Electronically Delivered

September 10, 2025

Licensee
Compass Assisted Living LLC
7100 64th Avenue North
Brooklyn Park, MN  55428

RE:  Project Number(s) SL39144016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 22, 2025, 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**

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.

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39144 | A. BUILDING: _____ B. WING _____ | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COMPASS ASSISTED LIVING LLC | 7100 64TH AVENUE NORTH BROOKLYN PARK, MN 55428 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| 0 000 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br><br>SL39144016-0<br><br>On July 21,2025, through July 22, 2025, 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 four residents receiving services under the Assisted Living Facility 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.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 0 510 SS=F | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and | 0 510 | | |

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| 0 510 | Continued From page 1<br><br>maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(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.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control related to handwashing and glove use for two of two unlicensed personnel ((ULP)-A, ULP-B).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>ULP-A<br>On July 22, 2025, at 8:00 a.m., the surveyor observed ULP-A wash their hands in the common kitchen area, then proceeded to the common living room area to don (put on) gloves from a | 0 510 | | |

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| 0 510 | Continued From page 2<br><br>medical cart used for all residents. ULP-A went back to the common kitchen area where they reviewed medications on a laptop while wearing the same gloves. ULP-A went to the common living room area to the medical cart again to gather vital sign equipment. ULP-A went to common kitchen area where R3 was sitting at the kitchen table. ULP-A checked R3's oral temperature, oxygen saturation, and heart rate while wearing the same gloves. ULP-A then touched the laptop to document results of the vital sign readings, entered a message for the nurse, and reviewed R3's medications while wearing the same gloves. ULP-A then unlocked the medication cabinet in the common kitchen and gathered R3's medications while wearing the same gloves. ULP-A went back on the laptop to review medications again. ULP-A went into a different locked narcotic box in the common kitchen to gather a controlled medication for R3 while wearing the same gloves. ULP-A touched the laptop again to complete medication review for R3. ULP-A then went back into the medication cabinet to return all medications and locked the cabinet. ULP-A then assisted R3 with the administration of an inhaler while wearing the same gloves. R3 asked ULP-A for an as needed medication. ULP-A then went back into the locked medication cabinet in the common kitchen to get the additional medication while wearing the same gloves. ULP-A gave the oral medication to R3 for administration. ULP-A doffed (removed) the gloves and washed hands at the common kitchen sink. ULP-A had touched multiple surfaces while wearing the same gloves; and did not wash hands or don and doff gloves between tasks of checking vital signs and the administration of R3's medications.<br><br>ULP-A's Staff Competency - One Staff indicated | 0 510 | | |

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| 0 510 | Continued From page 3<br><br>ULP-A was determined to be competent by a registered nurse (RN) in hand hygiene and gloves on April 3, 2025.<br><br>ULP-B<br>On July 22, 2025, at 8:41 a.m., the surveyor observed ULP-B wash hands and don gloves. ULP-B then touched multiple surfaces that included medication cabinet, R2's medications, sharps container used for all residents, R2's glucometer (used to check blood sugar), and laptop. ULP-B assisted R2 with administration of oral medications after R2 checked their own blood sugar. ULP-A then touched the laptop to document; and placed R2's medications, R2's glucometer and Sharps container back in the medication cabinet. ULP-B did not doff gloves and wash hands after the assistance of R2's medications. ULP-B then proceeded to begin the process of assisting R4 with medication administration. ULP-B touched the laptop and gathered R4's oral medications, R4's eye drops, and R4's glucometer from the medication cabinet while wearing the same gloves. ULP-B performed a blood glucose on R4; and assisted R4 with administration of oral medications. ULP-B had attempted to administer R4's eye drops but resident had refused just prior to the administration while wearing the same gloves. After the administration of R4's medications, ULP-B placed R4's glucometer and eye drops back in the medication cabinet, documented on the laptop; and then proceeded to doff gloves and wash hands. ULP-B did not doff gloves and wash hands in between resident care; before/after ULP-B performed R4's blood glucose check; and attempt to administer R4's eye drops.<br><br>ULP-B's Staff Competency - One Staff indicated ULP-B was determined to be competent by an | 0 510 | | |

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| 0 510 | Continued From page 4<br><br>RN in hand hygiene and gloves on November 14, 2024.<br><br>On July 23, 2025, at 1:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated staff should always perform hand hygiene before and after glove use and in between resident cares.<br><br>The licensee's Hand Washing policy dated August 1, 2022, indicated hand washing shall be completed between tasks and procedures; and before donning gloves and after doffing gloves.<br><br>The Centers for Disease Control and Prevention (CDC) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infections Agents in Healthcare Settings updated September 2024, on page 129, table 4, indicated recommendations for application of standard precautions for the care of all patients in all healthcare settings included the following:<br>- Hand hygiene recommendations after touching blood, body fluids, secretions, excretions, contaminated items, immediately after removing gloves, and between patient contacts; and<br>- Personal protective equipment (PPE) gloves recommendations for touching blood, body fluids, secretions, excretions, contaminated items, for touching mucous membranes, and nonintact skin.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 510 | | |
| 01730 SS=F | 144G.71 Subd. 5 Individualized medication management plan | 01730 | | |

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| 01730 | Continued From page 5<br><br>(a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br>(b) The medication management record must be current and updated when there are any changes. | 01730 | | |

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| 01730 | Continued From page 6<br><br>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for two of two residents (R2, R3).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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).<br><br>The findings include:<br><br>R2<br>R2 was admitted to licensee on December 22, 2023.<br><br>R2's Service Plan, dated June 19, 2025, indicated R2 received medication administration services.<br><br>R2's assessment dated June 3, 2025, indicated R2 required assistance with medication administration.<br><br>R2's Med Admin Summary - Month (MAR) dated July 2025, included Dulera Aer 100-5 micrograms (mcg), inhale two puffs by mouth twice daily, prior | 01730 | | |

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| 01730 | Continued From page 7<br><br>to first use, release four test sprays in the air to prime inhaler, shake well for five seconds before each use, order when low.<br><br>R2's record lacked specific instructions for the administration of R2's Dulera inhaler to include rinse mouth and spit out after the administration of the medication.<br><br>R3<br>On July 22, 2025, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-A assist R3 with the administration of R3's Trelegy Ellipta inhaler. ULP-A gave the inhaler to R3. R3 inhaled one puff and then gave the inhaler back to ULP-A. ULP-A did not direct or assist R3 to rinse their mouth after the administration of the inhaler.<br><br>R3 was admitted to licensee on January 27, 2023.<br><br>R3's Service Plan (waiver) - Addendum to contract dated November 28, 2023, indicated R3 received medication administration services.<br><br>R3's Assessment dated April 29, 2025, indicated R3 required assistance with medication administration.<br><br>R3's MAR dated July 2025, included Trelegy Ellipta 200, inhale one puff once daily.<br><br>R3's record lacked specific instructions for the administration of Trelegy Ellipta.<br><br>On July 22, 2025, at 12:01 p.m., ULP-A stated they were trained by the nurse on inhalers and was aware of the need to rinse the mouth after the administration of specific inhaled medications. ULP-A stated R3 had water for her oral | 01730 | | |

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| 01730 | Continued From page 8<br><br>medications and had rinsed her mouth with that. ULP-A confirmed R3 did not spit out the water after rinsing.<br><br>On July 22, 2025, at 1:20 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated nursing needed to make sure they followed manufacturer's instructions for medications and be sure staff understood the instructions as well.<br><br>On July 22, 2025, at 1:56 p.m., LALD/CNS-C confirmed R3's record did not have specific instructions for the administration of R3's Trelegy Ellipta inhaler. LALD/CNS-C stated they would add the specific instructions to the MAR for staff when they administered R3's Trelegy Ellipta inhaler.<br><br>Trelegy Ellipta manufacturer's instructions revised December 2022, indicated under Instructions for Use, to rinse mouth with water after use and to spit the water out. The instructions specified, do not swallow the water.<br><br>Dulera manufacturer's instructions revised June 2025, indicated After Using Dulera Inhaler, to rinse mouth with water, spit out the water, and do not swallow it.<br><br>The licensee's Medication Management Individualized Plan policy dated August 1, 2022, indicated the licensee would develop and maintain a current individualized medication management record for each resident that would include any resident-specific requirements related to administration of medications to prevent possible complications or adverse reactions.<br><br>No further information provided. | 01730 | | |

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| 01730 | Continued From page 9<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01730 | | |
| 01760 SS=F | 144G.71 Subd. 8 Documentation of administration of medication<br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medication administration was documented accurately in the medication administration record (MAR) for two of two residents (R2, R3).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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). | 01760 | | |

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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 |
|---|---|---|---|---|
| 01760 | Continued From page 10<br><br>The findings include:<br><br>R2<br>On July 22, 2025, at 8:41 a.m., the surveyor observed unlicensed personnel (ULP)-B knock on R2's door stating time for medications. ULP-B told the surveyor, sometimes it takes a while for R2 to wake up. After a few minutes, the surveyor observed R2 coming out of the room as they stated, good morning. The surveyor observed ULP-B assist R2 with the administration of their scheduled 8:00 a.m. oral medications but did not observe the administration of R2's scheduled 8:00 a.m. Dulera inhaler. After the administration of R2's oral medications, the surveyor observed ULP-B document they administered R2's Dulera inhaler.<br><br>R2 was admitted to licensee on December 22, 2023.<br><br>R2's Service Plan, dated June 19, 2025, indicated R2 received medication administration services.<br><br>R2's assessment dated June 3, 2025, indicated R2 required assistance with medication administration.<br><br>R2's Med Admin Summary - Month (MAR) dated July 2025, included scheduled 8:00 a.m. Dulera Aer 100-5 microgram (mcg), inhale two puffs by mouth twice daily, prior to first use, release four test sprays in the air to prime inhaler, shake well for five seconds before each use, order when low. The MAR indicated ULP-B had initialed and entered a note to indicated Dulera was administered on July 22, 2025, at 8:00 a.m.<br><br>On July 22, 2025, at 9:12 a.m., the surveyor | 01760 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39144 | A. BUILDING: _____ B. WING _____ | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMPASS ASSISTED LIVING LLC | 7100 64TH AVENUE NORTH BROOKLYN PARK, MN 55428 |

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|---|---|---|---|---|
| 01760 | Continued From page 11<br><br>asked ULP-B about the administration of R2's Dulera inhaler. ULP-B stated R2 had self-administered their Dulera inhaler prior to their scheduled 8:00 a.m. medication administration.<br><br>On July 22, 2025, at 1:20 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated the staff should be standing by while R2's Dulera inhaler was administered as R2 does not independently administer this medication.<br><br>R3<br>On July 22, 2025, at 8:00 a.m., the surveyor observed R3 ask LALD/CNS-C and ULP-A for their nebulizer (machine that converts liquid medication into a mist) treatment. ULP-A checked R3's oxygen saturation and noted this to be 87% to 91% on room air. R3 then stated they needed oxygen. LALD/CNS placed oxygen on R3 while ULP-A was reviewing R3's medication administration record and preparing R3's medications to be administered. The surveyor observed ULP-A administer R3's oral medications and give R3 their Trelegy inhaler to self-administer. The surveyor did not observe R3 receive assistance with getting a nebulizer treatment.<br><br>R3 was admitted to licensee on January 27, 2023.<br><br>R3's Service Plan (waiver) - Addendum to contract dated November 28, 2023, indicated R3 received medication administration services.<br><br>R3's Assessment dated April 29, 2025, indicated R3 required assistance with medication administration. | 01760 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39144 | A. BUILDING: _____ B. WING _____ | 07/22/2025 |

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|---|---|---|---|---|
| 01760 | Continued From page 12<br><br>R3's MAR dated July 2025, included an 8:00 a.m. scheduled medication for ipratropium/Albuterol 3 milliliters (ml) Neb, inhale one vial (3 ml) via nebulizer twice daily. R3's MAR indicated the nebulizer was not given on July 22, 2025, at 8:00 a.m. and did not indicate the reason why this medication was not administered as scheduled.<br><br>On July 22, 2025, at 12:01 p.m., ULP-A confirmed R3 did not received a nebulizer treatment due to receiving oxygen. ULP-A stated it is one or the other for R3.<br><br>On July 22, 2025, at 1:20 p.m., LALD/CNS-C stated nursing needed to review the whole medication administration process with staff and provide more training.<br><br>The licensee's Medication Management - Administration & Setup policy dated August 1, 2022, indicated documentation of a medication assistance or medication administration would be completed immediately after that task had been performed. Also, the policy indicated ULP would document any reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident needs when medication was not administered as prescribe.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |

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

# Food & Beverage Inspection Report



## Establishment Info

Compass Assisted Living LLC
7100 64th Avenue N
Brooklyn Park, MN 55443
Hennepin County
Parcel:

Phone:

## License Info

License: 0041345

Risk:
License: -1
Expires on: 12/31/2023
CFPM: Christine N. Morabu
CFPM #: 112811; Exp: 08/25/2025

## Inspection Info

Report Number: F1051251057
Inspection Type: Full - Single
Date: 7/21/2025 Time: 11:00:00 AM
Duration: 15 minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

# Food & Beverage General Comment

MET WITH NURSE EVALUATOR, RHAWNIE QUINEHAN.

DISCUSSED THE FOLLOWING WITH THE PERSON IN CHARGE, CHRISTINE:

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

THE KITCHEN HAS A NSF 184 DISHWASHER, STONE MATERIAL COUNTERTOPS WITH HOLLOW BASES, LAMINATE CABINETS, VINYL TILE FLOORS, AND A SMOOTH TEXTURE CEILING.

**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the St Cloud District Office inspection report number F1051251057 from 7/21/2025**

Christine N. Morabu

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

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

# Temperature Observations/Recordings



## Establishment Info

Compass Assisted Living LLC
Brooklyn Park
County/Group: Hennepin County

## Inspection Info

Report Number: F1051251057
Inspection Type: Full
Date: 7/21/2025
Time: 11:00:00 AM

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