road
Faribault, MN 55021

RE: Project Number(s) SL30786016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 25, 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 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00
St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. 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.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	30786	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARIBAULT SENIOR LIVING	843 FARIBAULT ROAD FARIBAULT, MN 55021

(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: SL30786016-0 On March 23, 2026, through March 25, 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 96 residents; 60 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated March 23, 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	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to glove use and handwashing by one of four employees (unlicensed personnel (ULP)-E. 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:	0 510		

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0 510	Continued From page 4 On March 24, 2026, at 7:40 a.m., the surveyor observed ULP-E prepare R4's glucometer (device that measures the concentration of glucose (sugar) in a person's blood), put gloves on, wiped R4's right pointer finger with an alcohol prep pad, pricked R4's fingertip with a lancet, squeezed R4's finger and placed a drop of blood onto the test strip. The glucometer result was error as ULP-E had not placed enough blood on the test strip. ULP-E left R4's room and went to the medication cart to obtain a new lancet to re-check R4's blood sugar. ULP-E removed gloves once she was at the medication cart, did not perform hand hygiene and put another pair of gloves on and returned to R4's room. ULP-E wiped R4's fingertip with an alcohol prep pad, pricked R4's fingertip with a lancet, squeezed R4's finger and placed a drop of blood onto the test strip. ULP-E then prepared and administered R4's insulin in his abdomen. After administering R4's insulin, ULP-E went to R4's bathroom to get his compression stockings and a plastic cylinder to empty R4's catheter bag into. ULP-E emptied R4's catheter bag and applied compression stockings to both legs. ULP-E then brought the plastic cylinder into the bathroom to empty and clean it. After cleaning the cylinder, ULP-E removed her gloves, and without performing hand hygiene, applied a new pair of gloves. ULP-E removed R4's dentures from the bathroom and brought them to R4. ULP-E then assisted R4 with changing his underwear and putting on a clean shirt, pants and shoes. ULP-E made R4's bed then gathered R4's garbage, glucometer supply, and insulin pen, and returned to the medication cart. ULP-E disposed of supplies, removed gloves, performed hand hygiene and documented administration of medications and insulin.	0 510		

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0 510	Continued From page 5 On March 25, 2026, at 9:24 a.m., clinical nurse supervisor (CNS)-B stated staff should perform hand hygiene prior to applying gloves and again after gloves were removed. CNS-B further stated the ULP should have changed gloves between performing different tasks, especially tasks involving bodily fluids. The licensee's Hand Washing/Alcohol-Based Hand Sanitizers policy dated April 29, 2025, indicated proper hand washing techniques should be used to protect the spread of infection. Hand washing shall be completed: -before, during, and after preparing food -before eating food -before and after caring for someone who is sick -before and after treating a cut or wound -after using the toilet -after changing incontinence products or cleaning up after someone who has used the toilet -after blowing your nose, coughing, or sneezing -after touching an animal or animal waste -after handling pet food or pet treats -after touching garbage Hand Hygiene and gloves: when conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning (applying) gloves and after removing gloves. No other information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss,	0 700		

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0 700	Continued From page 6 tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident's personal health and medical information was kept private. This had the potential to affect all residents residing within 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On March 24, 2026, at 6:16 a.m., the surveyor observed an unattended medication cart with a laptop on it. The laptop screen had private resident information on it, which was visible to others. After a few minutes, unlicensed personnel (ULP)-H approached the medication cart and prepared medications for a resident and went to the resident's apartment. The laptop screen was open and had private resident information on it, which was visible to others. On March 25, 2026, at 9:28 a.m., clinical nurse supervisor (CNS)-B stated all staff were trained to	0 700		

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0 700	Continued From page 7 keep resident records confidential and private from any unauthorized individuals, which included closing the laptop when not in use by staff. The licensee's Resident Record-Confidentiality policy dated April 21, 2025, indicated all staff are responsible to make sure confidentiality is maintained for all resident records and information. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 700		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans;	0 730		

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0 730	Continued From page 8 (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include the required content in a discharge summary for one of one discharged resident (R5). 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	0 730		

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0 730	Continued From page 9 situation has occurred only occasionally). The findings include: R5 was admitted to the licensee on May 3, 2025, and discharged on December 31, 2025. R5's record included a discharge summary dated November 13, 2025; however, it was not completed until March 23, 2026, after the start of survey. On March 25, 2026, at 9:30 a.m., clinical nurse supervisor (CNS)-B stated R5's discharge summary was completed on March 23, 2026, after the surveyor requested the document and she realized it had not been completed. The licensee's Resident Discharge Summary policy dated April 14, 2025, indicated the following would be included in the resident discharge summary: -a summary of the resident's stay that includes diagnoses, courses of illness, allergies, treatments, and therapies, and pertinent lab, radiology, and consultation results -a final summary of the resident's status from the latest assessment or review, if applicable, which includes the resident status, including baseline and current mental, behavioral, and functional status -a reconciliation of all pre-discharge medications with the resident's post-discharge prescribed and over-the-counter medications; -provide a post-discharge care plan that is developed with the resident and with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post-discharge care plan will indicate where the resident plans to reside, any	0 730		

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0 730	Continued From page 10 arrangements that have been made for the resident's follow-up care, and any post-discharge medical and non-medical services the resident will need. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated	0 775		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 775	Continued From page 11 3/25/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
01610 SS=F	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted an initial assessment for two of four residents (R1 and R2) prior to the initiation of services. This practice resulted in a level two violation (a	01610		

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	30786	A. BUILDING: _____ B. WING _____	03/25/2026

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01610	Continued From page 12 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: On March 23, 2026, at 9:41 a.m. during the entrance conference, the clinical nurse supervisor (CNS)-B stated the nurse completed a pre-admission assessment on potential residents and then an admission assessment upon admission which was completed within a few days after the resident moved in. R1 R1 was admitted on November 1, 2025, with diagnoses that include Alzheimer's disease. R1's service plan agreement dated March 1, 2026, indicated R1 received services to include AM (morning) cares, PM (evening) cares, toileting, bathing, skin condition monitoring, safety checks, escorts, behavior management, and medication administration. R1's medication administration record (MAR) dated November 2025, indicated the licensee administered medications to R1 starting on November 1, 2025. R1's service checkoff list dated November 2025, indicated the licensee provided services to include toileting, PM cares and blood glucose checks starting on November 1, 2025.	01610		

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01610	Continued From page 13 R1's Master Assessment was dated November 4, 2025, three days after the start of services. R2 R2 was admitted on February 17, 2026, with diagnoses that included Alzheimer's disease. R2's service plan agreement dated March 19, 2026, indicated R2 received services to include medication administration. R2's service checkoff list dated February 2026, indicated the licensee provided services to include safety checks, vital signs, and weight monitoring starting on February 17, 2026. R2's Master Assessment was dated February 17, 2026; however, it was not completed and signed off by the nurse until February 19, 2026, two days after the start of services. On March 25, 2026, at 9:43 a.m., CNS-B stated R1 and R2's initial comprehensive assessments were completed after the start of services for both R1 and R2. CNS-B stated she thought she had five days after the start of services to complete the initial assessment. The licensee's Assessments, Reviews, and Monitoring policy dated April 24, 2025, indicated the licensee would conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier Residents who are not receiving any services are not required to under	01610		

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01610	Continued From page 14 The licensee's Assessments, Reviews and Monitoring policy dated September 27, 2022, indicated the licensee would conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01610		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse:	01620		

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01620	Continued From page 15 (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted timely ongoing nursing assessments for two of two residents (R1 and R2). 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	01620		

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01620	Continued From page 16 client'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 clients). The findings include: On March 23, 2026, at 9:41 a.m. during the entrance conference, clinical nurse supervisor (CNS)-B stated the nurse completed comprehensive nurse assessments prior to admission, upon admission, every 90 days and with change of condition. R1 R1 was admitted on November 1, 2025, with diagnoses that include Alzheimer's disease. R1's service plan agreement dated March 1, 2026, indicated R1 received services to include AM (morning) cares, PM (evening) cares, toileting, bathing, skin condition monitoring, safety checks, escorts, behavior management, and medication administration. R1's record included Master Assessments dated November 4, 2025 (three days after admission), and February 2, 2026. The February 2, 2026, assessment was completed 90 days after the date of the previous assessment; however, there was no 14 day assessment completed. R2 R2 was admitted on February 17, 2026, with diagnoses that included Alzheimer's disease.	01620		

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01620	Continued From page 17 R2's service checkoff list dated February 2026, indicated the licensee provided services to include safety checks, vital signs, weight monitoring starting on February 17, 2026. R2' record included Master Assessments dated February 17, 2026, (completed and signed off by the nurse on February 19, 2026) and March 20, 2026. The March 20, 2026, assessment was completed 29 days after the date of the previous assessment, thus exceeding 14 calendar days. On March 25, 2026, at 9:41 a.m., CNS-B stated none of the residents would have a 14-day comprehensive assessment as she thought that was no longer a requirement. The licensee's Assessments, Reviews and Monitoring policy dated September 27, 2022, indicated resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident assessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to	01700		

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01700	Continued From page 18 providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment which included the required content for two of two residents (R1 and R2). 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 client's health or safety, but was not likely to cause serious injury, impairment, or death), and	01700		

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01700	Continued From page 19 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 clients). The findings include: R1 R1 was admitted on November 1, 2025, with diagnoses that include Alzheimer's disease. On March 24, 2026, at 7:22 a.m., the surveyor observed unlicensed personnel (ULP)-H administer medications to R1. R1's service plan agreement dated March 1, 2026, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated March 2026, included the following medications: -acetaminophen 500 milligrams (mg): take two tablets by mouth three times daily (pain) -Fiber-Tabs 625 mg; take one tablet by mouth twice a day, okay to crush as needed (constipation) -Genteal eye drops; instill one drop in the affected eyes twice daily for dry eyes -Lantus insulin 100 units/milliliter (ml); inject 32 units subcutaneously every night (diabetes) -levothyroxine 175 micrograms (mcg); take one tablet by mouth once daily (thyroid) -lisinopril/hydrochlorothiazide 20-12.5 mg; take two tablets by mouth once daily (blood pressure) -metoprolol succinate 100 mg; take one tablet by mouth once daily (blood pressure) -risperidone 0.5 mg; take one tablet by mouth in the evening (anxiety) -risperidone 2 mg; take one tablet by mouth at	01700		

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01700	Continued From page 20 bedtime (anxiety) -sertraline 50 mg; take one tablet by mouth once a day (depression) -Xarelto 20 mg; take one tablet by mouth once daily (blood thinner) -clotrimazole 1% topical; apply liberally to breast and under armpits twice daily as needed (red skin) -desitin cream; apply liberally to affected area twice daily as needed (skin protection) -loperamide 2 mg; take two capsules by mouth at onset of loose stools and take one capsule after each additional loose stool, Max of 6 capsules in 24 hours -nystatin 100,000 units; apply liberally to groin, coccyx, redness/irritation under armpits twice daily as needed (skin irritation) R1's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R1's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. R2 R2 was admitted on February 17, 2026, with diagnoses that included Alzheimer's disease. On March 24, 2026, at 10:20 a.m., the surveyor observed ULP-G administer medications to R2. R2's service plan agreement dated March 19, 2026, indicated R2 received services to include medication administration. R2's MAR dated March 2026, included the	01700		

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01700	Continued From page 21 following medications: -brimonidine 0.2%; instill one drop into the left eye twice daily (glaucoma) -dorzolamide/timolol 2%-0.5%; instill one drop into both eyes twice daily (glaucoma) -latanoprost 0.005%; instill one drop every evening in both eyes (glaucoma) -quetiapine 25 mg; take one-half tablet by mouth once a day at 1:00 p.m. (anxiety/agitation) -sertraline 50 mg; take one tablet by mouth once daily (depression) -quetiapine 25 mg; take one-half tablet by mouth three times daily (anxiety/agitation) R2's record lacked evidence the RN conducted a face-to-face review of all medications R2 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R2's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. On March 25, 2026, at 9:44 am., clinical nurse supervisor (CNS)-B stated the only medication assessment they had was for self-administration of medications. CNS-B stated she was not aware of the requirements for the required medication assessment. CNS-B stated none of the residents would have a medication assessment completed. The licensee's Medication Management-Assessment, Monitoring, and Reassessment policy dated April 28, 2025, indicated prior to providing medication management services an RN, licensed health professional, or authorized prescriber conduct an assessment to determine what medication	01700		

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01700	Continued From page 22 management services will be provided and how the services will be provided. 1. The assessment must be conducted face-to-face with the residents by an RN 2. The assessment must include an identification and review of all the medications the resident is known to be taking 3. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues 4. The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representative on interventions to manage the resident's medications and prevent diversion of medications 5. The licensee will monitor and reassess the resident's medication management services as needed when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01710 SS=F	144G.71 Subd. 3 Individualized medication monitoring and reas A registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may	01710		

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01710	Continued From page 23 be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed an annual reassessment of the resident's medication management services for two of two residents (R3 and R4). 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) 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: R3 R3 was admitted on October 23, 2021, with diagnoses that included diabetes. On March 24, 2026, at 11:22 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R3. R3's service plan agreement dated March 1, 2026, indicated R3 received services to include medication administration. R3's MAR dated March 2026, included the following medications: -albuterol 0.083%; inhaler one vial by mouth via nebulizer twice a day (shortness of breath)	01710		

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01710	Continued From page 24 -atorvastatin 80 milligrams (mg); take one tablet by mouth at bedtime (cholesterol) -clopidogrel 75 mg; take one tablet by mouth daily (blood thinner) -Dilacor 180 mg; take one capsule by mouth one time a day (blood pressure) -Humalog 100 unit/milliliter (ml); inject 26 units under the skin at noon and 32 units under the skin in the evening (diabetes) -Icosapent 1 gram (g); take two capsules by mouth two times a day with meals (cholesterol) -isosorbide 30 mg; take three tablets by mouth once daily (chest pain) -Jardiance 10 mg; take one tablet by mouth once daily (blood thinner) -Lantus insulin; inject 36 units under the skin in the morning (diabetes) -levothyroxine 75 micrograms (mcg); take one tablet by mouth once daily (thyroid) -loratadine 10 mg; take one tablet by mouth daily (allergies) -lorazepam 0.5 mg; take one tablet by mouth every night (anxiety) -metoprolol succinate 100 mg; take one tablet by mouth one time a day (blood pressure) -prednisone 3 mg; take one tablet by mouth once daily (inflammation) -stool softener 50-8.6 mg; take one tablet by mouth two times a day (constipation) -trelegy ellipta 100/62.5/25 inhaler; inhale one puff by mouth after each use (shortness of breath) -acetaminophen 500 mg; take two tablets by mouth three times a day as needed (pain/fever) -albuterol 0.083%; inhale one vial by mouth via nebulizer four times daily as needed (shortness of breath/wheezing) -amoxicillin 500 mg; take four capsules by mouth one hour prior to treatment (prophylactic treatment)	01710		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01710	Continued From page 25 -Chest Congestion Relief 400 mg; take one tablet by mouth every four hours as needed for cough/congestion -diclofenac arthritis 1% gel; apply 2 grams to painful joints twice daily as needed for pain -DuoNeb 0.5-3 mg/3 ml; inhale one vial via nebulizer four times a day as needed (shortness of breath/wheezing) -lidocaine 4% topical cream; apply to labia folds twice daily as needed for pain -Nitroglycerin 0.4 mg; place one tablet under tongue every five minutes as needed, max three in 15 minutes for chest pain -Nystatin 100,000 units/gram powder; apply topically to red skin folds twice daily as needed -triamcinolone 0.1% ; apply twice daily as needed for rash and itching R3's record lacked evidence the RN conducted an annual face-to-face review of all medications R3 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R3's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. R4 R4 was admitted on September 30, 2021, with diagnoses that included diabetes. On March 24, 2026, at 7:32 a.m., the surveyor observed ULP-E administer medications to R4. R4's service plan agreement dated March 1, 2026, indicated R4 received services to include medication administration.	01710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30786	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARIBAULT SENIOR LIVING	843 FARIBAULT ROAD FARIBAULT, MN 55021

(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
01710	Continued From page 26 R4's MAR dated March 2026, included the following medications: -amlodipine 10 mg; take one tablet by mouth daily (blood pressure) -aripiprazole 30 mg; take one tablet by mouth in the evening (schizophrenia) -atorvastatin 40 mg; take one tablet by mouth at bedtime (cholesterol) -ferrous sulfate 325 mg; take one tablet by mouth daily in the morning (supplement) -Insulin glargine 100 units/ml; inject 20 units subcutaneously every morning (diabetes) -Insulin glargine 100 units/ml; inject 20 units subcutaneously one time a day in the evening (diabetes) -losartan 50 mg; take one tablet by mouth in the morning (blood pressure) -metformin 500 mg; take two tablets by mouth twice a day (diabetes) -pantoprazole sodium 40 mg; take one tablet by mouth twice a day (reflux) -polyethylene glycol; give 17 grams two times a day for constipation -acetaminophen 500 mg; take two tablets by mouth every six hours as needed (pain) -aspercrem lidocaine 4%; apply topically to the right shoulder three times daily as needed (pain) -senna plus 8.6-50 mg; give one tablet by mouth twice daily as needed (constipation) R4's record lacked evidence the RN conducted an annual face-to-face review of all medications R4 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R4's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.	01710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30786	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARIBAULT SENIOR LIVING	843 FARIBAULT ROAD FARIBAULT, MN 55021

(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
01710	Continued From page 27 On March 25, 2026, at 9:44 am., clinical nurse supervisor (CNS)-B stated the only medication assessment they had was for self-administration of medications. CNS-B stated she was not aware of the requirements for the required medication assessment. CNS-B stated none of the residents would have an annual medication assessment completed. The licensee's Medication Management-Assessment, Monitoring, and Reassessment policy dated April 28, 2025, indicated prior to providing medication management services an RN, licensed health professional, or authorized prescriber conduct an assessment to determine what medication management services will be provided and how the services will be provided. 6. The assessment must be conducted face-to-face with the residents by an RN 7. The assessment must include an identification and review of all the medications the resident is known to be taking 8. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues 9. The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representative on interventions to manage the resident's medications and prevent diversion of medications 10. The licensee will monitor and reassess the resident's medication management services as needed when the resident presents with symptoms or other issues that may be	01710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30786	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARIBAULT SENIOR LIVING	843 FARIBAULT ROAD FARIBAULT, MN 55021

(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
01710	Continued From page 28 medication-related and, at a minimum, annually No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30786	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01940	Continued From page 29 changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for two of two residents (R3 and R4). 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 client'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 clients). The findings include: R3 R3 was admitted on October 23, 2021, with diagnoses that included diabetes. On March 23, 2026, at 11:25 a.m., the surveyor observed unlicensed personnel (ULP)-D check R3's blood glucose and oxygen saturation. R3's service plan agreement dated March 1, 2026, indicated R3 received services to include compression stockings, blood glucose checks, Libre Sensor management, oxygen, CPAP (continuous positive airway pressure) (continuous air pressure to keep a person's airway open) and oxygen saturation checks. R3's signed prescriber orders included the following:	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30786	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARIBAULT SENIOR LIVING	843 FARIBAULT ROAD FARIBAULT, MN 55021

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01940	Continued From page 30 -CPAP machine for home use at pressure 12, choice of mask (A7030 or A7034) with full face cushion. Use daily for sleep apnea, order dated February 8, 2025 -Oxygen at 2 liters/minute at bedtime when sleeping. Oxygen at 2 liters/minute PRN (as needed) for shortness of breath, oxygen saturations less than 90% remainder of the day, order dated July 22, 2025 -Check Oxygen saturations three times a day, order dated October 9, 2025 -Libre sensor blood sugar scan; use as directed to check blood glucose four times daily, order dated October 9, 2025 -Libre sensor; change every 14 days as directed, order dated October 9, 2025 R3's medication administration record (MAR) dated March 2026, included the following services: -compression socks; apply compression stockings to each leg in the morning. Remove compression stockings from both legs. -CPAP; help resident put CPAP mask on every bedtime, make sure there is water in the CPAP humidifier and that the mask is fitted securely without leaks -CPAP; assist with applying oxygen at 2 liters to CPAP and placing oxygen concentrator safely in bedroom. -Oxygen; ensure resident is wearing oxygen at 2 liters continuously at bedtime/overnight. Ensure oxygen attached to CPAP at bedtime -Oxygen saturation; document oxygen saturation three times a day, and if resident was wearing oxygen -Libre Sensor Blood Sugar scan; use as directed to check blood glucose four times daily -Libre Sensor; change every 14 days as directed	01940		

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01940	Continued From page 31 R3's record lacked a treatment management plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse when a problem arose with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. R4 R4 was admitted on September 30, 2021, with diagnoses that included diabetes. On March 24, 2026, at 7:32 a.m., the surveyor observed ULP-E check R4's blood glucose and apply compression stockings to R4's lower legs. R4's service plan agreement dated March 1, 2026, indicated R4 received services to include compression stockings and blood glucose checks. R4's signed prescriber orders included the following: -Compression stockings; on in the morning and off in the evening, order dated October 1, 2025 -Blood glucose; test two times per day, order dated February 13, 2026 R4's MAR dated March 2026, included the	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 32 following services: -Check blood glucose twice a day -Compression stockings: apply compression stockings in the morning and remove compression stockings in the evening R4's record lacked a treatment management plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse when a problem arose with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On March 25, 2026, at 10:00 a.m., clinical nurse supervisor (CNS)-B stated R3 and R4's treatments were listed on their service plans. CNS-B stated residents receiving treatments did not have an individualized treatment management plan. The licensee's Treatment and Therapy Management Plan policy dated April 28, 2025, indicated the licensee will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: a. statement of the type of services that will be provided	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30786	A. BUILDING: _____ B. WING _____	03/25/2026

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01940	Continued From page 33 b. documentation of specific resident instructions relating to the treatments and/or therapy administration c. identification of treatment or therapy tasks that may be delegated to unlicensed personnel d. procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments and/or therapy services e. any resident-specific requirements relating to documentation of treatment and therapy received, f. verification that all treatment and therapy was administered as prescribed g. monitoring of treatment and/or therapy to prevent possible complications or adverse reactions The treatment or therapy management record must be current and updated when there are any changes No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by:	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 34 Based on interview and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for one of two residents (R3) receiving treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R3 was admitted on October 23, 2021, with diagnoses that included diabetes. R3's service plan agreement dated March 1, 2026, indicated R3 received services to include compression stockings, blood glucose checks, Libre Sensor management, oxygen, CPAP (continuous positive airway pressure) (continuous air pressure to keep a person's airway open) and oxygen saturation checks. R3's medication administration record (MAR) dated March 2026, included the following services: -CPAP; help resident put CPAP mask on every bedtime, make sure there is water in the CPAP humidifier and that the mask is fitted securely without leaks -CPAP; assist with applying oxygen at 2 liters to CPAP and placing oxygen concentrator safely in bedroom. -Oxygen; ensure resident is wearing oxygen at 2	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 35 liters continuously at bedtime/overnight. Ensure oxygen attached to CPAP at bedtime R3's signed prescriber orders dated February 8, 2025, included the following: -CPAP machine for home use at pressure 12, choice of mask (A7030 or A7034) with full face cushion. Use daily for sleep apnea R3's record did not include a current order within the past 12 months for CPAP. On March 25, 2026, at 10:13 a.m., clinical nurse supervisor (CNS)-B stated R3's record lacked a current prescriber order for CPAP machine. CNS-B stated R3 had an annual appointment with her physician to get treatment orders renewed; however, it had been canceled and rescheduled. The licensee's Medication and Treatment Orders policy dated April 29, 2025, indicated the licensed nurse will communicate with the prescriber to assure that the prescriber renews a medication or treatment/therapy order at least every 12 months, or more frequently as needed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

FARIBAULT SENIOR LIVING
843 FARIBAULT ROAD
Faribault, MN 55021
Rice County
Parcel:

Phone:

License Info

License: HFID 30786

Risk:
License:
Expires on:
CFPM: Sarah A. Valentyn
CFPM #: 124372; Exp: 7/30/2027

Inspection Info

Report Number: F7990261004
Inspection Type: Full - Single
Date: 3/23/2026 Time: 10:23:33 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery:

New Order: 6-300 Physical Facility Numbers and Capacities
6-303.11B *Priority Level: Priority 3 CFP#: 56*
MN Rule 4626.1470B Provide at least 20 foot candles (215 LUX) of light intensity at a distance of 30 inches from the floor for areas where food is provided for consumer self-service, including buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption, inside equipment including reach-in and under counter refrigerators, in utensil storage areas, warewashing areas, and in toilet rooms.
COMMENT: REPLACE BURNT OUT BULB IN THE REACH IN COOLER AS DISCUSSED.
Comply By: 3/30/2026 Originally Issued On: 3/23/2026

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, COOLING AND NOROVIRUS PREVENTION. AN EMPLOYEE ILLNESS LOG IS ONSITE.

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 Mankato District Office inspection report number F7990261004 from 3/23/2026

Benjamin D. Ische

Kim

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Establishment Info

FARIBAULT SENIOR LIVING
Faribault
County/Group: Rice County

Inspection Info

Report Number: F7990261004
Inspection Type: Full
Date: 3/23/2026
Time: 10:23:33 AM

Food Temperature: Product/Item/Unit: Hamburger Stroganoff**; Temperature Process:** Hot-Holding
Location: Steam Table at 150 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Tomato**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

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

Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Establishment Info

FARIBAULT SENIOR LIVING
Faribault
County/Group: Rice County

Inspection Info

Report Number: F7990261004
Inspection Type: Full
Date: 3/23/2026
Time: 10:23:33 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 163 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Dishwashing Area **Equal To** 200 PPM
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL30786016-0	**Date:** 3/25/2026
Facility Name: FARIBAULT SENIOR LIVING	
Facility Address: 843 FARIBAULT RD, FARIBAULT, MN 55021	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Controlled egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center, a nursing station, or other approved location. Building occupants shall not be required to pass through more than one controlled egress locked door before entering an exit. The procedures for operation of the unlocking system shall be described as part of the fire safety and evacuation plan. All clinical staff shall have the keys, codes, or other means necessary to operate the locking device. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

   Comments: Facility controlled egress system was not equipped with a separate de-activate button or switch in the fire command center or other approved location to unlock the system.