Electronically Delivered

September 3, 2025

Licensee
The Harbors Senior Living of Fridley
5300 4th Street Northeast
Fridley, MN 55421

RE: Project Number(s) SL33169016

Dear Licensee:

On July 28, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on May 1, 2025. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 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
	33169	A. BUILDING: _____ B. WING _____	R 07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

(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 FOLLOW UP SURVEY INITIAL COMMENTS SL40044015-1 On July 28, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on May 1, 2025. As a result of the follow-up survey, the licensee is in substantial compliance.	{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.	
{0 500} SS=F	144G.41 Subd. 2 Policies and procedures Each assisted living facility must have policies	{0 500}		

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{0 500}	Continued From page 1 and procedures in place to address the following and keep them current: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) conducting and handling background studies on employees; (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (7) orientation to and implementation of the assisted living bill of rights; (8) infection control practices; (9) reminders for medications, treatments, or exercises, if provided; (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (12) medication and treatment management; (13) delegation of tasks by registered nurses or licensed health professionals; (14) supervision of registered nurses and licensed health professionals; and	{0 500}		

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{0 500}	Continued From page 2 (15) supervision of unlicensed personnel performing delegated tasks. This MN Requirement is not met as evidenced by:	{0 500}	No further action required.	
{0 660} SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (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:	{0 660}	No further action required.	
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies	{0 680}		

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{0 680}	Continued From page 3 temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by:	{0 680}	No further action required.	
{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:	{0 775}	No further action required.	
{0 790} SS=C	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment	{0 790}		

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{0 790}	Continued From page 4 (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by:	{0 790}	No further action required.	
{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. This MN Requirement is not met as evidenced by:	{0 800}	No further action required.	
{0 810} SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and	{0 810}		

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{0 810}	Continued From page 5 maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}		
{01060} SS=F	144G.52 Subd. 9 Emergency relocation	{01060}	No further action required.	

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{01060}	Continued From page 6 (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's	{01060}		

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{01060}	Continued From page 7 refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by:	{01060}	No further action required.	
{01370} SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for	{01370}		

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{01370}	Continued From page 8 the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by:	{01370}	No further action required.	
{01380} SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by:	{01380}	No further action required.	

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{01420} SS=D	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by:	{01420}	No further action required.	
{01470} SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff	{01470}		

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{01470}	Continued From page 10 responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication	{01470}		

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{01470}	Continued From page 11 access in real time, and closed captions. This MN Requirement is not met as evidenced by:	{01470}	No further action required.	
{01500} SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures	{01500}		

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{01500}	Continued From page 12 relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by:	{01500}	No further action required.	
{01540} SS=F	144G.64 (a) (3) Training in Dementia, Mental Illness, and De- (3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of	{01540}		

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{01540}	Continued From page 13 the employment start date. Until this initial training is complete, the 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 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:	{01540}		
{01640} SS=E	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 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	{01640}	No further action required.	

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	33169	A. BUILDING: _____ B. WING _____	R 07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

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{01640}	Continued From page 14 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:	{01640}	No further action required.	
{01790} SS=E	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 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	{01790}		

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{01790}	Continued From page 15 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; (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:	{01790}	No further action required.	

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{01790}	Continued From page 16	{01790}		
{01890} SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by:	{01890}	No further action required.	
{01950} SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced	{01950}		

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{01950}	Continued From page 17 by:	{01950}	No further action required.	
{02310} SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by:	{02310}	No further action required.	

Electronically Delivered

June 12, 2025

Licensee
The Harbors Senior Living Fridley
5300 4th Street Northeast
Fridley, MN 55421

RE: Project Number(s) SL33169016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 1, 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.

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

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,500.00**. 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

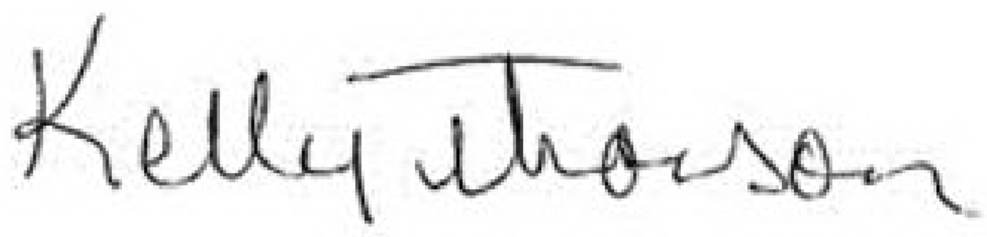
the website listed above.

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,



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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 000	Initial Comments 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: SL33169016-0 On April 29, 2025, through May 1, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 39 residents; 39 receiving services under the Assisted Living Facility with Dementia Care license. On April 30, 2025, an immediate correction order was identified and issued for SL33169016-0, tag identification 1290. During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.	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.	
0 500 SS=F	144G.41 Subd. 2 Policies and procedures Each assisted living facility must have policies	0 500		

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0 500	Continued From page 1 and procedures in place to address the following and keep them current: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) conducting and handling background studies on employees; (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (7) orientation to and implementation of the assisted living bill of rights; (8) infection control practices; (9) reminders for medications, treatments, or exercises, if provided; (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (12) medication and treatment management; (13) delegation of tasks by registered nurses or licensed health professionals; (14) supervision of registered nurses and licensed health professionals; and	0 500		

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0 500	Continued From page 2 (15) supervision of unlicensed personnel performing delegated tasks. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to show they had met the requirements of licensure, by attesting the managerial officials who were in charge of the day-to-day operations, had developed and implemented current policies and procedures. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on April 29, 2025, at 11:08 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated they were aware of the current minimum assisted living regulations and requirements of 144G.41. During the survey from April 29, 2025, through May 1, 2025, the surveyor completed observations, interviews, and record reviews for the licensee providing assisted living services to residents. The licensee failed to implement policies and procedures to address the following:	0 500		

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0 500	Continued From page 3 Conducting and handling background studies on employees - Refer to licensing order 1290, at MN Statute 144G.60 Subd. 1. The licensee failed to ensure a background study was conducted prior to staff providing services for one of three employees (unlicensed personnel (ULP)-E). Orientation, training, and competency evaluations of staff, and a process for evaluating staff performance - Refer to licensing order 1370 and 1380 at MN Statute 144G.61. Subd. 2. The licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two employees (unlicensed personnel (ULP)-C and ULP-E). - Refer to licensing order 1470 at MN Statute 144G.63. Subd. 2. The licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations prior to providing services for two of two employees (unlicensed personnel (ULP)-C and ULP-E). -Refer to licensing order 1500, at MN Statute 144G.63 Subd. 5. The licensee failed to ensure annual training included all required topics for each 12 months of employment for two of two employees (unlicensed personnel (ULP)-C and ULP-E). -Refer to licensing order 1540, at MN Statute 144G.64 (a) (1-2). The licensee failed to ensure two of two employees (unlicensed personnel (ULP)-C and ULP-E) received the required amount of dementia care training in the required time frame.	0 500		

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0 500	Continued From page 4 -Refer to licensing order 1790, at MN Statute 144G.71 Subd. 10. (a; 2-4) (b). The licensee failed to ensure the registered nurse (RN) completed training and competencies for the unlicensed personnel (ULP) providing medications for residents with unplanned time away from home when the licensed nurse was not available for two of three unlicensed personnel (ULP-C and ULP-D). Orientation to and implementation of the assisted living bill of rights. -Refer to licensing order 2310, at MN Statute 144G.91 Subd. 4. The licensee failed to provide care and services according to acceptable health care, medical, or nursing standards related to secure oxygen tank storage for one of one resident (R3). Conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards - Refer to licensing order 0660 at MN Statute 144G.42. Subd. 9. The licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included TB training at hire for two of two employees ULP-C and ULP-E. Medication and treatment management -Refer to licensing order 1890 at MN Statute 144G.71 Subd. 20. The licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications and failed to monitor for expired medications for two of two medication storage	0 500		

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0 500	Continued From page 5 carts. Delegation of tasks by registered nurses or licensed health professionals -Refer to licensing order 1420 at MN Statute 144G.62 Subd. 2. (b) The licensee failed to ensure prior to delegating nursing tasks the registered nurse (RN) conducted training and competency evaluations for one of two unlicensed personnel (ULP-C). - Refer to licensing order 1950 at MN Statute 144G.72 Subd. 4. The licensee failed to ensure training and competency was completed for blood glucose monitoring for one of three employees unlicensed personnel (ULP)-C) who provided direct care to R1. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 500		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (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	0 660		

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0 660	Continued From page 6 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 interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included TB training at hire for two of two employees ULP-C and 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) 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: The facility TB risk assessment form dated August 28, 2024, indicated the facility was at a low risk for TB transmission. ULP-C ULP-C started employment with the licensee to provide assisted living services on September 28, 2023. ULP-E ULP-E started employment with the licensee to provide assisted living services on November 4, 2024. ULP-C and ULP-E's employee records lacked TB	0 660		

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	33169	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

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0 660	Continued From page 7 training at hire. On May 1, 2025, at 2:45 p.m., licensed assisted living director (LALD)-A stated the online training program they use is supposed to automatically add the classes in for the employees and she thought they had been adding the correct classes and clinical nurse supervisor (CNS)-B was responsible for all the employee training records. On May 1, 2025, at 2:45 p.m., CNS-B stated she thought the correct classes were being assigned. The Minnesota Department of Health's Assisted Living Resources and Frequently Asked Questions (FAQs) dated December 13, 2024, indicated all Minnesota health care personnel should receive TB education annually, regardless of facility risk level classification. TB education should include information on TB exposure risk factors (both occupational and nonoccupational), the signs and symptoms of TB disease, and TB infection control policies and procedures. The licensee's 8.16 Tuberculosis Screening policy dated August 1, 2021, indicated staff will be educated regarding TB at time of hire. The content of the training should be appropriate to the job responsibilities and educational or professional background of the employee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 8 (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to post an emergency disaster plan prominently and develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, employees, and visitors to 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	0 680		

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0 680	Continued From page 9 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: On April 29, 2025, at 3:45 p.m., licensed assisted living director (LALD)-A stated the EPP is at their other facility, and it was left there accidently but she would get the EPP and have it for review tomorrow. The licensee's EPP lacked the required content: - missing resident quarterly review; - description of the population served by licensee; - a process for emergency preparedness (EP) collaboration with state and local EP officials/organizations; - the development of policies/procedures to address: - subsistence needs for staff and residents; - use of volunteers; and - arrangement with other facilities. - names and contact information for staff, entities providing services, resident physicians, other facilities, and volunteers; - emergency officials contact information; - primary and alternate means for communication; - methods for sharing medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care; - means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the incident command center, or designee; and - exercises to test the EPP at least twice per year,	0 680		

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0 680	Continued From page 10 including unannounced drills using the EPP. On May 1, 2025, at 10:15 a.m., LALD-A stated she agrees the EPP does not contain evidence of the missing person policy being reviewed quarterly and the EPP is missing some of the required items. The licensee's 9.10 Emergency Preparedness Plan-Appendix Z Compliance policy dated August 1, 2021, indicated the licensee's emergency preparedness plan will include all required elements of appendix Z. The licensee's 2.28 Missing Resident policy dated August 1, 2021, indicated , the licensee will review this policy and any individual resident plans that pertain to elopement at least quarterly and all changes will be documented. Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 775 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:	0 775		

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0 775	Continued From page 11 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and 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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 30, 2025, at approximately 10:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The following was observed. The door to resident room 217 would not latch or seal when closed. The fire-resistance rating and smoke-resistant characteristics of smoke barriers shall be maintained. On April 30, 2025, LALD-A acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		

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0 790	Continued From page 12	0 790		
0 790 SS=C	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers. This deficient condition had the potential to affect all staff, residents, and visitors. This practice resulted in a level one violation (a violation that has no potential to cause more than minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On April 30, 2025, at approximately 10:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The portable fire extinguishers throughout the facility lacked records to show monthly visual inspections were complete. The affixed tags indicated the fire extinguishers where last inspection 01-2025.	0 790		

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0 790	Continued From page 13 On April 30, 2025, the surveyor explained to LALD -A that the portable fire extinguishers must be provided monthly visual inspections or "quick checks" of each extinguisher by their employees to ensure all portable extinguishers are readily available, fully charged, and operable at their designated location with no obvious physical damage or condition to the extinguisher that would prevent their operation when needed. LALD -A stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors.	0 800		

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0 800	Continued From page 14 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 30, 2025, at approximately 10:30 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-A. The following was observed. GENERAL MAINTENANCE: The electrical outlet in the 2nd level laundry room had exposed wiring. LALD-A stated they discovered a bad outlet and are going to replace the outlet. The surveyor explained exposed wiring has the potential for injury or fire. On April 30, 2025, LALD-A acknowledged the observation while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms;	0 810		

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0 810	Continued From page 15 (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 810		

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0 810	Continued From page 16 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 potential to affect a large portion or all of the residents). The findings include: On April 30, 2025, licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN: The licensee's FSEP, failed to include the following: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. No other documentation was provided. On April 30, 2025, LALD-A was not available for an exit interview. TRAINING: The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. The licensee's training records indicated staff were trained upon hire, but no additional training was provided. No other training documentation was provided. The licensee failed to provide evacuation training to residents at least once per year. No training documentation was provided.	0 810		

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0 810	Continued From page 17 On April 30, 2025, LALD-A was not available for an exit interview. DRILLS: The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log, indicated a single evacuation drill in 2024 was conducted in September 2024. No other documentation was provided. On April 30, 2025, LALD-A was not available for an exit interview. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date	01060		

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01060	Continued From page 18 or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R8). 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	01060		

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01060	Continued From page 19 or has the potential to affect a large portion or all the residents). The findings include: R8 was admitted to the licensee for assisted living services on December 16, 2024. The licensee's current resident roster indicated R8 was on a hold status and R8 received assistance with housekeeping, laundry, and meals, medication administration, insulin administration, blood glucose monitoring, and two treatments. On May 1, 2025, at 9:30 a.m., unlicensed personnel (ULP)-C stated R8 had been out of the building for several weeks after being sent to the hospital. R8's resident record contained an emergency relocation notification that indicated R8 was relocated to the hospital on March 31, 2025. R8's resident record lacked evidence written emergency relocation notice was delivered to the resident, legal representative, and designated representative as soon as practicable. The licensee failed to notify the Office of Ombudsman for Long Term Care if the resident has been relocated and has not returned to the facility within four days. On May 1, 2025, at 10:50 a.m., clinical nurse supervisor (CNS)-B stated she was not aware of the requirement to provide the emergency relocation notification to the resident or their representatives and she had not updated the Ombudsman about R8's emergency relocation	01060		

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01060	Continued From page 20 after the resident had been gone for four days. On May 1, 2025, at 11:00 a.m., licensed assisted living director (LALD)-A stated she had not updated the Ombudsman about the emergency relocation of R8. The licensee's 1.23 Emergency Relocation policy dated August 1, 2021, indicated the notice required will be delivered as soon as practical to: - the resident, legal representative, and designated representative; - for residents who receive home and community-based waiver services, the resident's case manager; and - the Office of Ombudsman for Long Term Care if the resident has been relocated and has not returned to the facility within four days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under	01290		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

(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
01290	Continued From page 21 this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was conducted prior to staff providing services for one of three employees (unlicensed personnel (ULP)-E). This resulted in an immediate correction order issued on April 30, 2025. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: ULP-E ULP-E was hired on November 4, 2024, to provide assisted living services to residents. ULP-E's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents. The licensee's current schedule dated April 21, 2025, through May 4, 2025, showed ULP-E was scheduled and worked on the overnight shift Monday April 21, 2025, Thursday April 24, 2025, and Tuesday April 29, 2025, from 10:30 p.m., to	01290		

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01290	Continued From page 22 6:30 a.m. The schedule shows that ULP-E is the only person working on the third floor of the building and the other staff member scheduled is working on the second floor of the building. On April 30, 2025, at 3:00 p.m., licensed assisted living director (LALD)-A stated that ULP-E started working for them in November 2024 and works on the overnight shift. LALD-A stated after review of the schedule ULP-E has worked unsupervised with residents. The licensee's 4.02 Background Studies policy dated August 1, 2021, indicated no employee may provide direct care services and have independent direct contact with any residents until acceptable result of the background study have been received. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	01290		
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing;	01370		

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01370	Continued From page 23 (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two employees (unlicensed personnel (ULP)-C and 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	01370		

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01370	Continued From page 24 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 30, 2025, at 8:00 a.m., the surveyor observed ULP-C administer medications and take vitals for a resident of the facility. ULP-C stated she administers all the medications including insulin, checks vitals, obtains blood glucose readings, and then helps with transfers and cares occasionally but mainly takes care of the medications. ULP-C ULP-C started employment with the licensee to provide assisted living services on September 28, 2023. R1's service delivered record dated April 2025, indicated ULP-C had provided bathing, dressing, escort/mobility assistance, grooming, and transfer assistance on April 2, 2025 and April 14, 2025. ULP-C's employee record lacked the following training and competency evaluations: - appropriate and safe techniques in personal hygiene and grooming, including: -hair care and bathing, -care of teeth, gums, an oral prosthetic devices, -care and use of hearing aids, and -dressing and assisting with toileting - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - preparation of modified diets as ordered by a licensed health professional;	01370		

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01370	Continued From page 25 - understanding appropriate boundaries between staff and residents and the resident's family; and - awareness of commonly used health technology equipment and assistive devices. ULP-E ULP-E started employment with the licensee to provide assisted living services on November 4, 2024. ULP-E's employee record lacked the following training and competency evaluations: - documentation requirements for all services provided; - maintenance of a clean and safe environment; - medication, exercise, and treatment reminders; and - understanding appropriate boundaries between staff and residents and the resident's family. On May 1, 2025, at 2:45 p.m., licensed assisted living director (LALD)-A stated she was not aware of all the training that needed to be completed by staff or why it was not done, clinical nurse supervisor (CNS)-B was responsible for all the employee training and education records. On May 1, 2025, at 2:50 p.m., CNS-B stated she thought she was using the correct forms for education and the rest is supposed to be assigned on the electronic education system, she thought the employees were getting the correct training. The licensees 5.02 Competency Training Evaluations policy dated August 1, 2021, indicated training and competency evaluations for all ULP's will include: - documentation requirements for all services provided;	01370		

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01370	Continued From page 26 - maintenance of a clean and safe environment; - appropriate and safe techniques and personal hygiene and grooming, including: - hair care and bathing, - care of teeth, gums, an oral prosthetic devices, - care and use of hearing aids, and - dressing and assisting with toileting - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - preparation of modified diets as ordered by a licensed health professional; - understanding appropriate boundaries between staff and residents and the resident's family; and - awareness of commonly used health technology equipment and assistive devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident;	01380		

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01380	Continued From page 27 (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two employees (unlicensed personnel (ULP)-C and 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: On April 30, 2025, at 8:00 a.m., the surveyor observed ULP-C administer medications and check vital signs (temperature, pulse and respirations),for a resident. ULP-C stated she administers all the medications including insulin, checks vitals, obtains blood glucose readings, and then helps with transfers and cares occasionally but mainly takes care of the medications. ULP-C ULP-C started employment with the licensee to provide assisted living services on September 28, 2023.	01380		

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01380	Continued From page 28 R1's service delivered record dated April 1, 2025, through April 30, 2025, indicated ULP-C had provided medication administration and blood glucose monitoring on April 5, 19, 20, and 28, 2025. ULP-C's employee record lacked the following training and competency evaluations: - reading and recording temperature, pulse, and respirations of the resident; - recognizing physical, emotional, cognitive, and developmental needs of the resident; - range of motioning and positioning; and - administering medications or treatments as required. ULP-E ULP-E started employment with the licensee to provide assisted living services on November 4, 2024. ULP-E's employee record lacked the following training and competency evaluations: - observation, reporting, and documenting of a resident status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; and - recognizing physical, emotional, cognitive, and developmental needs of the resident. On May 1, 2025, at 2:45 p.m., licensed assisted living director (LALD)-A stated she was not aware of all the training that needed to be completed by staff or why it was not done, clinical nurse supervisor (CNS)-B was responsible for all the	01380		

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01380	Continued From page 29 employee training and education records. On May 1, 2025, at 2:50 p.m., CNS-B stated she thought she was using the correct forms for education and the rest is supposed to be assigned on the electronic education system, she thought the employees were getting the correct training. The licensees 5.02 Competency Training Evaluations policy dated August 1, 2021, indicated in addition to the above training and competency evaluation for unlicensed personnel providing assisted living services must include: - observing, reporting, and documenting resident status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; - recognizing physical, emotional, cognitive, and developmental needs of the resident; - range of motion and positioning; and - administering medications or treatments as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01420 SS=D	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to	01420		

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01420	Continued From page 30 the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure prior to delegating nursing tasks the registered nurse (RN) conducted training and competency evaluations for one of two unlicensed personnel (ULP-C). 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-C started employment with the licensee to provide assisted living services on September 28, 2023. On April 30, 2025, at 8:00 a.m., the surveyor	01420		

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01420	Continued From page 31 observed ULP-C administer medications and check vital signs (temperature, pulse, respirations) for a resident of the facility. ULP-C stated she administers all the medications including insulin, checks vitals, obtains blood glucose readings, and then helps with transfers and cares occasionally but mainly takes care of the medications. ULP-C's record lacked documentation to indicate ULP-C had received training and demonstrated competency for the following delegated tasks: - vital signs. On May 1, 2025, at 2:00 p.m., ULP-C stated she was trained by ULP-F and other ULP's and completed her competencies with ULP-F and has not completed any competency evaluations with clinical nurse supervisor (CNS)-B. On May 1, 2024, at 2:20 p.m., ULP-F stated she does most of the training with the ULP's including medication administration and treatments but does not sign off on the competencies CNS-B does them. CNS-B does not do any of the on the floor training with new employees, they normally work with her for 4-8 days and then she lets CNS-B know when they are ready for their competency check off. On May 1, 2025, at 3:00 p.m., CNS-B stated the ULP's go on the floor with other ULP's to shadow them and learn the cares and then she checks them off, if the competency is not in the record, it must have been missed. The licensee's 5.02 Competency Training Evaluations policy dated August 1, 2021, indicated training and competency evaluation for unlicensed personnel providing assisted living	01420		

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01420	Continued From page 32 services must include: - reading and recording temperature, pulse, and respirations of the resident. Additional nursing tasks that are frequently delegated to unlicensed personnel that would require training and competency testing by a RN include: - oxygen saturation levels; and - blood pressure check. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01420		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health	01470		

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01470	Continued From page 33 Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees	01470		

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01470	Continued From page 34 received orientation to assisted living facility licensing requirements and regulations prior to providing services for two of two employees (unlicensed personnel (ULP)-C and 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: On April 30, 2025, at 8:00 a.m., the surveyor observed ULP-C administer medications and check vital signs (temperature, pulse, respirations) for a resident of the facility. ULP-C stated she administers all the medications including insulin, checks vitals, obtains blood glucose readings, and then helps with transfers and cares occasionally but mainly takes care of the medications. ULP-C ULP-C started employment with the licensee to provide assisted living services on September 28, 2023. ULP-C's employee record lacked the following required orientation content: - an overview of the assisted living statutes; - review of provider's policies and procedures; - reporting maltreatment of vulnerable adults or minors; - the Assisted Living Bill of Rights; - handling of resident complaints, reporting of	01470		

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01470	Continued From page 35 complaints, where to report; - consumer advocacy services; - review of types of Assisted Living services the employee will provide and provider's scope of license; and - principles of person-centered planning and service delivery. ULP-E ULP-E started employment with the licensee to provide assisted living services on November 4, 2024. ULP-E's employee record lacked the following required orientation content: - an overview of the assisted living statutes; - consumer advocacy services; - review of types of Assisted Living services the employee will provide and provider's scope of license; and - principles of person-centered planning and service delivery. On May 1, 2025, at 2:45 p.m., licensed assisted living director (LALD)-A stated she was not aware of all the training that needed to be completed by staff or why it was not done, clinical nurse supervisor (CNS)-B was responsible for all the employee training and education records. On May 1, 2025, at 2:50 p.m., CNS-B stated she thought she was using the correct forms for education and the rest is supposed to be assigned on the electronic education system, she thought the employees were getting the correct training. The licensee's 5.01 Orientation of Staff and Supervisors & Content policy dated August 1, 2021, indicated all licensees' employees must	01470		

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01470	Continued From page 36 complete the orientation to assisted living facility requirements before providing assisted living services to residents. The orientation must contain the following topics: - An overview of the appropriate assisted living statutes and rules; - An introduction and review of the facilities policies and procedures related to the provision of assisted living services by the individual staff person; - Compliance with and reporting of the maltreatment of vulnerable adults under section 626. 557 to the Minnesota Adult Abuse Reporting Center; - The assisted living Bill of Rights and staff responsibilities to ensuring the exercise and protection of those rights; - Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; - Handling of resident's complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - Consumer advocacy services of the Office of Ombudsman for Long Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the department of Human Services, county-managed care advocates, or other relevant advocacy services; and - A review of the types of assisted living services the employee will be providing and the facility's category of licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		

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01500	Continued From page 37	01500		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss.	01500		

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01500	Continued From page 38 Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for two of two employees (unlicensed personnel (ULP)-C and 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) 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: ULP-C ULP-C started employment with the licensee to	01500		

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01500	Continued From page 39 provide assisted living services on September 28, 2023. On April 30, 2025, at 8:00 a.m., the surveyor observed ULP-C administer medications and check vital signs (temperature, pulse, respirations) for a resident. ULP-C stated she administers all the medications including insulin, checks vitals, obtains blood glucose readings, and then helps with transfers and cares occasionally but mainly takes care of the medications. ULP-C's employee record lacked evidence annual training had been completed as required in the following areas: - review of provider's policies and procedures. ULP -D ULP-D started employment with the licensee to provide assisted living services on December 9, 2021. On May 1, 2025, at 11:30 a.m., the surveyor observed ULP-D obtain a blood glucose reading and administer medications to a resident of the facility. ULP-D's employee record lacked evidence annual training had been completed as required in the following areas: - assisted living bill of rights; - review of provider's policies and procedures; and - principles of person-centered planning/service delivery. On May 1, 2025, at 2:45 p.m., licensed assisted living director (LALD)-A stated she was not aware of all the training that needed to be completed by	01500		

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01500	Continued From page 40 staff or why it was not done, clinical nurse supervisor (CNS)-B was responsible for all the employee training and education records. LALD-A stated the electronic education system is supposed to automatically assign classes to the employees, and she thought they were assigning the correct classes. On May 1, 2025, at 2:50 p.m., CNS-B stated she thought she was using the correct forms for education and the rest is supposed to be assigned on the electronic education system, she thought the employees were getting the correct training. The licensee's 5.06 Annual Required Staff Training policy dated August 1, 2021, indicated the following training elements must be included every 12 months to all staff who perform direct care services: - Review of the assisted living Bill of Rights and staff responsibilities related to ensuring the exercise and protection of those rights; - Review of the facilities policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and - Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01540 SS=F	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED	01540		

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01540	Continued From page 41 (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care 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 employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two employees (unlicensed personnel (ULP)-C and ULP-E) received the required amount of dementia care training in the 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) 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: ULP-C ULP-C was hired on September 28, 2023, to	01540		

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01540	Continued From page 42 provide direct care services under the licensee's assisted living with dementia care license. On April 30, 2025, at 8:00 a.m., the surveyor observed ULP-C administer medications and check vital signs for a resident. ULP-C stated she administers all the medications including insulin, checks vitals, obtains blood glucose readings, and then helps with transfers and cares occasionally but mainly takes care of the medications. ULP-C's employee record did not indicate a total of eight hours of the required dementia training was completed within 80 hours of the employee's start date. ULP-C's employee record indicated the employee had only completed 5 hours of dementia training. ULP-E ULP-E was hired on November 4, 2024, to provide direct care services under the licensee's assisted living with dementia care license. ULP-E's employee record did not indicate a total of eight hours of the required dementia training was completed within 80 hours of the employee's start date. ULP-E's employee record indicated the employee had only completed 5 hours of dementia training. On May 1, 2025, at 2:45 p.m., licensed assisted living director (LALD)-A stated she was not aware of all the training that needed to be completed by staff or why it was not done, clinical nurse supervisor (CNS)-B was responsible for all the employee training and education records. LALD-A stated the electronic education system is supposed to automatically assign classes to the employees, and she thought they were assigning	01540		

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01540	Continued From page 43 the correct classes. On May 1, 2025, at 2:50 p.m., CNS-B stated she thought she was using the correct forms for education and the rest is supposed to be assigned on the electronic education system, she thought the employees were getting the correct training. The licensee's 5.03 Dementia Training policy dated August 1, 2021, indicated all direct care employees would complete eight (8) hours of initial training within 80 hours of the employment start date. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01540		
01640 SS=E	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 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.	01640		

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01640	Continued From page 44 (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 interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the licensee and resident or resident's representative to document agreement of services to be provided for two of three residents (R1 and R3). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1 was admitted to the licensee for assisted living services on February 5, 2024. R1's Service Plan (Private) - Addendum to Contract with effective date February 28, 2024, was signed by the resident and indicated an estimated monthly total of $8540.00. The service plan indicated R1 received 28 billable services/packages.	01640		

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01640	Continued From page 45 R1's Service Plan (Private) - Addendum to Contract with effective date of April 29, 2025, was not signed and indicated an estimated monthly total of $8866.00. The service plan indicated R1 received 29 billable services/packages. R3 was admitted to the licensee on January 29, 2021, and started receiving assisted living services on August 1, 2021. R3's Service Plan (Private) - Addendum to Contract with effective date February 26, 2025, was signed by the resident and indicated an estimated monthly total of $8373.00. The service plan indicated R3 received 24 billable services/packages. R3's Service Plan (Private) - Addendum to Contract with effective date of April 29, 2025, was not signed and indicated an estimated monthly total of $8,673.00. The service plan indicated R3 received 25 billable services/packages. On May 1, 2025, at 2:00 p.m., clinical nurse supervisor (CNS)-B stated R1 and R3's service plans do not match, have different pricing, and were not signed by the residents within 14 days of the changes. CNS-B stated this could be due to a price increase that resident's have annually. The licensee's 6.08 Service Plan policy dated August 1, 2021, indicated within 14 days after the date that services are first provided to a resident, the licensee will finalize a written service plan. The Service plan and any revision shall include a signature or other authentication by licensee and by the resident, or resident's representative, documenting agreement on the services to be provided.	01640		

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01640	Continued From page 46 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01790 SS=E	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 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;	01790		

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01790	Continued From page 47 (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; (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) completed training and competencies for the unlicensed personnel (ULP) providing medications for residents with unplanned time away from home when the licensed nurse was not available for two of three unlicensed personnel (ULP-C and ULP-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01790		

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01790	Continued From page 48 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings included: ULP-C started employment with the licensee to provide assisted living services on September 28, 2023. ULP-D started employment with the licensee to provide assisted living services on December 9, 2021. ULP-C and ULP-D's employee record lacked documentation of competencies for providing medications to residents with medication management who have unplanned time away from home. On May 1, 2025, at 2:50 p.m., CNS-B stated she thought she was using the correct forms for education and the rest is supposed to be assigned on the electronic education system, she thought the employees were getting the correct training. CNS-B stated the ULP's go on the floor with other ULP's to shadow them and learn the cares and then she checks them off, if the competency is not in the record, it must have been missed. The licensee's 7.10 Medication Management - Planned and Unplanned Time Away policy dated August 1, 2021, indicated for unplanned resident time away when a pharmacist or licensed nurse is	01790		

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01790	Continued From page 49 not available, the registered nurse may delegate this task to unlicensed personnel if: - the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications and failed to monitor for expired medications for two of two medication storage carts. 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	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33169	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

(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
01890	Continued From page 50 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: THIRD FLOOR MEDICATION CART On April 30, 2025, at 8:30 a.m., the surveyor and unlicensed personnel (ULP)-C observed the medication cart. ULP-C confirmed the following: -opened Lantus insulin pen 100 units/milliliters (ml) (treats high blood glucose) for R5, which lacked open and expiration dates; -opened latanoprost ophthalmic eye drops 125 micrograms (mcg)/2.5 ml (treats glaucoma) for R6, which lacked open and expiration dates; -acetaminophen 500 milligram (mg) tablets (treats fever and pain) for R5 expired October 2024; -sennosides 8.6 mg tablets (treats constipation) for R7 expired on February 2025. On April 30, 2025, at 8:30 a.m., ULP-C stated she is not aware of a process in place to check the medication carts for expired medications or missing open dates. SECOND FLOOR MEDICATION CART On April 30, 2025, at 10:00 a.m., the surveyor and ULP-D observed the medication cart. ULP-D confirmed the following: - opened fluticasone propionate salmeterol diskus 100 mcg/50 mcg (treats lung diseases) for R3, which lacked original pharmacy label and open and expiration dates; - opened and unlabeled fluticasone propionate salmeterol diskus 100 mcg/50 mcg ; - opened and unlabeled loperamide 2mg tablets (for loose stools). On April 30, 2025, at 10:00 a.m., ULP-D stated	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33169	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

(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
01890	Continued From page 51 she does not know who the inhaler or the loperamide tablets belong to and she thinks the nurse checks the medication carts when the cycle medications come from pharmacy. ULP-D stated also the staff administering medications are supposed to verify the expiration date before administering medications. On April 30, 2025, at 11:30 a.m., clinical nurse supervisor (CNS)-B stated she checks for expired medications when the cycle medications come in form pharmacy and the expired medications found in the medication cart must have been missed. CNS-B stated insulin pens and inhalers are supposed to be labeled with an open date, but she does not have staff put open dates on eye drops because she normally orders new ones every 28 days or so and then disposes of the old ones. CNS-B stated the medications without labels found in the medication cart must have been brought from home by a resident or fell out of an opened box that would have been labeled and both were probably missed by the staff. The manufacturer instructions for Lantus insulin pen dated August 2022, indicated after 28 days, throw your opened pen away - even if it still has insulin in it. The manufacturer instructions for latanoprost ophthalmic eye drops dated August 2023, indicated once bottle is opened, the bottle can be kept at room temperature for six (6) weeks. The manufacturer instructions for fluticasone propionate salmeterol disk inhaler dated April 2025, indicated safely throw away disk inhaler in the trash one (1) month after you open the foil package or when the counter reads zero (0), whichever comes first.	01890		

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	33169	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

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01890	Continued From page 52 The licensee's 7.11 Medication Storage policy dated August 1, 2021, indicated medications will be stored consistent with manufacturer's recommendations. The licensee's 7.23 Medication Disposal policy dated August 1, 2021, indicated expired medications managed by the licensee will disposed of according to the accepted practices of the Minnesota board of Pharmacy and the labels from the containers will be destroyed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33169	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

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01950	Continued From page 53 in the resident's record; and 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 blood glucose monitoring for one of three employees unlicensed personnel (ULP)-C) who provided direct care to 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: R3 was admitted to the licensee on February 5, 2024, with diagnoses that included end stage renal (liver) disease, diabetes type 2, and bilateral above the knee amputations. R1's Service Plan dated February 28, 2024, indicated R1 received services to include catheter care, dressing and grooming, medication administration, blood glucose monitoring, transfer assist, laundry, and housekeeping. R1's Services Delivered dated April 1, 2025, through April 30, 2025, indicated ULP-C provided blood glucose service to R1 on April 5, 19, and 20, 2025. On May 1, 2025, at 2:00 p.m., ULP-C stated she was trained by ULP-F and other ULP's and	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33169	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

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01950	Continued From page 54 completed her competencies with ULP-F and has not completed any competency evaluations with clinical nurse supervisor (CNS)-B. On May 1, 2024, at 2:20 p.m., ULP-F stated she does most of the training with the ULP's including medication administration and treatments but does not sign off on the competencies CNS-B does them. CNS-B does not do any of the on the floor training with new employees, they normally work with her for 4-8 days and then she lets CNS-B know when they are ready for their competency check off. On May 1, 2025, at 3:00 p.m., CNS-B stated the ULP's go on the floor with other ULP's to shadow them and learn the cares and then she checks them off, if the competency is not in the record, it must have been missed. The licensee's 7.15 Medications and Treatment-Administration and Delegation policy dated August 1, 2021, indicated when administration of medications or treatment/therapy is delegated or assigned to unlicensed personnel, the licensee will ensure that the registered nurse has: - instructed the unlicensed personnel (ULP) in the proper methods with respect to each resident to administer the medications or perform treatment/therapy, and the ULP has demonstrated the ability to competently follow the procedures. Written records, signed by a RN, shall be maintained regarding ULP training and competency testing of delegated medication administration and treatment/therapy. No further information was provided.	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33169	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HARBORS SENIOR LIVING FRID	5300 4TH STREET NE FRIDLEY, MN 55421

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01950	Continued From page 55 TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards related to secure oxygen tank storage for one of one resident (R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 29, 2025, at 12:20 p.m., the surveyor observed three portable oxygen tanks, one with an attached regulator (attachment that reduces the high pressure of oxygen from a tank to a safe, usable level) and two which were unopened sitting on the floor of R3's bedroom. The oxygen tanks were not secured in a noncombustible rack.	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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02310	Continued From page 56 On April 30, 2025, at 11:30 a.m., the surveyor and clinical nurse supervisor (CNS)-B went to R3's bedroom and observed the unsecured oxygen tanks. CNS-B confirmed the tanks were unsecured and stated she was unaware R3 had portable oxygen tanks, all oxygen tanks should be stored in a rack, the tanks must have been delivered by the oxygen company without a rack. The licensee's 7.40 Oxygen policy dated August 1, 2021, indicated oxygen cylinders and vessels must remain upright at all times. Never tip an oxygen cylinder or vessel on its side or try to roll it to a new location. The Minnesota Department of Health (MDH) Oxygen Cylinder Storage Requirements dated April 16, 2020, based on the National Fire Protection Association, Standard 99 (NFPA 99), noted a common hazard in a health care facility is storing and handling compressed oxygen in cylinders. When storing oxygen cylinders, they must be secured in racks or by chains to prevent them from falling over. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

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

The Harbors Senior Living of F
5300 4th Street NE
Fridley, MN 55421
Anoka County
Parcel:

Phone:

License Info

License: HFID 33169

Risk:
License:
Expires on:
CFPM: TABITHA COWDEN
CFPM #: 57036; Exp: 05/02/2027

Inspection Info

Report Number: F7963251001
Inspection Type: Full - Single
Date: 4/29/2025 Time: 1:23:26 PM
Duration: minutes
Announced Inspection: Yes
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 TABITHA COWDEN. DISCUSSED THE FOLLOWING-

-EMPLOYEE ILLNESS POLICY AND LOG
-REPORTABLE DISEASES
-VOMIT/FECAL CLEAN UP
-USE OF PASTEURIZED EGGS
-SANITIZER TESTING
-SUSCEPTIBLE POPULATION RESTRICTIONS THIS ESTABLISHMENT IS A COMMERCIAL KITCHEN SPACE.

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 F7963251001 from 4/29/2025

TABITHA COWDEN
PIC

Peggy Spadafore,
Public Health Sanitarian Supervisor
651-201-3979
peggy.spadafore@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

The Harbors Senior Living of F
Fridley
County/Group: Anoka County

Inspection Info

Report Number: F7963251001
Inspection Type: Full
Date: 4/29/2025
Time: 1:23:26 PM

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

Food Temperature: Product/Item/Unit: POT ROAST- CKD**; Temperature Process:**
Location: Upright Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CUT TOMATOES**; Temperature Process:**
Location: PREP AREA- LOWER NORLAKE at 34 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

The Harbors Senior Living of F
Fridley
County/Group: Anoka County

Inspection Info

Report Number: F7963251001
Inspection Type: Full
Date: 4/29/2025
Time: 1:23:26 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:**
Location: DISHWASHER RINSE **Equal To** 168 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Auto-Mix Dispenser
Location: Equal To 400 PPM
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F7963251001

Food Establishment Inspection Report

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

No. of Risk Factor/Intervention/Violations	0	Date: 4/29/2025
No. of Repeat Risk Factor/Intervention/Violations		Time: 1:23:26 PM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
The Harbors Senior Living of F	5300 4th Street NE	Fridley, MN	55421	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 33169		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	IN	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN	Hands clean and properly washed		
9	IN	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	N/A	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	IN	Food separated and protected		
16	IN	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	IN	Proper cooking time & temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	N/O	Proper cooling time and temperature		
21	N/O	Proper hot holding temperatures		
22	IN	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	N/A	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	N/A	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN	Plant food properly cooked for hot holding		
35	IN	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43		In-use utensils; Properly stored		
44		Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature) Peggy Spurley

Follow-up: Follow-up Date: