Electronically Delivered

July 22, 2026

Licensee
Carenest Solutions LLC
13708 Wellington Crescent
Burnsville, MN 55337

RE: Project Number(s) SL39002016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 30, 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 - 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 $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.

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: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 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
	39002	A. BUILDING: _____ B. WING _____	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARENEST SOLUTIONS LLC	13708 WELLINGTON CRES BURNSVILLE, MN 55337

(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: SL39002016-0 On June 29, 2026, through June 30, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were three residents; three 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. 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.	
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control	0 660		

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0 660	Continued From page 1 (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) 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 maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included a two-step TST (tuberculin skin test) or other evidence of tuberculosis (TB) screening such as a blood test for one of two 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 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:	0 660		

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0 660	Continued From page 2 ULP-E was hired on December 12, 2025, to provide direct care and services to the facility's residents. ULP-E's employee record contained a negative QuantiFERON test dated March 24, 2025; however, the blood test was not completed within 90 days of hire. On June 30, 2026, at 11:15 a.m., manager (M)-C stated he didn't realize ULP-E's blood test had to be completed within 90 days of hire. The licensee's Tuberculosis Screening/Prevention policy dated January 19, 2026, indicated baseline TB screening at the time of hire is required for all employees and included the following: -assessing for current symptoms of active TB disease -assessing TB history -TB testing for the presence of infection by administering either a two-step TST or single TB blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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	0 775		

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0 775	Continued From page 3 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 June 30, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.	0 800		

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0 800	Continued From page 4 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 June 30, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
01320 SS=D	144G.60 Subd. 4 (a) Unlicensed personnel (a) Unlicensed personnel providing assisted living services must have: (1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics	01320		

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01320	Continued From page 5 listed in section 144G.61, subdivision 2, paragraph (a); or (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61, subdivision 2, paragraph (a), clauses (5), (7), and (8), by a practical skills test. Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency was completed for one of two unlicensed personnel (ULP-E) to include all required content. 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: ULP-E was hired on December 12, 2025, to provide direct care and services to the facility's residents. ULP-E's employee record lacked evidence of training on the following topics:	01320		

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01320	Continued From page 6 -maintenance of a clean and safe environment; -training on the prevention of falls; -communication skills that include preserving the dignity of the resident and showing resident for the resident and the resident's preferences, cultural background, and family -awareness of commonly used health technology equipment and assistive devices ULP-E's employee record lacked evidence of competency evaluation for the following topics: - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing - care of teeth, gums and oral prosthetic devices - care and use of hearing aids - dressing and assisting with toileting -standby assistance techniques and how to perform them On June 30, 2026, at 11:22 a.m., manager (M)-C stated ULP-E had completed training at a facility ULP-E had worked at prior to employment with the licensee and thought all of the required training had been completed. M-C reviewed ULP-E's training transcript and stated it did not include the required training as noted above. In addition, M-C stated ULP-E's record lacked documentation of competency testing as noted above. The licensee's Staff Competency policy dated January 19, 2026, indicated training and competency evaluation for all ULPs would include: -maintenance of a clean and safe environment; -training on the prevention of falls; -communication skills that include preserving the dignity of the resident and showing resident for	01320		

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01320	Continued From page 7 the resident and the resident's preferences, cultural background, and family -awareness of commonly used health technology equipment and assistive devices - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing - care of teeth, gums and oral prosthetic devices - care and use of hearing aids - dressing and assisting with toileting -standby assistance techniques and how to perform them No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01320		
01460 SS=D	144G.63 Subdivision 1 Orientation of staff and supervisors (a) All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility, except as provided in paragraph (b). (b) A staff person is not required to repeat the orientation required under subdivision 2 if the staff person transfers from one licensed assisted living facility to another facility operated by the same licensee or by a licensee affiliated with the same corporate organization as the licensee of the first facility, or to another facility managed by	01460		

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01460	Continued From page 8 the same entity managing the first facility. The facility to which the staff person transfers must document that the staff person completed the orientation at the prior facility. The facility to which the staff person transfers must nonetheless provide the transferred staff person with supplemental orientation specific to the facility and document that the supplemental orientation was provided. The supplemental orientation must include the types of assisted living services the staff person will be providing, the facility's category of licensure, and the facility's emergency procedures. A staff person cannot transfer to an assisted living facility with dementia care without satisfying the additional training requirements under section 144G.83. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (unlicensed personnel (ULP)-E) completed an orientation to assisted living facility licensing requirements and regulations before providing services to residents. 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: ULP-E was hired on December 12, 2025, to	01460		

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01460	Continued From page 9 provide direct care and services to the facility's residents. ULP-E's employee record lacked evidence of orientation to assisted living regulations for any of the required topics, including: - Overview of Assisted Living statutes; - Review of provider's policies and procedures; - Handling emergencies and using emergency services; - Reporting maltreatment of vulnerable adults or minors; - Assisted Living Bill of Rights; - Principles of person-centered planning/service delivery; - Handing of resident complaints, reporting of complaints, where to report; - Consumer advocacy services; and - Review of types of Assisted Living services the employee will provide and provider's scope of license. On June 30, 2026, at 11:17 a.m., manager (M)-C stated ULP-E's record lacked evidence of completing orientation to assisted living facility licensing requirements training. The licensee's Orientation and Education policy dated January 19, 2026, indicated upon hire and before providing service to residents, all employees attend a general orientation. Orientation topics will include, but not limited to, the following: a. Overview of Minnesota Assisted Living statue 144G and Minnesota Rules Chapter 4659 b. Review of the employee's job description and responsibilities c. Introduction to and review of the organization's polices, and procedures related to the provision of assisted living services by the individual staff	01460		

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01460	Continued From page 10 person d. Handling of emergencies and the use of emergency services e. Compliance with Minnesota's Vulnerable Adult (sections 626.556 and 5572), including requirements based on organizational policy, identification of incidents of maltreatment f. the Assisted Living Bill of Rights and the employee's responsibilities to ensure the exercise and protection of those rights g. The principles of person-centered planning and service delivery and how they apply to direct support services provided by staff h. Grievances policy/process, including reports to the Office of Health Facility Complaints i. Consumer advocacy services J. The types of assisted living services the employee will be providing based on the Uniform Checklist Disclosure of Services and the organization's category of licensure k. the organizational chart and roles of staff within the facility No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01460		
01530 SS=D	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under	01530		

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01530	Continued From page 11 paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (unlicensed personnel (ULP)-D and ULP-E) received the required amount of dementia, mental illness, and de-escalation training in the	01530		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01530	Continued From page 12 required time frame. 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: The licensee provided services under an Assisted Living Facility license. ULP-D ULP-D was hired on February 5, 2024, to provide direct care and services to the facility's residents. ULP-D's employee record lacked evidence of completing any mental illness, and de-escalation training. ULP-E ULP-E was hired on December 12, 2025, to provide direct care and services to the facility's residents. ULP-E's employee record contained evidence the employee received 5.25 hours of dementia care training, not the required eight hours of training within 160 working hours of the employment start date. ULP-E's employee record lacked evidence of completing any mental illness, and de-escalation training.	01530		

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01530	Continued From page 13 On June 30, 2026, at 11:24 a.m., manager (M)-C reviewed ULP-D's training transcript and stated ULP-D had not completed any mental illness and de-escalation training. M-C stated ULP-E had completed training at a facility ULP-E had worked at prior to his employment with the licensee and thought that training included the required eight hours of dementia care training. M-C reviewed ULP-E's training transcript and stated it did not include the required eight hours of dementia training and did not include any mental illness and de-escalation training as required. The licensee's Education on Dementia policy dated January 19, 2026, indicated direct care employees must have completed at least eight hours of initial education within 160 working hours of the employment start date. The licensee's Education on Mental Illness and De-escalation policy dated January 19, 2026, indicated direct care employees must have completed at least two hours of initial education and must have at least one hour of education on topics related to mental illness and de-escalation for each twelve months of employment thereafter. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must	01640		

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01640	Continued From page 14 include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of one resident (R1). 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: R1 was admitted on November 16, 2022, with diagnoses that included Alzheimer's disease.	01640		

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01640	Continued From page 15 On June 30, 2026, at 7:59 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1's service plan dated February 21, 2025, indicated R1 received services to include dressing, bathing, incontinence care escort/mobility assistance, behavior management, activity assistance, meal assistance, safety checks, and medication administration. R1's service recap summary dated June 2026, indicated R1 received services to include the following: -incontinence care -position/re-position -safety checks -grooming -behavior management -meal assistance -dressing -activity assistance R1's recap summary did not include escort/mobility services as indicated on the service plan. R1's service plan did not include position/re-position and grooming services as indicated on the service recap summary. On June 30, 2026, at 10:55 a.m., clinical nurse supervisor (CNS)-B and manager (M)-C reviewed R1's service plan and stated it should include grooming and positioning services. CNS-B stated R1 was bedridden and no longer required escort/mobility services. M-C stated R1's services and service plan had been updated in the	01640		

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01640	Continued From page 16 electronic health record, however, a new service plan was not reviewed and signed by R1's representative. The licensee's Service Plan policy dated January 19, 2026, indicated an individualized service plan is implemented for all residents. The licensee will provide all services required by the current service plan. The service plan must be revised, if needed, based on resident review or reassessment. Any revisions are signed by a representative from the licensee and the resident or resident's representative, indicating agreement with the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (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: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's	01730		

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01730	Continued From page 17 directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (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. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for one of one resident (R1). 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	01730		

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01730	Continued From page 18 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: R1 was admitted on November 16, 2022, with diagnoses that included Alzheimer's disease. On June 30, 2026, at 7:59 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1's service plan dated February 21, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated June 2026, included the following medications: -acetaminophen 650 milligrams (mg): take 650 mg by mouth four times a day (pain) -aspirin 325 mg; take one tablet by mouth daily (heart heath) -fluoxetine 40 mg; take one capsule by mouth daily (depression) -risperidone 0.5 mg; take one tablet by mouth daily (agitation) -senexon-s 8.6-50 mg; take one table by mouth daily -melatonin 5 mg; take one tablet by mouth at bedtime (sleep) -metoprolol succinate 25 mg; take one-half tablet by mouth daily (blood pressure) -acetaminophen 325 mg; take two tablets by mouth as needed for pain -bisacodyl 10 mg suppository; insert one suppository rectally once daily as needed for constipation for up to 15 days.	01730		

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01730	Continued From page 19 -Delsym 30 mg/5 milliliter (ml) cough syrup; give 10 ml; give 10 ml by mouth every 12 hours for cough -diclofenac sodium gel 1%; apply two grams topically to affected areas up to four times daily for pain -lactulose 10 grams/15 ml; take 15 ml by mouth three times a day as needed for constipation -lorazepam 0.5 mg solutab; give one tablet by mouth every four hours as needed (agitation) -morphine 5 mg solutab; give one tablet by mouth every four hours as needed for pain or shortness of breath R1's Individualized Medication Management Plan dated May 31, 2026, lacked the following required content: -identification of persons responsible for monitoring medication supplies and ensuring the medication refills are ordered on a timely basis. On June 30, 2026, at 11:06 a.m., clinical nurse supervisor (CNS)-B reviewed R1's individualized medication plan and stated it did not identify the persons responsible for monitoring and ordering R1's medications and supplies. CNS-B stated he, along with the help of hospice, monitor and order R1's medications and supplies. The licensee's Assessment of Medications policy dated January 19, 2026, indicated the individualized medication management plan would include the following elements: -description of medication management services to be provided -description of medication storage based on resident needs, preference, risk of diversion and per manufacturer's direction -documentation procedures -procedures for verification that medications are	01730		

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01730	Continued From page 20 administered as prescribed -procedures for monitoring medication use to prevent complications or adverse reactions -identification of person(s) responsible for monitoring medication supplies and ensuring refills are ordered in a timely manner -identification of medication management tasks delegated to unlicensed staff -procedures for notifying the registered nurse or licensed health profession regarding problems arising with medication management service No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication	01760		

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01760	Continued From page 21 administration was documented accurately for one of one resident (R1). 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: R1 was admitted on November 16, 2022, with diagnoses that included Alzheimer's disease. R1's service plan dated February 21, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated June 2026, included the following: -acetaminophen 650 milligrams (mg): take 650 mg by mouth four times a day (pain) -aspirin 325 mg; take one tablet by mouth daily (heart heath) -fluoxetine 40 mg; take one capsule by mouth daily (depression) -risperidone 0.5 mg; take one tablet by mouth daily (agitation) -senexon-s 8.6-50 mg; take one table by mouth daily -melatonin 5 mg; take one tablet by mouth at bedtime (sleep) -metoprolol succinate 25 mg; take one-half tablet by mouth daily (blood pressure) On June 30, 2026, at 7:59 a.m., the surveyor	01760		

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01760	Continued From page 22 observed unlicensed personnel (ULP)-D remove R1's morning medication package (pre-filled by the pharmacist) from the medication cart. ULP-D showed the surveyor the back of the medication pack which listed the medication and dose of each medication included in the morning package. The following medications were included in the pre-filled package: risperidone 0.5 mg, aspirin 325 mg, fluoxetine 40 mg, metoprolol succinate 12.5 mg, and acetaminophen 325 mg (two tablets). ULP-D did not review or reference R1's MAR. ULP-D opened the medication package, put five tablets into a bowl and crushed them, ULP-D then opened one capsule and added the medication into the bowl with the crushed medications. ULP-D then poured the medications into a bottle of ensure and administered the ensure to R1. ULP-D then logged into R1's electronic health record and documented that she administered risperidone, aspirin, fluoxetine and acetaminophen. ULP-D did not document metoprolol succinate. ULP-D stated metoprolol was not listed to be administered at 8:00 a.m., in R1's MAR so she did not document that it was administered. On June 30, 2026, at 9:54 a.m., clinical nurse supervisor (CNS)-B reviewed R1's MAR and stated R1's metoprolol succinate was scheduled to be administered daily at 8:00 p.m. The surveyor explained that R1's metoprolol was included in R1's pre-filled morning medication package and was administered with R1's 8:00 a.m. medications. CNS-B observed R1's medication package and stated the pharmacy had included the metoprolol in the 8:00 a.m., package. CNS-B stated he would change R1's MAR to reflect metoprolol being administered at 8:00 a.m., instead of 8:00 p.m. CNS-B stated he expected the ULP to document all medications	01760		

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01760	Continued From page 23 they administered and to contact a nurse if the MAR does not match what medications were packaged by the pharmacist. CNS-B stated if ULP-D had reviewed R1's MAR prior to administering the medications, she would have noted the package included an extra medication and should have then called him for further directions. The licensee's Medication Documentation policy dated January 19, 2026, indicated documentation of medication administration would be complete, accurate and legible. Complete documentation of medication administration includes the following: -resident's name -medication name -medication dosage -date and time of administration -method/route of administration -signature and title of staff administering the medication No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the	01790		

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01790	Continued From page 24 medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;	01790		

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CARENEST SOLUTIONS LLC	13708 WELLINGTON CRES BURNSVILLE, MN 55337

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01790	Continued From page 25 (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) trained and competencied one of two unlicensed personnel (ULP-E) providing medications to residents for unplanned time away from home when the licensed nurse was not available. 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: ULP-E was hired on December 12, 2025, to provide direct care and services to the facility's residents. ULP-E's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available.	01790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39002	A. BUILDING: _____ B. WING _____	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARENEST SOLUTIONS LLC	13708 WELLINGTON CRES BURNSVILLE, MN 55337

(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
01790	Continued From page 26 On June 30, 2026, at 11:24 a.m., clinical nurse supervisor (CNS)-B stated ULP-E was trained, and competency tested on providing medications to residents for unplanned time away; however, ULP-E's employee record lacked documentation of the training or competencies. The licensee's Medication Management Plan for Residents Away from Home policy dated January 19, 2026, indicated the registered nurse may delegate to unlicensed personnel to provide the medications based on the RN has trained the ULP and determined the ULP competency to follow procedures for giving medications to residents. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the provider managed for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39002	A. BUILDING: _____ B. WING _____	06/30/2026

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01820	Continued From page 27 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: R1 was admitted on November 16, 2022, with diagnoses that included Alzheimer's disease. On June 30, 2026, at 7:59 a.m., the surveyor observed unlicensed personnel (ULP)-D administer medications to R1. R1's service plan dated February 21, 2025, indicated R1 received services to include medication administration. R1's signed prescriber orders dated November 18, 2025, included the following order: -risperidone 0.5 milligrams (mg); take one tablet by mouth two times a day (agitation) R1's medication administration record (MAR) dated June 2026, included the following: -risperidone 0.5 mg; take one tablet by mouth daily (agitation) R1's record lacked prescriber orders for risperidone 0.5 mg once a day. On June 30, 2026, at 10:10 a.m., clinical nurse supervisor (CNS)-B reviewed R1's record and could not locate a prescriber order for R1's risperidone to be administered once a day. CNS-B stated R1 used to receive risperidone 0.5 mg three times daily and it has been slowly	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39002	A. BUILDING: _____ B. WING _____	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARENEST SOLUTIONS LLC	13708 WELLINGTON CRES BURNSVILLE, MN 55337

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01820	Continued From page 28 reduced to once a day. CNS-B stated he would contact hospice and request an updated order that reflected risperidone 0.5 mg once daily. The licensee's Prescriber's Orders policy dated January 19, 2026, indicated written orders from an authorized prescriber will be obtained for all medications and treatments with which the assisted living facility assists residents, including over the counter medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered according to policy and accepted standards of practice for one of one unlicensed personnel (ULP)-D with medication administration. 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	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02320	Continued From page 29 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: R1 was admitted on November 16, 2022, with diagnoses that included Alzheimer's Disease. R1's service plan dated February 21, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated June 2026, included the following: -acetaminophen 650 milligrams (mg): take 650 mg by mouth four times a day (pain) -aspirin 325 mg; take one tablet by mouth daily (heart heath) -fluoxetine 40 mg; take one capsule by mouth daily (depression) -risperidone 0.5 mg; take one tablet by mouth daily (agitation) -senexon-s 8.6-50 mg; take one table by mouth daily -melatonin 5 mg; take one tablet by mouth at bedtime (sleep) -metoprolol succinate 25 mg; take one-half tablet by mouth daily (blood pressure) On June 30, 2026, at 7:59 a.m., the surveyor observed ULP-D administer R1's morning medications that were set up in a pre-filled medication package. ULP-D provided medication administration without referring to the electronic MAR.	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02320	Continued From page 30 On June 30, 2026, at 12:40 p.m., clinical nurse supervisor (CNS)-B stated the ULP were trained to refer to the MAR prior to administering medications and follow the six rights of medication administration. The licensee's Medication Administration policy dated January 19, 2026, indicated all staff with responsibility for medication administration have access to information about the medication being administered, including but not limited to: -purpose -dosage -route -frequency -instructions related to the medication and specific to the residents, as appropriate No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Food & Beverage Inspection Report

Establishment Info

Carenest Solutions LLC
13708 WELLINGTON CRES
Burnsville, MN 55337
Dakota County
Parcel:

Phone:

License Info

License: HFID 39002

Risk:
License:
Expires on:
CFPM: Beza Fewade Mekonene
CFPM #: 120754; Exp: 1/19/2027

Inspection Info

Report Number: F1018261102
Inspection Type: Full - Single
Date: 6/30/2026 Time: 8:36:24 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

Establishment is a residential home with residential equipment and finishes.

Establishment does all same day service of foods.

Kitchen has a dishwasher with sanitize function available. Dishwasher test strip confirmed appropriate temperature was achieved.

Sinks has two basins with one for hand washing and one for food prep.

Cabinets are wooden and counter tops are granite.

Floors are tile, walls are painted and ceiling is smooth painted.

Equipment is all stainless steel.

Establishment has a thermometer for checking food temperature during cooking.

Viewed employee illness log and discussed illness policy.

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

I acknowledge receipt of the Metro District Office inspection report number F1018261102 from 6/30/2026

Nuradian Ahmed

Rebecca Prestwood

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777
rebecca.prestwood@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Carenest Solutions LLC
Burnsville
County/Group: Dakota County

Inspection Info

Report Number: F1018261102
Inspection Type: Full
Date: 6/30/2026
Time: 8:36:24 AM

Food Temperature: Product/Item/Unit: yogurt**; Temperature Process:** Cold-Holding
Location: Refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

Carenest Solutions LLC
Burnsville
County/Group: Dakota County

Inspection Info

Report Number: F1018261102
Inspection Type: Full
Date: 6/30/2026
Time: 8:36:24 AM

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

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL39002016	**Date:** 6/30/2026
Facility Name: Carenest Solutions LLC	
Facility Address: 13708 Wellington Cres, Burnsville, MN 55337	

☒ **TAG IDENTIFICATION: 0775**

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

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

   Comments: The egress window was blocked by the headboard of the bed which was placed in front of the window. The egress window should not be obstructed and should remain free of impediment.

3. Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material. [Minn. Stat. 144G.45 subd. 2; MSFC 310.7]

   Comments: Cigarette butts were observed in a plastic flowerpot on the rear porch and in resident room 3. Cigarette butts should be properly disposed of in approved receptacles to prevent fire risk.

4. Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. [Minn. Stat. 144G.45 subd. 2; MSFC 604.4]

   Comments: Unapproved multiplug adapters were in use in resident room 3 and resident room 4. Unapproved multiplug adapters should be removed from the facility.

☒ **TAG IDENTIFICATION: 0800**

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

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

   Comments:

   The bedroom egress window in resident room 3 would not fully close and lock as it was out of alignment. The window hardware should be repaired or replaced so that it can fully lock and should be maintained in a state of good repair.

   The electrical outlet in resident room 3 was missing a cover to protect the electrical wires from contact. Outlets should be equipped with protective covers and should be maintained in a state of good repair.

   Resident room 3 was visibly dirty with many bags of items strewn about the rooms, trash on the floor and stains on surfaces around the room. The resident room should be cleaned and brought to a state of proper sanitation and cleanliness and should be maintained in a state of good repair.

   The door handle on the sliding door leading to the porch was loose in the assembly and difficult to use. The broken handle should be repaired or replaced, and the porch door should be maintained in a state of good repair.

   An exit sign was provided leading to the garage area, but it did not function properly when tested. The garage should not be designated as a primary egress route as it is an area of higher hazard, and the exit sign should be removed.