



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 29, 2025

Licensee

Minnesota Senior Living DBA The Rivers  
11111 River Hills Drive  
Burnsville, MN 55337

RE: Project Number(s) SL21779016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

#### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in



§ 144G.20;

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

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

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00**

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

#### **REQUESTING A HEARING**

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



To submit a hearing request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto: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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a stylized flourish at the end.

Jodi Johnson, Supervisor

State Evaluation Team

Email: [Jodi.Johnson@state.mn.us](mailto:Jodi.Johnson@state.mn.us)

Telephone: 507-344-2730 Fax: 1-866-890-9290

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>21779</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA THE RIVERS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                        |
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| 0 000                                                                             | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL21779016-0</p> <p>On August 11, 2025, through August 13, 2025,<br/>the Minnesota Department of Health conducted a<br/>full survey at the above provider and the<br/>following correction orders are issued. At the time<br/>of the survey, there were 180 residents; 66<br/>receiving services under the Assisted Living<br/>Facility with Dementia Care license.</p> | 0 000                                                                                            | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the<br/>far-left column entitled "ID Prefix Tag."<br/>The state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators ' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING<br/>OF THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                        |
| 0 420<br>SS=F                                                                     | <b>144G.40</b> Subdivision 1 Responsibility for housing<br>and services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 420                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                        |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 0 420                                                                     | <p>Continued From page 1</p> <p>The facility is directly responsible to the resident for all housing and service-related matters provided, irrespective of a management contract. Housing and service-related matters include but are not limited to the handling of complaints, the provision of notices, and the initiation of any adverse action against the resident involving housing or services provided by the facility.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to provide sufficient management, control, and operation of the housing and services provided by the facility. This had the potential to affect all residents.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee had an assisted living with dementia care license, effective July 1, 2025.</p> <p>The licensee's "Application for Assisted Living License", section titled "Official Verification of Owner or Authorized Agent", (page four and five of the application), identified an affirmative checkmark next to the statement, "I declare that, as the owner or authorized agent, I attest that I</p> | 0 420                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 420                                                              | Continued From page 2<br><br>have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659, governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract."<br><br>Another checkmark was noted at the statement, "I have examined this application and all attachments, and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required."<br><br>Page six was electronically signed by the authorized agent on May 13, 2025.<br><br>As a result of this survey, the following orders were issued under 0480, 0630, 0700, 0730, 0775, 0810, 1060, 1620, 1640, 1650, 1700, 1730, 1750, 1760, 1770, 1790, 1820, 1830, 1880, 1890, 1910, 1940, 1970 and 2110, which indicated the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.01 to 144G.95.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 420                                                                                    |                                                                                                                          |  |                                              |
| 0 480<br>SS=F                                                      | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 480                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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



Minnesota Department of Health

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| 0 480                                                                     | <p>Continued From page 4</p> <p>allowed provided the facility keeps them clean and in good condition;<br/>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br/>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 12, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> | 0 480                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 480                                                              | Continued From page 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 480                                                                                    |                                                                                                                          |  |                                              |
| 0 630<br>SS=F                                                      | <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p> <p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for four of four residents (R1, R2, R3, and R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> | 0 630                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                     |
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| 0 630                                                                     | <p>Continued From page 6</p> <p><b>R1</b><br/>R1 was admitted on October 6, 2023, with diagnoses that included diabetes.</p> <p>On August 11, 2025, at 10:56 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood sugar.</p> <p>R1's Service Plan Report dated March 4, 2025, indicated R1 received services to include bathing, dressing, suprapubic catheter (type of urinary catheter that is inserted through a small incision in the lower abdomen, just above the pubic bone, and into the bladder) care, safety checks, escorts, behavior monitoring, fall interventions and medication administration.</p> <p>R1's Vulnerability Assessment dated April 29, 2025, did not include the following required items:<br/>-the resident's susceptibility to abuse by another individual, including other vulnerable adults<br/>-statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</p> <p><b>R2</b><br/>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed ULP-F administer medications to R2.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include dressing, escorts, fall interventions, mobility, transfers, grooming, toileting, behavior</p> | 0 630                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 630                                                                     | <p>Continued From page 7</p> <p>monitoring, safety checks, daily blood pressure checks, daily weights, blood sugar checks and medication administration.</p> <p>R2's Vulnerability Assessment dated April 29, 2025, did not include the following required items:<br/>-the resident's susceptibility to abuse by another individual, including other vulnerable adults<br/>-statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</p> <p>R3<br/>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed ULP-G administer medications to R3.</p> <p>R3's Service Plan Report dated May 14, 2025, indicated R3 received services to include bathing, grooming, dressing, toileting, escorts, transfers, mobility, fall interventions, behavior monitoring, medication administration.</p> <p>R3's Vulnerability Assessment dated May 14, 2025, indicated R3 was verbally aggressive towards others and did not pose a threat to other vulnerable adults. The licensee failed to recognize that R3 was at risk to abuse other vulnerable adults due to her verbal aggression.</p> <p>R3's Vulnerability Assessment failed to include the following required items:<br/>-the resident's susceptibility to abuse by another individual, including other vulnerable adults<br/>-statements of the specific measures to be taken to minimize the risk of abuse to that person and</p> | 0 630                                                                                            |                                                                                                                          |  |                                                     |



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| 0 630                                                              | <p>Continued From page 8</p> <p>other vulnerable adults.</p> <p>R4<br/>R4 was admitted on February 27, 2025, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:05 a.m., the surveyor observed ULP-G administer medications to R4.</p> <p>R4's Service Plan Report dated March 17, 2025, indicated R4 received services to include bathing, fall interventions, safety checks, behavior monitoring, and medication administration.</p> <p>R4's Vulnerability Assessment dated April 29, 2025, indicated R4 was verbally aggressive towards others and did not pose a threat to other vulnerable adults. The licensee failed to recognize that R4 was at risk to abuse other vulnerable adults due to her verbal aggression.</p> <p>R4's Vulnerability Assessment failed to include the following required items:<br/>-the resident's susceptibility to abuse by another individual, including other vulnerable adults<br/>-statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</p> <p>On August 13, 2025, at 12:30 p.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B reviewed R1, R2, R3 and R4's vulnerability assessment and stated it did not include the resident's susceptibility to abuse by another individual, including other vulnerable adults. LALD-A and CNS-B stated the licensee had recently updated the vulnerability assessment which included the option to assess</p> | 0 630                                                                                    |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 0 630                                                              | Continued From page 9<br><br>the resident's susceptibility to abuse by others. However, the updated vulnerable assessment had not been completed for the residents yet. CNS-B confirmed R3 and R4 were verbally aggressive at times and would update their assessment to indicate that they are at risk to abuse other vulnerable adults.<br><br>The licensee's Individual Abuse Prevention Plan (Vulnerability Assessment) policy dated August 1, 2025, indicated the licensee would implement and IAPP for each resident as required under Minnesota Law. The IAPP shall identify specific resident vulnerabilities and outline individualized protective interventions to prevent abuse, neglect, and exploitation.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 630                                                                                    |                                                                                                                          |  |                                              |
| 0 700<br>SS=D                                                      | 144G.43 Subdivision 1 Resident record<br><br>(b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure one of four residents (R3) personal health and medical                                                                                                                                                                   | 0 700                                                                                    |                                                                                                                          |  |                                              |



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| 0 700                                                                     | <p>Continued From page 10</p> <p>information was kept private.</p> <p>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).</p> <p>The findings include:</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed unlicensed personnel (ULP)-G prepare to administer medications to R3. ULP-G logged into the I-Pad and pulled up R3's record, prepared the medications and went to the dining room to check R3's blood pressure and pulse. ULP-G left R3's record open on the I-Pad screen which was visible to other residents. ULP-G returned to the medication cart, documented R3's blood pressure and pulse on the I-Pad and then brought R3's medications to the dining room to administer. ULP-G left R3's record open on the I-Pad screen which was visible to other residents.</p> <p>On August 12, 2025, at 8:30 a.m., ULP-G stated they were supposed to log off or hide the I-Pad screen when not using the I-Pad to protect resident information.</p> <p>On August 13, 2025, at 12:40 p.m., clinical nurse supervisor (CNS)-B stated all staff were trained to keep resident records confidential and private from any unauthorized individuals.</p> <p>The licensee's Record Keeping Requirements</p> | 0 700                                                                                            |                                                                                                                          |  |                                                        |



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| 0 700                                                                     | Continued From page 11<br><br>policy dated August 1, 2025, indicated records would be kept in a secure, confidential location with controlled access. Access would be provided to authorized personnel, residents, or legal representatives as required by law.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 700                                                                  |                                                                                                                          |  |                                                     |
| 0 730<br>SS=F                                                             | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(9) documentation of significant changes in the resident's status and actions taken in response to | 0 730                                                                  |                                                                                                                          |  |                                                     |



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| 0 730                                                                     | <p>Continued From page 12</p> <p>the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to include the required content in a discharge summary for one of one discharged resident (R6).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> | 0 730                                                                                            |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                        |
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| 0 730                                                                     | <p>Continued From page 13</p> <p>The findings include:</p> <p>R6 was admitted to the licensee on December 2, 2024, and discharged to a transitional care unit on June 10, 2025.</p> <p>R6's record included a Discharge Form dated July 3, 2025; however, it did not include the following required content:</p> <ul style="list-style-type: none"><li>-a summary of the resident's stay that includes diagnoses, course of illnesses, allergies, treatments and therapies and pertinent lab, radiology, and consultation results;</li><li>-a final summary of the resident's status from the latest assessment or review under Minnesota Statutes, section 144G.70, if applicable, that includes the resident status, including baseline and current mental, behavioral, and functional status;</li><li>-a reconciliation of all predischarge medications with the resident's post discharge prescribed and over-the-counter medications; and</li><li>-a post discharge plan that is developed with the resident and, with the resident's consent, the resident's representatives, which will help the resident adjust to a new living environment. The post discharge plan must indicate where the resident plans to reside, any arrangements that have been made for the resident's follow-up care, and any post discharge medical and nonmedical services the resident will need.</li></ul> <p>On August 13, 2025, at 12:40 p.m., clinical nurse supervisor (CNS)-B stated R6's discharge form did not include the required content as listed above. CNS-B and licensed assisted living director (LALD)-A stated they were not aware the discharge form the licensee used for all discharges did not include all the required</p> | 0 730                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 730                                                              | <p>Continued From page 14</p> <p>content.</p> <p>The licensee's Discharge Summary policy dated August 1, 2025, indicated the licensee would provide a written discharge summary to the resident, the resident's legal representative, and/or the designated health care decision-maker in accordance with MN Statute 155G. The discharge summary would include:</p> <p>1. Resident Identifiers: Name, date of birth, medical record number (if applicable).</p> <p>2. Reason for Discharge: Brief statement describing the primary reason.</p> <p>3. Summary of Services Provided: Overview of assisted living services received, including ADL support, medication management, and specialized care.</p> <p>4. Current Health Status: Summary of diagnoses, recent vital signs, current functional status, and any significant changes.</p> <p>5. Medication List: All current medications (prescription and over the counter), dosage, route, frequency, last administration time/date, allergies/adverse reactions.</p> <p>6. Treatment Summary: Current treatments, therapies, and any outstanding physician orders.</p> <p>7. Advance Directives: Code status and any documented health care directives.</p> <p>8. Follow-Up Recommendations: Required follow-up care, upcoming appointments, therapy needs, and monitoring instructions.</p> <p>9. Provider Contact Information: Primary care provider and other key specialist.</p> <p>10. Facility Contact: Name and contact information of staff who prepared the summary.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p> | 0 730                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 730                                                                     | Continued From page 15<br><br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 730                                                                  |                                                                                                                          |  |                                                     |
| 0 775<br>SS=F                                                             | <p><b>144G.45 Subd. 2. (a) Fire protection and physical environment</b></p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During facility tour on August 13, 2025, from 9:10 a.m. through 11:17 a.m., with licensed assisted living director (LALD)-A, lead plant operations (LPO)-K, and intern (I)-L, the surveyor observed fire rated doors in the following locations that did not self-close, and latch as designed:</p> <p>Double 90-minute fire rated doors by resident room 269 did not fully close. The doors need adjustment.</p> | 0 775                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 775                                                                     | <p>Continued From page 16</p> <p>First and second flood trash chute did not latch.</p> <p>Double three-hour fire rated doors into the basement trash room were damaged and had the door closers removed.</p> <p>Double three-hour fire rated doors in the basement elevator lobby and basement hall leading from garage into elevator area were held open with toe kick devices.</p> <p>State Fire Code in MN Rules, chapter 7511 requires fire rated doors to be maintained to self-close and latch as designed.</p> <p>During same tour the surveyor observed the dryer vent was disconnected in the memory care laundry room. Dryer vents must be connected and kept clean to not create a fire hazard. LPO-K stated they would reconnect the vent.</p> <p>During same tour the surveyor observed exit signs that led into a fenced yard. The surveyor tried to exit through the door, but it was locked. LALD-A stated that the door had a delayed egress lock and would unlock if you push on it for 15 seconds. LALD-A pushed the door, and it released in 15 seconds. The door did not have sign on it that described the function of the door.</p> <p>The surveyor exited the building through the delayed egress door and observed two gates in the fence that were zip-tied shut. Emergency exits must provide unobstructed access to the public way. LALD-A and LPO-K discussed the options for the gates.</p> <p>LALD-A and LPO-K verified the above findings while accompanying on the tour and stated they</p> | 0 775                                                                                            |                                                                                                                          |  |                                                        |



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| 0 775                                                                     | Continued From page 17<br><br>understood the requirements.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 775                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                             | 144G.45 Subd. 2 (b-f) Fire protection and<br>physical environment<br><br>(b) Each assisted living facility shall develop and<br>maintain fire safety and evacuation plans. The<br>plans shall include but are not limited to:<br>(1) location and number of resident sleeping<br>rooms;<br>(2) staff actions to be taken in the event of a fire<br>or similar emergency;<br>(3) fire protection procedures necessary for<br>residents; and<br>(4) procedures for resident movement,<br>evacuation, or relocation during a fire or similar<br>emergency including the identification of unique<br>or unusual resident needs for movement or<br>evacuation.<br>(c) Staff of assisted living facilities shall receive<br>training on the fire safety and evacuation plans<br>upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be<br>readily available at all times within the facility.<br>(e) Residents who are capable of assisting in<br>their own evacuation shall be trained on the<br>proper actions to take in the event of a fire to<br>include movement, evacuation, or relocation. The<br>training shall be made available to residents at<br>least once per year.<br>(f) Evacuation drills are required for staff twice<br>per year per shift with at least one evacuation<br>drill every other month. Evacuation of the<br>residents is not required. Fire alarm system<br>activation is not required to initiate the evacuation<br>drill. | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                                     | <p>Continued From page 18</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content, failed to provide the required training, and failed to conduct evacuation drills. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On August 13, 2025, at 11:20 a.m., 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.</p> <p><b>FIRE SAFETY AND EVACUATION PLAN</b></p> <p>The licensees FSEP titled, Fire Safety, undated, failed to include the following:</p> <p>The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and</p> | 0 810                                                                                            |                                                                                                                          |  |                                                     |



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| 0 810                                                              | Continued From page 19<br><br>evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. LALD-A stated that the resident assessments were kept electronically. The FSEP failed to include any instructions for how staff are to access the assessments.<br><br>TRAINING<br><br>Record review indicated the licensee failed to provide evacuation training based on the fire safety and evacuation plan to employees, at hire and twice per year as evident by not providing documentation of training offered or training scheduled for a future date. LALD-A stated they provide training using a third-party computer-based training and during drills. There was no training provided to employees that was specific to the facility's FSEP and procedures.<br><br>DRILLS<br><br>The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. LALD-A stated they conduct drills every quarter throughout the year. LALD-A provided fire drill logs, but the logs failed to show that drills were conducted every other month.<br><br>During an interview on August 13, 2025, at 11:56 a.m., LALD-A stated they understood the areas of the plan that needed to be updated.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 810                                                                                    |                                                                                                                          |  |                                              |
| 01060<br>SS=D                                                      | 144G.52 Subd. 9 Emergency relocation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01060                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                     |
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| 01060                                                                     | <p>Continued From page 20</p> <p>(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.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(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</p> <p>(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.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(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.</p> <p>(d) Following an emergency relocation, a facility's</p> | 01060                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01060                                                                     | <p>Continued From page 21</p> <p>refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to provide a written notice with the 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 (R4).</p> <p>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).</p> <p>The findings include:</p> <p>R4 was admitted on February 27, 2025, with diagnoses that included dementia.</p> <p>R4's progress notes dated July 23, 2025, indicated R4 was sent to the emergency room via emergency medical services (EMS) after R4 was found lying on the floor and complaining of head and rib pain. R4 was admitted to the hospital with rib fractures.</p> <p>R4's progress notes dated July 26, 2025, indicated R4's daughter reported that R4 was discharged from the hospital to a transitional care unit (TCU).</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



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| 01060                                                                     | <p>Continued From page 22</p> <p>R4's progress notes dated August 1, 2025, indicated R4 returned to the licensee (9 days later).</p> <p>R4's record lacked a written notice that contains, at a minimum:</p> <ul style="list-style-type: none"><li>- the reason for the relocation;</li><li>- the name and contact information for the location to which the resident has been relocated and any new service provider;</li><li>- contact information for the Office of Ombudsman for Long-Term Care;</li><li>- 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;</li><li>- 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.</li></ul> <p>In addition, R4's record lacked notification to the Office of Ombudsman for Long-Term Care the resident had been relocated and had not returned to the facility within four days.</p> <p>On August 13, 2025, at 12:52 p.m., clinical nurse supervisor (CNS)-B stated R4's record lacked evidence of a written notice related to R4's emergency relocation had been completed and provided and further lacked notification to the Office of Ombudsman for Long-Term Care that R4 had been relocated and had not returned to the facility within four days. CNS-B stated she was aware of this requirement and it was an oversight.</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01060                                                                     | Continued From page 23<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01060                                                                  |                                                                                                                          |  |                                                     |
| 01620<br>SS=D                                                             | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.<br>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.<br>(c) Resident reassessment and monitoring must be conducted by a registered nurse:<br>(1) no more than 14 calendar days after initiation of services;<br>(2) as needed based on changes in the resident's needs; and<br>(3) at least every 90 calendar days.<br>(d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                     | <p>Continued From page 24</p> <p>of the resident's reassessment.</p> <p>(e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to complete fall assessments/follow up for one of one resident (R3).</p> <p>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).</p> <p>The findings include:</p> | 01620                                                                                            |                                                                                                                          |  |                                                     |



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| 01620                                                                     | <p>Continued From page 25</p> <p>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>R3's Service Plan Report dated May 14, 2025, indicated R3 received services to include bathing, grooming, dressing, toileting, escorts, transfers, mobility, fall interventions, behavior monitoring, medication administration. R3's service plan did not include daily blood pressure and pulse checks.</p> <p>R3's fall reports and record review indicated the following falls and findings:</p> <ul style="list-style-type: none"><li>-Un-witnessed fall report dated January 5, 2025, indicated R3 was found on the floor. R3 stated she slipped off the chair.</li><li>-Un-witnessed fall report dated January 5, 2025, indicated R3 was found on the floor.</li><li>-Un-witnessed fall report dated January 6, 2025, indicated R3 was found on the floor next to her couch. R3 stated she was trying to sit up and fell.</li><li>-Un-witnessed fall report dated January 7, 2025, indicated R3 was found on the floor. R3 stated she was looking for her phone and slipped and fell.</li><li>-Un-witnessed fall report dated January 8, 2025, indicated R3 was found sitting on the floor.</li><li>-Un-witnessed fall report dated January 14, 2025, indicated R3 was found on the living room floor. R3 stated she lost her balance and fell.</li><li>-Un-witnessed fall report dated January 16, 2025, indicated R3 was found sitting on the floor next to her recliner. R3 stated she fell while reaching for something on the floor.</li><li>-Un-witnessed fall report dated January 18, 2025, indicated R3 was found on the floor in her bedroom.</li><li>-Un-witnessed fall report dated January 23, 2025,</li></ul> | 01620                                                                                            |                                                                                                                          |  |                                                        |



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| 01620                                                                     | <p>Continued From page 26</p> <p>indicated R3 was found on the floor. R3 stated she fell off the couch.</p> <p>-Un-witnessed fall report dated January 27, 2025, indicated R3 was found sitting on the floor. R3 stated her left knee gave out.</p> <p>-Un-witnessed fall report dated February 8, 2025, indicated R3 was on the floor. R3 stated she slid off her walker.</p> <p>-Un-witnessed fall report dated February 10, 2025, indicated R3 was lying on the floor in her room. R3 stated she lowered herself to the floor when her legs got weak.</p> <p>-Un-witnessed fall report dated February 15, 2025, indicated R3 was found on the floor. R3 stated she lost her balance.</p> <p>-Un-witnessed fall report dated February 22, 2025, indicated R3 was found on the living room floor without pants on. R3 stated she was nauseous and dizzy.</p> <p>-Un-witnessed fall report dated February 22, 2025, indicated R3 was found on the floor.</p> <p>-Un-witnessed fall report dated February 25, 2025, indicated R3 was found sitting on the floor. R3 stated she slipped out of her recliner.</p> <p>-Un-witnessed fall report dated March 1, 2025, indicated R3 was found on the floor in her living room. R3 stated she fell.</p> <p>-Un-witnessed fall report dated March 4, 2025, indicated R3 was found on the floor in her bedroom. R3 stated she was trying to sit on her walker and missed.</p> <p>-Un-witnessed fall report dated March 6, 2025, indicated R3 was found sitting on the floor with urine on the floor.</p> <p>-Un-witnessed fall report dated March 8, 2025, indicated R3 was found sitting on the floor. R3 stated she slipped off her recliner.</p> <p>-Un-witnessed fall report dated March 9, 2025, indicated R3 was found lying on the living room</p> | 01620                                                                                            |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                     |
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| 01620                                                                     | <p>Continued From page 27</p> <p>floor covered in urine.</p> <p>-Un-witnessed fall report dated March 9, 2025, indicated R3 spilled coffee and slipped on it while trying to clean it up.</p> <p>-Un-witnessed fall report dated March 13, 2025, indicated R3 was found sitting on the floor next to her sofa.</p> <p>-Un-witnessed fall report dated March 17, 2025, indicated R3 was found sitting on the floor near her recliner. R3 stated she slipped from her recliner.</p> <p>-Un-witnessed fall report dated March 18, 2025, indicated R3 was found lying on the living room floor. R3 stated the whole room was spinning.</p> <p>-Un-witnessed fall report dated March 19, 2025, indicated R3 was found sitting on the floor folding clothes. R3 stated she was trying to pick up her shoes and fell.</p> <p>-Un-witnessed fall report dated March 21, 2025, indicated R3 was found sitting on the floor. R3 stated she was picking up dirt.</p> <p>-Un-witnessed fall report dated March 22, 2025, indicated R3 was found sitting on her living room floor.</p> <p>-Un-witnessed fall report dated March 29, 2025, indicated R3 was found on the floor. R3 stated she fell of the couch.</p> <p>-Un-witnessed fall report dated March 31, 2025, indicated R3 was found sitting on her bedroom floor. R3 stated she was trying to pull up her pants and fell.</p> <p>-Un-witnessed fall report dated April 2, 2025, indicated R3 was found sitting on her bedroom floor. R3 stated she was putting on her dress and lost her balance.</p> <p>-Un-witnessed fall report dated April 3, 2025, indicated R3 was found lying underneath her walker on the kitchen floor.</p> <p>-Un-witnessed fall report dated April 5, 2025,</p> | 01620                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>21779</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/13/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01620                                                                     | <p>Continued From page 28</p> <p>indicated R3 was found on the floor in her bathroom.</p> <p>-Un-witnessed fall report dated April 15, 2025, indicated R3 was found sitting on the floor in front of her fridge. R3 stated she was trying to adjust one of the racks and fell.</p> <p>-Un-witnessed fall report dated April 15, 2025, indicated R3 was found lying on her back in her room.</p> <p>-Un-witnessed fall report dated April 27, 2025, indicated R3 was found on the floor. R3 stated she had vertigo.</p> <p>-Un-witnessed fall report dated April 28, 2025, indicated R3 was found sitting on the floor in front of the wheelchair in her bedroom. R3 stated she was trying to go back to bed.</p> <p>-Un-witnessed fall report dated April 29, 2025, indicated R3 was found on the floor in her bedroom.</p> <p>-Un-witnessed fall report dated April 30, 2025, indicated R3 was found on the floor near her door. R3 stated she was trying to get something out of her fridge and fell.</p> <p>-Un-witnessed fall report dated April 30, 2025, indicated R3 was found lying on the floor. R3 stated she was trying to get into her wheelchair and missed and fell.</p> <p>-Un-witnessed fall report dated May 3, 2025, indicated R3 was found sitting on the floor of her bedroom. R3 stated she lowered herself to the ground.</p> <p>-Un-witnessed fall report dated May 4, 2025, indicated R3 was found sitting on her bedroom floor. R3 stated she meant to sit on the floor.</p> <p>-Un-witnessed fall report dated May 8, 2025, indicated R3 was found lying on her back on her bedroom floor. R3 stated she slid out of her chair.</p> <p>-Un-witnessed fall report dated May 11, 2025, indicated R3 was found sitting on the floor of her</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01620                                                                     | <p>Continued From page 29</p> <p>bedroom near her wheelchair. R3 stated she fell out of her wheelchair.</p> <p>-Un-witnessed fall report dated May 12, 2025, indicated R3 was found sitting on her bedroom floor sorting through personal items and clothes.</p> <p>-Un-witnessed fall report dated May 14, 2025, indicated R3 was found lying on the floor in her bedroom. R3 stated she lowered herself on the floor because she wanted to put some things in order.</p> <p>-Un-witnessed fall report dated May 16, 2025, indicated R3 was sitting on the floor in the dining room.</p> <p>-Un-witnessed fall report dated May 25, 2025, indicated R3 was found lying on her bedroom floor.</p> <p>-Un-witnessed fall report dated Jun 2, 2025, indicated R3 was found sitting on her bedroom floor. R3 stated she was trying to get out of bed.</p> <p>-Un-witnessed fall report dated June 15, 2025, indicated R3 was found on the floor of her bathroom, near her wheelchair. R3 stated she sat too close to the edge and slid onto the floor.</p> <p>-Un-witnessed fall report dated June 17, 2025, indicated R3 was found on the floor near her bathroom. R3 stated she was going to the bathroom. R3 received a skin tear on her right forearm.</p> <p>-Un-witnessed fall report dated July 4, 2025, indicated R3 was found on the floor on her back in front of her wheelchair. R3 stated "I slid off".</p> <p>-Un-witnessed fall report dated July 20, 2025, indicated R3 was found sitting on her bedroom floor. R3 said she fell while trying to get out of bed.</p> <p>-Un-witnessed fall report dated July 23, 2025, indicated R3 was found lying on the floor, and slipped off her wheelchair.</p> <p>-Un-witnessed fall report dated July 29, 2025,</p> | 01620                                                                                            |                                                                                                                          |  |                                                     |



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| 01620                                                                     | <p>Continued From page 30</p> <p>indicated resident was found lying on the floor on her right side.<br/>-Un-witnessed fall report dated August 4, 2025, indicated R3 was found lying on her bedroom floor.</p> <p>The licensee's RN failed to complete a root cause analysis of R3's falls and implement interventions to minimize future falls.</p> <p>On August 13, 2025, at 1:36 p.m., clinical nurse supervisor (CNS)-B stated after each fall, she would assess the resident and implement interventions to prevent future falls. However, CNS-B stated R3's record lacked documentation of root cause analysis, and the interventions implemented to prevent future falls.</p> <p>The licensee's Falls-Investigation and Protocol policy dated August 1, 2025, indicated all falls would be responded to immediately, investigated within 24 hours, and corrective actions implemented to reduce the risk of recurrence.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> | 01620                                                                  |                                                                                                                          |  |                                                     |
| 01640<br>SS=E                                                             | <p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(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.</p> <p>(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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01640                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01640                                                                     | <p>Continued From page 31</p> <p>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.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(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.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for three of four residents (R1, R3, and R4).</p> <p>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).</p> <p>The findings include:</p> <p>R1</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



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| 01640                                                                     | <p>Continued From page 32</p> <p>R1 was admitted on October 6, 2023, with diagnoses that included diabetes.</p> <p>On August 11, 2025, at 10:56 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood sugar.</p> <p>R1's Service Plan Report dated March 4, 2025, indicated R1 received services to include bathing, dressing, suprapubic catheter (type of urinary catheter that is inserted through a small incision in the lower abdomen, just above the pubic bone, and into the bladder) care, safety checks, escorts, behavior monitoring, fall interventions and medication administration. R1's service plan did not include blood sugar checks.</p> <p>R1's signed prescriber orders dated July 12, 2025, included:<br/>-change BS (blood sugar) checks to after meals rather than with meals</p> <p>On August 13, 2025, at 1:00 p.m., clinical nurse supervisor (CNS)-B reviewed R1's service plan and stated it did not include blood sugar checks.</p> <p>R3<br/>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed ULP-G administer medications to R3.</p> <p>R3's Service Plan Report dated May 14, 2025, indicated R3 received services to include bathing, grooming, dressing, toileting, escorts, transfers, mobility, fall interventions, behavior monitoring, medication administration. R3's service plan did not include daily blood pressure</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



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| 01640                                                                     | <p>Continued From page 33</p> <p>and pulse checks.</p> <p>R3's medication administration record (MAR) dated August 2025, included:<br/>-midodrine 2.5 milligrams (mg); take one tablet by mouth for hypotension (low blood pressure), HOLD for SBP greater than 150, check blood pressure and pulse at 8:00 a.m. and 4:00 p.m.</p> <p>R3's record lacked prescriber orders for daily blood pressure and pulse checks.</p> <p>On August 13, 2025, at 1:04 p.m., CNS-B reviewed R3's service plan and stated it did not include daily blood pressure and pulse checks.</p> <p>R4<br/>R4 was admitted on February 27, 2025, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:05 a.m., the surveyor observed ULP-G administer medications to R4.</p> <p>R4's Service Plan Report dated March 17, 2025, indicated R4 received services to include bathing, fall interventions, safety checks, behavior monitoring, and medication administration.</p> <p>R4's Care Record dated August 2025, included the following services:<br/>-escorts to meals-cue to change clothes if food on them<br/>-dressing assistance-hands on morning/evening<br/>-grooming assist morning/evening for brushing teeth, shaving, combing hair<br/>-mobility-stand-by assist due to rib pain</p> <p>R4's service plan did not include escorts to</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01640                                                                     | <p>Continued From page 34</p> <p>meals, dressing assistance, grooming assistance and mobility assistance.</p> <p>On August 13, 2025, at 1:08 p.m., CNS-B reviewed R4's service plan and stated it did not include escorts, dressing, grooming and mobility assistance. CNS-B stated she must not have updated the service plan after adding new services for R4. CNS-B stated a new service plan should be signed with any change in services.</p> <p>The licensee's Service Plan policy dated August 1, 2025, indicated in compliance with 144G.70 and related statues, the facility will ensure that:</p> <ul style="list-style-type: none"><li>-a written, individualized service plan is developed for each resident within 14 calendar days of admission</li><li>-the service plan is based on a comprehensive nursing assessment and resident preferences</li><li>-plans will be reviewed at least quarterly or promptly when a significant change in condition occurs, including hospitalizations or new diagnoses</li><li>-the plan will be developed with resident and/or legal representative participation, include the scope and frequency of services provided, and specific who will provide them</li><li>-service plans will incorporate dementia care, fall prevention, medication management, and other specialized needs when applicable</li><li>-all service plans will be signed by the resident or representative and a staff member authorized by the licensee</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01650<br>SS=F                                                             | <p><b>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</b></p> <p>(f) The service plan must include:<br/>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br/>(2) the identification of staff or categories of staff who will provide the services;<br/>(3) the schedule and methods of monitoring assessments of the resident;<br/>(4) the schedule and methods of monitoring staff providing services; and<br/>(5) a contingency plan that includes:<br/>(i) the action to be taken if the scheduled service cannot be provided;<br/>(ii) information and a method to contact the facility;<br/>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the service plan included all required content for one of four residents (R2).</p> <p>This practice resulted in a level two violation (a</p> | 01650                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 01650                                                              | <p>Continued From page 36</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R2.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include dressing, escorts, fall interventions, mobility, transfers, grooming, toileting, behavior monitoring, safety checks, daily blood pressure checks, daily weights, blood sugar checks and medication administration.</p> <p>R2's Visual/Bedside Individual Service Plan Report lacked the following content:</p> <ul style="list-style-type: none"><li>- the fees for services, frequency of each service;</li><li>- identification of staff or categories of staff who will provide the services;</li><li>- the schedule and methods of monitoring assessments of the resident;</li><li>- the schedule and methods of monitoring staff providing services; and</li><li>- contingency plan that includes:<ul style="list-style-type: none"><li>- the action to be taken if the scheduled service cannot be provided;</li></ul></li></ul> | 01650                                                                                    |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01650                                                                     | <p>Continued From page 37</p> <ul style="list-style-type: none"><li>- information and method to contact the facility:</li><li>- the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency and</li><li>- the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters</li></ul> <p>On August 13, 2025, at 1:00 p.m., clinical nurse supervisor (CNS)-B stated when a resident was admitted to the licensee and received services, she completed the "Service Plan Report" which included the required service plan content. CNS-B stated the "Service Plan Report" was only completed at the time of admission/start of services or if a resident transferred from Assisted Living to Memory Care. CNS-B stated when a resident's services changed, she would complete the "Visual/Bedside Individual Service Plan Report" which was a different document (condensed version of the service plan report) and did not include the required content as noted above.</p> <p>The licensee's Service Plan policy dated August 1, 2025, indicated the service plan would include the following:</p> <ul style="list-style-type: none"><li>- incorporate resident's personal goals, preferences, and routines</li><li>- specify type, amount, frequency, and duration of services to be provided</li><li>- identify responsible personnel or contracted providers for each service</li></ul> | 01650                                                                  |                                                                                                                          |  |                                                     |



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| 01650                                                                     | Continued From page 38<br><br>- include interventions for identified risks (e.g., fall prevention strategies, pressure injury prevention, dietary modifications)<br>- address contingency plans for emergencies, unplanned absences, or changes in staffing<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01650                                                                  |                                                                                                                          |  |                                                     |
| 01700<br>SS=F                                                             | 144G.71 Subd. 2 Provision of medication management services<br><br>(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.<br>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, | 01700                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01700                                                                     | <p>Continued From page 39</p> <p>theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment which included the required content for four of four residents (R1, R2, R3 and R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on October 6, 2023, with diagnoses that included diabetes.</p> <p>R1's Service Plan Report dated March 4, 2025, indicated R1 received services to include medication administration.</p> <p>R1's medication administration record (MAR) dated August 2025, included the following medications:<br/>-Adult Ocuville; take one capsule by mouth every evening (vitamin supplement)<br/>-amlodipine 5 milligrams (mg); take one tablet by mouth daily (blood pressure)</p> | 01700                                                                                            |                                                                                                                          |  |                                                        |



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| 01700                                                                     | <p>Continued From page 40</p> <ul style="list-style-type: none"><li>-Coenzyme Q10 100 mg; take one capsule by mouth every evening (supplement)</li><li>-hydralazine 25 mg; take one tablet by mouth four times a day (blood pressure)</li><li>-Insulin Aspart 100 units/milliliter (ml); inject 6 units subcutaneously after meals for any blood sugars greater than 200 (diabetes)</li><li>-mucus relief 600 mg; take one tablet by mouth twice daily (cough/congestion)</li><li>-pantoprazole 40 mg; take one tablet by mouth twice daily (acid reflux)</li><li>-rosuvastatin 5 mg; take one tablet by mouth at bedtime (cholesterol)</li><li>-semglee 100 units/ml; inject 34 units subcutaneously daily (diabetes)</li><li>-Thera-Tabs; take one tablet by mouth daily (vitamin supplement)</li><li>-Cholecalciferol 2,000 units; take one tablet by mouth in the morning (supplement)</li><li>-ferrous sulfate 325 mg; take one tablet by mouth every other day (anemia)</li><li>-propranolol 60 mg; take one capsule by mouth once daily (blood pressure)</li><li>-Vitamin B complex; take one tablet by mouth daily (supplement)</li><li>-diclofenac sodium gel 1%; apply to hips and lower back topically three times a day (pain)</li><li>-Tylenol Extra Strength 500 mg; take two tablets by mouth three times daily (pain)</li><li>-Dulera Inhalation 100 micrograms (mcg); Inhale two puffs orally every 12 hours as needed (shortness of breath)</li></ul> <p>R1's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R1's record did not identify interventions</p> | 01700                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01700                                                                     | <p>Continued From page 41</p> <p>needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>R2<br/>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed ULP-F administer medications to R2.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include medication administration.</p> <p>R2's MAR dated August 2025, included the following medications:<br/>-Lantus 100 units/ml; inject 23 units subcutaneously at bedtime (diabetes)<br/>-omeprazole 20 mg; take one capsule every morning (acid reflux)<br/>-paroxetine 20 mg; take one tablet by mouth daily (dementia)<br/>-quetiapine 50 mg; take one tablet by mouth three times daily (agitation)<br/>-tamsulosin 0.4 mg; take two capsules by mouth at bedtime (urinary retention)<br/>-lorazepam 0.5 mg; take one tablet by mouth every six hours as needed (restlessness/agitation)<br/>-Morphine 5 mg; take one tablet sublingually every six hours as needed (pain or shortness of breath)<br/>-acetaminophen 500 mg; take two tablets by mouth every day as needed (pain)<br/>-glutose 15 Gel 40%; Take 15 grams (gm) by mouth as needed for low blood sugar and unable</p> | 01700                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 01700                                                              | <p>Continued From page 42</p> <p>to safely drink (diabetes)<br/>-Morphine 5 mg; give 5 mg sublingually every six hours as needed for pain or shortness of breath (duplicate order)<br/>-polyethylene glycol 17 grams; mix 17 g in 4-8 ounces of liquid every day as needed (constipation)<br/>-quetiapine 50 mg; take one tablet by mouth every one hour as needed (restlessness/agitation)</p> <p>R2's record lacked evidence the RN conducted a face-to-face review of all medications R2 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R2's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>R3<br/>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed ULP-G administer medications to R3.</p> <p>R3's Service Plan Report dated May 14, 2025, indicated R3 received services to include medication administration.</p> <p>R3's MAR dated August 2025, included the following medications:<br/>-aripiprazole 2 mg; take one tablet by mouth daily (dementia)<br/>-carbidopa/levodopa 15-100 mg; take one tablet by mouth four times daily (parkinsonism)</p> | 01700                                                                                    |                                                                                                                          |  |                                              |



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| 01700                                                                     | <b>Continued From page 43</b><br><br>-midodrine 2.5 mg; take one tablet by mouth<br>twice daily. Hold for SBP greater than 150 (blood<br>pressure)<br>-quetiapine 25 mg; take one-half tablet by mouth<br>at bedtime (depression)<br>-senna 8.6 mg; take one tablet by mouth every<br>evening (constipation)<br>-Estrace vaginal cream 0.1 mg/gm; insert one<br>gram vaginally in the evening every Monday and<br>Thursday<br>-fluticasone nasal spray 50 mcg/ACT; one spray<br>in both nostrils in the morning (congestion)<br>-furosemide 20 mg; take one tablet by mouth<br>daily (edema)<br>-Montelukast Sodium 10 mg; give one tablet by<br>mouth at bedtime (asthma)<br>-omeprazole 20 mg; give one capsule by mouth<br>in the morning (acid reflux)<br>-prednisone 10 mg; give one tablet by mouth in<br>the morning every other day (steroid)<br>-arformoterol tartrate nebulizer 15 mcg/2 ml;<br>inhale one vial via nebulizer two times daily<br>(shortness of breath)<br>-budesonide inhalation suspension 0.25 mg/2 ml;<br>inhale one vial via nebulizer tow times daily<br>(allergies)<br>-Mucinex 600 mg; take one tablet by mouth two<br>times a day (congestion/thick phlegm)<br>-haloperidol 1 mg; take one tablet by mouth<br>every four hours as needed for agitation or<br>hallucinations<br>-lorazepam 0.5 mg; take one tablet by mouth<br>every six hours as needed for anxiety or<br>restlessness<br>-Morphine 2.5 mg; take one tablet by mouth<br>every one hour as needed for shortness of breath<br>or pain<br>-acetaminophen 325 mg; take two tablets by<br>mouth three times daily as needed (pain) | 01700                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01700                                                                     | <p>Continued From page 44</p> <p>-albuterol sulfate inhaler; two puffs inhaled orally every six hours as needed (shortness of breath)</p> <p>-benzonatate 100 mg; give one capsule by mouth every eight hours as needed (cough)</p> <p>-Bisacodyl rectal suppository 10 mg; insert one suppository rectally every day as needed (constipation)</p> <p>-hyoscyamine -.125 mg; take one tablet on the tongue and dissolve by mouth every four hours as needed for excess secretions</p> <p>-ondansetron 4 mg; take one tablet by mouth twice daily as needed (nausea)</p> <p>-polyethylene glycol powder 17 g; mix 17 grams in 8 ounces of liquid every day as needed (constipation)</p> <p>-quetiapine 25 mg; take one-half tablet by mouth three times daily as needed for hallucinations</p> <p>R3's record lacked evidence the RN conducted a face-to-face review of all medications R3 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R3's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>R4<br/>R4 was admitted on February 27, 2025, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:05 a.m., the surveyor observed ULP-G administer medications to R4.</p> <p>R4's Service Plan Report dated March 17, 2025, indicated R4 received services to include medication administration.</p> | 01700                                                                                            |                                                                                                                          |  |                                                        |



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| 01700                                                              | <p>Continued From page 45</p> <p>R4's MAR dated August 2025, included the following medications:</p> <ul style="list-style-type: none"><li>-acetaminophen 500 mg; take two tablets by mouth three times daily (pain)</li><li>-aspirin 81 mg; take one tablet by mouth daily (supplement)</li><li>-carboxymethylcellulose solution 0.5%; instill two drops into the right eye twice daily (dry eye)</li><li>-citalopram 20 mg; take one tablet by mouth daily (depression)</li><li>-polyethylene glycol powder 17 g; mix 17 grams in 4-8 ounces of liquid every day (constipation)</li><li>-quetiapine 25 mg; take one-half tablet by mouth twice daily (agitation)</li><li>-Vitamin D3 50 mcg; take one tablet by mouth daily (supplement)</li><li>-carboxymethylcellulose solution 0.5 %; instill two drops into the right eye everyday as needed (dry eyes)</li><li>-hydralazine 25 mg; take one tablet by mouth twice daily as needed for SBP greater than 150 (blood pressure)</li></ul> <p>R4's record lacked evidence the RN conducted a face-to-face review of all medications R4 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R4's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>On August 13, 2025, at 1:07 p.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated they were not aware of this requirement. LALD-A stated the</p> | 01700                                                                                    |                                                                                                                          |  |                                              |



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| 01700                                                                     | <p>Continued From page 46</p> <p>pharmacy input resident medications into the electronic medication administration record (EMAR) which included medication side effects, contraindications and allergic or adverse reactions. CNS-B stated she had a conversation with the resident or resident representative regarding the medications the resident takes when she completes the initial comprehensive assessment, but did not have documentation of this.</p> <p>The licensee's Medication Assessment policy dated August 1, 2025, indicated the RN would assess each residents' medication needs upon admission, annually, and after any significant change in condition. All assessments will be documented in the resident's record and reflected in the individualized service plan. The facility will comply with all applicable Minnesota Status 144G medication management requirements.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01700                                                                  |                                                                                                                          |  |                                                     |
| 01730<br>SS=D                                                             | <p><b>144G.71 Subd. 5 Individualized medication management plan</b></p> <p>(a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                                     | <p>Continued From page 47</p> <p>each resident based on the resident's assessment that must contain the following:</p> <p>(1) a statement describing the medication management services that will be provided;</p> <p>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</p> <p>(3) documentation of specific resident instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01730                                                                     | <p>Continued From page 48</p> <p>review, the licensee failed to develop an individualized medication management plan with the required content for two of four residents (R1 and R2).</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at approximately 9:40 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the residents at the facility.</p> <p>R1<br/>R1 was admitted on October 6, 2023, with diagnoses that included diabetes.</p> <p>R1's Service Plan Report dated March 4, 2025, indicated R1 received services to include medication administration.</p> <p>On August 12, 2025, at 7:52 a.m., the surveyor observed unlicensed personnel (ULP)-F administer insulin to R1.</p> <p>R1's prescriber orders included the following medications:<br/>-Novolog six units for an after-meal blood sugar greater than 200. Hold Novolog if patient (R1)</p> | 01730                                                                                            |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>21779</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 01730                                                                     | <p>Continued From page 49</p> <p>does not eat a meal, order dated July 12, 2025<br/>-increase Lantus to 34 units subcutaneously<br/>every day, order dated April 23, 2025</p> <p>R1's Medication/Treatment/Therapy<br/>Management Plan dated October 14, 2024,<br/>indicated the following:<br/>-medications were stored in the client unit located<br/>in a locked medication box and were secured<br/>-the area that indicated "medications with special<br/>manufacturer's instructions (including<br/>refrigeration)" was left blank</p> <p>On August 13, 2025, at 1:11 p.m., CNS-B<br/>reviewed R1's medication plan and stated R1's<br/>insulin was stored in the refrigerator in the nurse<br/>office until used and then it was stored in the<br/>medication cart. CNS-B stated R1's medication<br/>plan should indicate the refrigerator was used to<br/>store R1's insulin.</p> <p>R2<br/>R2 was admitted on October 14, 2024, with<br/>diagnoses that included diabetes.</p> <p>R2's Visual/Bedside Individual Service Plan<br/>Report (also used as the service plan) dated<br/>March 3, 2025, indicated R2 received services to<br/>include medication administration.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor<br/>observed ULP-F administer medications to R2.</p> <p>R2's prescriber orders dated July 21, 2025,<br/>included the following medication:<br/>-Lantus 100 units/ml; inject 23 units<br/>subcutaneously at bedtime (diabetes)</p> <p>R2's Medication/Treatment/Therapy</p> | 01730                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01730                                                                     | <p>Continued From page 50</p> <p>Management Plan dated October 14, 2024, indicated the following:</p> <ul style="list-style-type: none"><li>-medications were stored in the client unit located in a locked medication box and were secured</li><li>-the area that indicated "medications with special manufacturer's instructions (including refrigeration)" was left blank</li><li>-Medications and medication/treatment/therapy supplies will be monitored and refills will be coordinated by: Family/designated responsible person: daughter/power of attorney will refill medicine through the VA</li></ul> <p>On August 13, 2025, at 1:13 p.m., CNS-B reviewed R2's medication plan and stated R2's plan should indicate the refrigerator was used to store R2's insulin. CNS-B stated R2's daughter used to facilitate ordering R2's medications, however, when he enrolled with Hospice, they took over monitoring and ordering all medications.</p> <p>The licensee's Medication Management Plan policy dated August 1, 2025, indicated the RN creates an individualized medication management plan upon admission for any resident receiving medication services. The plan is based on the resident's medication assessment, medical history, and prescriber orders.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01730                                                                  |                                                                                                                          |  |                                                     |
| 01750<br>SS=D                                                             | 144G.71 Subd. 7 Delegation of medication administration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01750                                                                  |                                                                                                                          |  |                                                     |



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| 01750                                                                     | <p>Continued From page 51</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for two of four residents (R2 and R3) whose medication administration was delegated to unlicensed personnel (ULP).</p> <p>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).</p> <p>The findings include:</p> <p>R2<br/>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor</p> | 01750                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 01750                                                              | <p>Continued From page 52</p> <p>observed unlicensed personnel (ULP)-F administer medications to R2.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include medication administration.</p> <p>R2's signed prescriber orders included the following medications:</p> <ul style="list-style-type: none"><li>-Morphine solutab 5 milligrams (mg); take one tablet sublingually every six hours as needed for pain or shortness of breath, order dated February 28, 2025</li><li>-acetaminophen 500 mg; take two tablets by mouth every day as needed for pain, order dated February 28, 2025</li><li>-lorazepam solutab 0.5 mg; take one tablet by mouth every six hours as needed for restlessness/agitation, order dated March 24, 2025</li><li>-quetiapine 50 mg; take one tablet by mouth every hour as needed for restlessness/agitation, order dated August 8, 2025</li></ul> <p>BLOOD SUGAR</p> <p>R2's medication administration record (MAR) dated August 2025, included the following medication:</p> <ul style="list-style-type: none"><li>-glucose 15 Gel 40%; Take 15 grams (gm) by mouth as needed for low blood sugar and unable to safely drink (diabetes)</li></ul> <p>R2's record lacked signed prescriber orders for the glucose gel.</p> <p>The licensee failed to have resident-specific instructions regarding what blood sugar result was considered a low blood sugar and would</p> | 01750                                                                                    |                                                                                                                          |  |                                              |



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| 01750                                                                     | <p>Continued From page 53</p> <p>indicate administering glucose to R2.</p> <p><b>PAIN</b><br/>R2's MAR dated August 2025, included the following medications:<br/>-Morphine solutab 5 milligrams (mg); take one tablet sublingually every six hours as needed for pain or shortness of breath<br/>-Morphine sulfate solutab 5 mg; give 5 mg sublingually every six hours as needed for pain or shortness of breath (duplicate order)<br/>-acetaminophen 500 mg; take two tablets by mouth every day as needed for pain</p> <p>The licensee failed to provide instructions for the ULP to understand which PRN (as needed) medication for pain should be used in which order.</p> <p><b>RESTLESSNESS/AGITATION</b><br/>-lorazepam solutab 0.5 mg; take one tablet by mouth every six hours as needed for restlessness/agitation<br/>-quetiapine 50 mg; take one tablet by mouth every hour as needed for restlessness/agitation</p> <p>The license failed to provide instructions for the ULP to understand which PRN medication for restlessness/agitation should be used in which order.</p> <p><b>R3</b><br/>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed ULP-G administer medications to R3.</p> <p>R3's Service Plan Report dated May 14, 2025,</p> | 01750                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01750                                                                     | <p>Continued From page 54</p> <p>indicated R3 received services to include medication administration.</p> <p>R3's signed prescriber orders included the following medications:</p> <ul style="list-style-type: none"><li>-Morphine solutab 2.5 mg; take one tablet by mouth every one hour as needed for shortness of breath or pain, order dated May 13, 2025</li><li>-acetaminophen 325 mg; take two tablets by mouth three times daily as needed for pain, order dated January 23, 2025</li><li>-albuterol sulfate inhalation; two puffs inhale orally every six hours as needed for shortness of breath order dated January 12, 2024</li><li>-polyethylene glycol powder 17 g; mix 17 g in 4-8 ounces of fluid every day as needed for constipation, order dated January 23, 2025</li><li>-bisacodyl rectal suppository 10 mg; insert one suppository rectally every 24 hours as needed for constipation, order dated April 14, 2024</li></ul> <p>PAIN</p> <p>R3's MAR dated August 2025, included the following medications:</p> <ul style="list-style-type: none"><li>-Morphine solutab 2.5 mg; take one tablet by mouth every one hour as needed for shortness of breath or pain</li><li>-acetaminophen 325 mg; take two tablets by mouth three times daily as needed for pain</li></ul> <p>The licensee failed to provide instructions for the ULP to understand which PRN medication for pain should be used in which order.</p> <p>SHORTNESS OF BREATH</p> <p>R3's MAR dated August 2025, included the following medications:</p> <ul style="list-style-type: none"><li>-albuterol sulfate inhalation; two puffs inhale orally every six hours as needed for shortness of</li></ul> | 01750                                                                  |                                                                                                                          |  |                                                     |



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| 01750                                                                     | <p>Continued From page 55</p> <p>breath<br/>-Morphine solutab 2.5 mg; take one tablet by<br/>mouth every one hour as needed for shortness of<br/>breath or pain</p> <p>The licensee failed to provide instructions for the<br/>ULP to understand which PRN medication for<br/>shortness of breath should be used in which<br/>order.</p> <p>CONSTIPATION<br/>R3's MAR dated August 2025, included the<br/>following medications:<br/>-polyethylene glycol powder 17 g; mix 17 g in 4-8<br/>ounces of fluid every day as needed for<br/>constipation<br/>-bisacodyl rectal suppository 10 mg; insert one<br/>suppository rectally every 24 hours as needed for<br/>constipation</p> <p>The licensee failed to provide instructions for the<br/>ULP to understand which PRN medication for<br/>constipation should be used in which order.</p> <p>On August 13, 2025, at 1:19 p.m., CNS-B<br/>reviewed R2 and R3's prescriber orders and<br/>stated there were no written instructions<br/>regarding R2 and R3's medications as listed<br/>above.</p> <p>The licensee's Medication Management Order<br/>policy dated August 1, 2025, indicated all orders<br/>must be clear, complete, and documented in the<br/>resident's medical record. The facility will adhere<br/>to all applicable 144G Assisted Living medication<br/>management regulations.</p> <p>No further information was provided.</p> | 01750                                                                                            |                                                                                                                          |  |                                                        |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>21779</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/13/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01750                                                                     | Continued From page 56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01750                                                                  |                                                                                                                          |  |                                                     |
|                                                                           | TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                          |  |                                                     |
| 01760<br>SS=D                                                             | <b>144G.71 Subd. 8 Documentation of administration of medication</b><br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of four residents (R2) who received medication management services.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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). | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                                     | <p>Continued From page 57</p> <p>The findings include:</p> <p>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include medication administration.</p> <p>R2's signed prescriber orders included:<br/>-Lantus Solostar Pen 100 units/milliliter (ml); inject 23 units daily at bedtime (diabetes), order dated July 21, 2025<br/>-Please administer all insulin following meals. HOLD insulin if patient (R2) does not eat, order dated July 23, 2025</p> <p>R2's medication administration record (MAR) dated August 2025, included the following:<br/>-Lantus Solostar injection 100 units/ml; inject 23 units subcutaneously at bedtime.<br/>-administer all insulin following meals. Hold insulin if resident does not eat.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-F administer oral medications and check R1's blood sugar. ULP-F stated R2 had scheduled insulin; however, it was not administered until after he started eating his meal.</p> <p>On August 12, 2025, at 9:14 a.m., ULP-F removed R2's insulin pen from the medication cart and prepare it for administration without verifying the order in the electronic medication administration record (EMAR). ULP-F read the label on the insulin pen which indicated to administer 18 units. ULP-F dialed the insulin pen</p> | 01760                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                                     | <p>Continued From page 58</p> <p>to 18 units and brought it to R2 in the dining room where he administered the insulin into R2's abdomen. ULP-F returned to the medication cart and documented the administration under the order that indicated "administer all insulin following meals. Hold insulin if resident does not eat".</p> <p>On August 12, 2025, at 9:30 a.m., the surveyor reviewed R2's medications listed on the MAR with signed prescriber orders. R2's MAR did not include an order for Lantus 18 units. R2's record lacked prescriber orders for Lantus 18 units. The surveyor met with licensed practical nurse (LPN)-H and inquired about R2's Lantus insulin orders. LPN-H reviewed R2's MAR and prescriber orders and stated R2 received insulin once daily at bedtime. LPN-H stated R2's current Lantus insulin order was to administer 23 units at bedtime. LPN-H stated he was unsure why R2's MAR had an order stating "administer all insulin following meals. Hold insulin if resident does not eat". LPN-H stated ULP-F usually worked the evening shift and would administer R2's insulin at bedtime. LPN-H stated he would assess R2 and update R2's primary care provider on the error.</p> <p>On August 12, 2025, at 10:10 a.m., clinical nurse supervisor (CNS)-B stated she had spoken with LPN-H regarding ULP-F administering 18 units of Lantus insulin to R2. CNS-B stated R2's Lantus insulin pen label was incorrect. CNS-B stated R2 used to receive 18 units at bedtime, but that order had changed and was updated in R2's MAR however, the label was not updated to reflect the dose change. CNS-B stated she could see how the order stating to administer all insulin following meals could be confusing to the ULP, especially since R2 only received insulin at</p> | 01760                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01760                                                                     | Continued From page 59<br><br>bedtime.<br><br>The licensee's Medication Management Plan policy dated August 1, 2025, indicated the RN ensured that direct care staff and medication aides were trained on each resident's plan including administration instructions and monitoring requirements.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01760                                                                  |                                                                                                                          |  |                                                     |
| 01770<br>SS=F                                                             | 144G.71 Subd. 9 Documentation of medication setup<br><br>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R5).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). | 01770                                                                  |                                                                                                                          |  |                                                     |



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| 01770                                                                     | <p>Continued From page 60</p> <p>The findings include:</p> <p>During the entrance conference on August 11, 2025, at approximately 9:40 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to their residents, including medication set up.</p> <p>R5 was admitted on July 1, 2021, with diagnoses that included osteoarthritis (type of arthritis that occurs when flexible tissue at the ends of bones wears down).</p> <p>R5's Visual/Bedside Individual Service Plan Report (also used as service plan) dated June 10, 2024, indicated R5 received services to include weekly medication setup.</p> <p>R5's Order Summary Report dated August 1, 2025, included the following medications:<br/>-aspirin 81 milligrams; give one tablet by mouth in the morning (supplement)<br/>-atorvastatin 40 milligrams (mg); take one tablet by mouth at bedtime (cholesterol)<br/>-carvedilol 12.5 mg; take one tablet by mouth twice daily (blood pressure)<br/>-clonidine 0.3 mg; take one tablet by mouth every morning (blood pressure)<br/>-duloxetine 60 mg; take one capsule by mouth daily (depression)<br/>-furosemide 20 mg; take one-half tablet by mouth daily (diuretic)<br/>-hydralazine 25 mg; take on tablet by mouth three times a day (blood pressure)<br/>-hydrochlorothiazide 12.5 mg; take two tablets by mouth daily (blood pressure)<br/>-isosorbide mononitrate 60 mg; take one tablet by mouth once daily (chest pain)</p> | 01770                                                                     |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01770                                                                     | <p>Continued From page 61</p> <p>-oxybutynin 5 mg; take one-half tablet by mouth at bedtime (frequent urination)<br/>-pantoprazole sodium 40 mg; take one tablet by mouth once daily (reflux)<br/>-potassium chloride 20 milliequivalents (mEq); take one tablet by mouth twice daily (supplement)<br/>-ropinirole 1 mg; take one tablet by mouth at bedtime (restless legs)<br/>-sucralfate 1 gram (gm); take one tablet by mouth three times daily (stomach ulcers)</p> <p>R5's order summary report included a check mark next to each medication listed above indicating it had been set up.</p> <p>R5's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration.</p> <p>On August 13, 2025, at 1:48 p.m., CNS-B stated R5's record did not include the required documentation for medication setup as listed above. CNS-B stated the overnight nurses set up medications for residents each week. The nurse would print the resident's order summary report and place a check mark next to each medication they setup. CNS-B stated she was not aware of the documentation requirements for medication setup.</p> <p>The licensee's Documentation of Medication Set-up policy dated August 1, 2025, indicated all medication setups will be documented immediately after preparation, verified against prescriber orders, and signed by the staff member performing the setup.</p> | 01770                                                                  |                                                                                                                          |  |                                                     |



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| 01770                                                                     | Continued From page 62<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Seven (7) Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01770                                                                                            |                                                                                                                          |  |                                                        |
| 01790<br>SS=D                                                             | 144G.71 Subd. 10 Medication management for residents who will<br><br>(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;<br>(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and<br>(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.<br>(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:<br>(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<br>(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:<br>(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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>21779                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br>08/13/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                     |
| 01790                                                              | <p>Continued From page 63</p> <p>(ii) how the container or containers must be labeled;</p> <p>(iii) written information about the medications to be provided;</p> <p>(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;</p> <p>(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;</p> <p>(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</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for two of two unlicensed personnel (ULP-F and ULP-G) providing medications to residents for unplanned time away from home when the licensed nurse was not available.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p> | 01790                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 01790                                                              | <p>Continued From page 64</p> <p>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).</p> <p>The findings include:</p> <p>ULP-F<br/>ULP-F was hired on December 2, 2024, to provide direct care and services to the licensee's residents.</p> <p>ULP-F's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available.</p> <p>ULP-G<br/>ULP-G was hired on May 19, 2020, to provide direct care and services to the licensee's residents.</p> <p>ULP-G's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available.</p> <p>On August 13, 2025, at 12:19 p.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B reviewed ULP-F and ULP-G's employee records and stated they did not include documentation of training and competencies for providing medications to residents for unplanned time away. CNS-B stated both ULPs were trained and competent in unplanned time away; however, the documentation was not in their records.</p> | 01790                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 01790                                                                     | Continued From page 65<br><br>The licensee's Training on Unplanned Time Away policy dated August 1, 2025, indicated staff were educated in managing care for residents during absences, including medication packaging and instructions.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01790                                                                  |                                                                                                                          |  |                                                     |
| 01820<br>SS=E                                                             | 144G.71 Subd. 13 Prescriptions<br><br>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the licensee managed for three of four residents (R2, R3, and R4).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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). | 01820                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01820                                                                     | <p>Continued From page 66</p> <p>The findings include:</p> <p><b>R2</b><br/>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R2.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include medication administration.</p> <p>R2's MAR dated August 2025, included the following medications:<br/>-glutose 15 Gel 40%; Take 15 grams (gm) by mouth as needed for low blood sugar and unable to safely drink (diabetes)</p> <p>R2's record lacked signed prescriber orders for the glucose gel.</p> <p><b>R3</b><br/>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>R3's Service Plan Report dated May 14, 2025, indicated R3 received services to include medication administration.</p> <p>R3's MAR dated August 2025, included the following medications:<br/>-lorazepam 0.5 mg; take one tablet by mouth every six hours as needed for anxiety or restlessness<br/>-ondansetron 4 mg; take one tablet by mouth twice daily as needed (nausea)</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 01820                                                                     | <p>Continued From page 67</p> <p>R3's record lacked signed prescriber orders for R3's lorazepam and ondansetron.</p> <p>R4<br/>R4 was admitted on February 27, 2025, with diagnoses that included dementia.</p> <p>R4's Service Plan Report dated March 17, 2025, indicated R4 received services to include medication administration.</p> <p>R4's MAR dated August 2025, included the following medications:<br/>-acetaminophen 500 mg; take two tablets by mouth three times daily (pain)<br/>-citalopram 20 mg; take one tablet by mouth daily (depression)<br/>-Vitamin D3 50 mcg; take one tablet by mouth daily (supplement)</p> <p>R4's record lacked signed prescriber orders for R4's acetaminophen, citalopram and Vitamin D3.</p> <p>On August 13, 2025, at 1:25 p.m., clinical nurse supervisor (CNS)-B stated R2, R3, and R4's record lacked signed prescriber orders for the medications listed above.</p> <p>The licensee's Medication Management Order policy dated August 1, 2025, indicated all orders must be clear, complete, and documented in the resident's medical record. Written orders must be signed by the prescriber, and telephone orders must be documented by a RN and signed by the prescriber with 72 hours. Any changes to medication orders will be communicated promptly to the pharmacy and relevant staff to prevent medication errors. The facility will adhere to all</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                        |
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| 01820                                                                     | Continued From page 68<br><br>applicable 144G Assisted Living medication<br>management regulations.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01820                                                                                            |                                                                                                                          |  |                                                        |
| 01830<br>SS=D                                                             | <b>144G.71 Subd. 14 Renewal of prescriptions</b><br><br>Prescriptions must be renewed at least every 12<br>months or more frequently as indicated by the<br>assessment in subdivision 2. Prescriptions for<br>controlled substances must comply with chapter<br>152.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on interview and record review, the facility<br>failed to renew prescriptions at least every 12<br>months for one of four residents (R3).<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death) and<br>was issued at an isolated scope (when one or a<br>limited number of residents are affected or one or<br>a limited number of staff are involved, or the<br>situation has occurred only occasionally).<br><br>The findings include:<br><br>R3 was admitted on January 15, 2024, with<br>diagnoses that included dementia.<br><br>R3's Service Plan Report dated May 14, 2025,<br>indicated R3 received services to include | 01830                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01830                                                              | Continued From page 69<br><br>medication administration.<br><br>R3's record lacked evidence of prescriber orders being renewed annually for the following medications:<br>-midodrine 2.5 mg; take one tablet by mouth twice daily. Hold for SBP greater than 150 (blood pressure), order dated May 30, 2024<br>-senna 8.6 mg; take one tablet by mouth every evening (constipation), order dated April 14, 2024<br>-Estrace vaginal cream 0.1 mg/gm; insert one gram vaginally in the evening every Monday and Thursday, order dated April 10, 2024<br>-fluticasone nasal spray 50 mcg/ACT; one spray in both nostrils in the morning (congestion), order dated June 17, 2024<br>-furosemide 20 mg; take one tablet by mouth daily (edema), order dated May 23, 2024<br>-Montelukast Sodium 10 mg; give one tablet by mouth at bedtime (asthma), order dated June 26, 2024<br>-omeprazole 20 mg; give one capsule by mouth in the morning (acid reflux), order dated April 14, 2024<br>-prednisone 10 mg; give one tablet by mouth in the morning every other day (steroid), order dated July 1, 2024<br>-arformoterol tartrate nebulizer 15 mcg/2 ml; inhale one vial via nebulizer two times daily (shortness of breath), order dated February 5, 2024<br>-budesonide inhalation suspension 0.25 mg/2 ml; inhale one vial via nebulizer tow times daily (allergies), order dated February 5, 2024<br>-Mucinex 600 mg; take one tablet by mouth two times a day (congestion/thick phlegm), order dated January 30, 2024<br>-albuterol sulfate inhaler; two puffs inhaled orally every six hours as needed (shortness of breath), | 01830                                                                                    |                                                                                                                          |  |                                              |



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| 01830                                                                     | <p>Continued From page 70</p> <p>order dated January 12, 2024<br/>-benzonatate 100 mg; give one capsule by mouth every eight hours as needed (cough), order dated April 14, 2024<br/>-Bisacodyl rectal suppository 10 mg; insert one suppository rectally every day as needed (constipation), order dated April 14, 2024</p> <p>On August 13, 2025, at 1:20 p.m., clinical nurse supervisor (CNS)-B stated R3's record lacked evidence of prescriber orders being renewed annually for the medications listed above.</p> <p>The licensee's Renewal of Prescription policy dated August 1, 2025, indicated the facility would maintain systems and processes to track prescription renewal dates and will proactively coordinate with prescribers and pharmacies to ensure uninterrupted medication available The facility will comply with all applicable 144G Assisted Living medication management regulations.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01830                                                                  |                                                                                                                          |  |                                                     |
| 01880<br>SS=F                                                             | <p><b>144G.71 Subd. 19 Storage of medications</b></p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01880                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>21779</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 01880                                                                     | <p>Continued From page 71</p> <p>review, the licensee failed to ensure all medications were securely locked in substantially constructed compartments and permitted only authorized personnel to have access. This had the potential to affect all residents.</p> <p>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).</p> <p>The findings include:</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed two medication carts located in dining room. Unlicensed personnel (ULP)-F removed a set of keys from a pen holder that was on top of the medication cart. ULP-F used the keys to unlock the medication cart and verified the narcotic count with ULP-E. ULP-F put the keys to the medication cart in his pocket .ULP-E then went to the second medication cart, removed a set of keys from a pen holder on top of the medication cart, unlocked the cart and verified the narcotic count with ULP-F. ULP-E put the keys to the medication cart back into the pen holder and stated ULP-G would get the keys when she arrived to start her shift. ULP-E stated the overnight shift kept the keys to each medication cart in the pen holders during their shift.</p> <p>On August 12, 2025, at 8:05 a.m., the surveyor observed ULP-G unlocked the medication cart, removed R4's medication cards and compare</p> | 01880                                                                                            |                                                                                                                          |  |                                                        |



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| 01880                                                                     | <p>Continued From page 72</p> <p>each card to the medication order in the electronic medication administration record (EMAR) and place the medications into a medication cup. ULP-G brought R4's medications to him in the dining room leaving the medication cards on top of the medication cart, the drawer ajar and the keys in the lock. ULP-G returned to the medication cart with R4's medications after he refused to take them. ULP-G stated they were to attempt to give R4 his medications whole and if he refused then re-attempt with them crushed mixed in applesauce. ULP-G crushed R4's medications and went the kitchenette for applesauce and then to the dining room to administer the medications to R4. The medication cart remained unlocked, drawer ajar, keys in the lock and medication cards on top of the cart. ULP-G returned to the medication cart and put R4's cards back in the cart and started to prepare another resident's medications.</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed ULP-G prepare to administer medications to R3. ULP-G stated she had to check R3's blood pressure and pulse prior to administering her medications. ULP-G left R3's medications on the top of the medication cart, with the keys in the lock to check R3's blood pressure and pulse in the dining room. ULP-G returned to the medication cart, placed R3's blood pressure medication in the medication cup with the other medications and brought them to R3 in the dining room to administer. The medication cards remained on top of the cart, drawer was ajar, and the keys were in the lock.</p> <p>On August 13, 2025, at 12:43 p.m., clinical nurse supervisor (CNS)-B stated the staff were trained to keep the medication cart locked when not in</p> | 01880                                                                                            |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01880                                                                     | <p>Continued From page 73</p> <p>use and the keys should never be left in the pen holders or in the lock without staff present.</p> <p>The licensee's Medication Storage policy dated August 1, 2025, indicated the licensee would store all medications in a secure, locked location, separate from food and other items. Controlled substances will be stored in a double-locked compartment. Medications requiring refrigeration will be stored in a locked refrigerator or locked box within a refrigerator. The facility will comply with all applicable 144G Assisted Living medication storage regulations.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>                                                             | 01880                                                                                            |                                                                                                                          |  |                                                     |
| 01890<br>SS=D                                                             | <p><b>144G.71 Subd. 20 Prescription drugs</b></p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure accurate labeling for one of three residents (R2).</p> <p>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</p> | 01890                                                                                            |                                                                                                                          |  |                                                     |



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| 01890                                                              | <p>Continued From page 74</p> <p>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).</p> <p>The findings include:</p> <p>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include medication administration.</p> <p>R2's signed prescriber orders dated July 21, 2025, included:<br/>-Lantus Solostar Pen 100 units/milliliter (ml); inject 23 units daily at bedtime (diabetes)</p> <p>On August 12, 2025, at 9:14 a.m., the surveyor observed unlicensed personnel (ULP)-F prepare to administer R2's Lantus insulin. The prescription label indicated to administer 18 units. The prescription label did not match the current prescriber order.</p> <p>On August 12, 2025, at 10:10 a.m., clinical nurse supervisor (CNS)-B stated R2's dose had changed to 23 units and should have been a "directions changed refer to chart" sticker applied to the prescription label.</p> <p>The licensee's Medication Storage policy dated August 1, 2025, indicated all medications were labeled with resident name, medication name, dosage, route, frequency, and expiration date.</p> | 01890                                                                                    |                                                                                                                          |  |                                              |



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| 01890                                                                     | Continued From page 75<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01890                                                                                            |                                                                                                                          |  |                                                     |
| 01910<br>SS=F                                                             | <b>144G.71 Subd. 22 Disposition of medications</b><br><br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medications as required for one of one discharged resident (R6).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a | 01910                                                                                            |                                                                                                                          |  |                                                     |



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| 01910                                                              | <p>Continued From page 76</p> <p>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).</p> <p>The findings include:</p> <p>R6 was admitted to the licensee on December 2, 2024, and discharged on June 10, 2025.</p> <p>R6's Medication Administration Record (MAR) dated June 2025, included the following medications:</p> <ul style="list-style-type: none"><li>-acetaminophen 500 milligrams (mg); take two tablets by mouth twice daily (pain)</li><li>-aspirin 81 mg; take one tablet by mouth with food (supplement)</li><li>-atorvastatin 80 mg; take one tablet by mouth daily (cholesterol)</li><li>-divalproex 500 mg; take one tablet by mouth twice daily</li><li>-donepezil 5 mg; take one tablet by mouth for thirty days (dementia)</li><li>-Fish Oil 1,000 mg; take two capsules by mouth daily (supplement)</li><li>-gabapentin 100 mg; take one capsule by mouth at bedtime (pain)</li><li>-levetiracetam 250 mg; take one tablet by mouth twice daily (depression)</li><li>-lisinopril 2.5 mg; take one tablet by mouth daily (blood pressure)</li><li>-melatonin 3 mg; take one tablet by mouth at bedtime (sleep)</li><li>-paroxetine 10 mg; take one tablet by mouth at bedtime (depression)</li></ul> <p>R6's Discontinued/Discharged Medication(s)</p> | 01910                                                                                    |                                                                                                                          |  |                                              |



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| 01910                                                                     | <p>Continued From page 77</p> <p>Disposition form dated July 8, 2025, had seven columns that identified the medication name, strength/quantity, date filled, prescription number, disposal date, name of pharmacy and quantity. The prescription number and disposal date column were left blank.</p> <p>R6's record also contained a Discharged/Discontinued Medications document dated July 8, 2025, that identified which medications were sent with R6's family. The document did not include the prescription number as applicable or the disposal date.</p> <p>On August 13, 2025, at 12:49 p.m., clinical nurse supervisor (CNS)-B stated they used the Discontinued/Discharge Medication(s) Disposition form to document the medication disposition upon discharge and then transfer that information into the electronic Discharged/Discontinued Medications document. CNS-B reviewed both documents and stated they did not include the required content as noted above. CNS-B stated she was not aware of the required content for documenting the disposition of medications.</p> <p>The licensee's Disposition of Medication policy dated August 1, 2025, indicated the documentation record would include medication name, strength, quantity, date of disposal, method, and witness signatures.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01910                                                                  |                                                                                                                          |  |                                                     |



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| 01940                                                                     | Continued From page 78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01940                                                                                            |                                                                                                                          |  |                                                     |
| 01940<br>SS=E                                                             | <b>144G.72 Subd. 3 Individualized treatment or therapy managemen</b><br><br>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:<br>(1) a statement of the type of services that will be provided;<br>(2) documentation of specific resident instructions relating to the treatments or therapy administration;<br>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;<br>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management | 01940                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01940                                                                     | <p>Continued From page 79</p> <p>plan to include all required content for three of three residents (R1, R2, and R3).</p> <p>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).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted on October 6, 2023, with diagnoses that included diabetes.</p> <p>On August 11, 2025, at 10:56 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood sugar.</p> <p>R1's Service Plan Report dated March 4, 2025, indicated R1 received services to include bathing, dressing, suprapubic catheter (type of urinary catheter that is inserted through a small incision in the lower abdomen, just above the pubic bone, and into the bladder) care, safety checks, escorts, behavior monitoring, fall interventions and medication administration. R1's service plan did not include blood sugar checks.</p> <p>R1's signed prescriber orders dated July 12, 2025, included:<br/>-change BS (blood sugar) checks to after meals rather than with meals</p> | 01940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                     |
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| 01940                                                                     | <p>Continued From page 80</p> <p>R1's Medication/Treatment/Therapy Management Plan dated October 14, 2024, indicated R1 did not have any treatment services.</p> <p>R1's record lacked a treatment management plan to include the following required content:</p> <ul style="list-style-type: none"><li>- statement of the type of service that will be provided;</li><li>- documentation of specific resident instructions relating to the treatments or therapy administration;</li><li>- identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</li><li>- procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</li><li>- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</li></ul> <p>On August 13, 2025, at 1:24 p.m., clinical nurse supervisor (CNS)-B reviewed R1's Treatment Management Plan and stated blood sugar checks were not included. CNS-B stated she would update R1's treatment plan to include blood sugar checks.</p> <p>R2</p> <p>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed ULP-F check R2's blood sugar. At this time the surveyor observed R2 wearing tubigrips (elastic bandage used to provide support and</p> | 01940                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 01940                                                              | <p>Continued From page 81</p> <p>compression) on both lower legs.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include daily blood pressure checks, daily weights and blood sugar checks. R2's service plan did not include tubigrips.</p> <p>R2's signed prescriber orders included the following:</p> <ul style="list-style-type: none"><li>-Daily weights; notify MD for a weight greater than 3 pounds daily or five pounds weekly, order dated October 16, 2024</li><li>-Blood Sugar checks twice daily, order dated October 23, 2024</li><li>-Tubigrips; apply tubigrips to bilateral lower extremities daily, remove at bedtime, order dated July 10, 2025</li></ul> <p>R2's record lacked prescriber orders for daily blood pressure checks.</p> <p>R2's Medication/Treatment/Therapy Management Plan dated October 14, 2024, indicated R2's only treatment was blood glucose monitoring.</p> <p>R2's record lacked a treatment management plan to include the following required content:</p> <ul style="list-style-type: none"><li>- statement of the type of service that will be provided (daily weights, daily blood pressure checks and tubigrips)</li></ul> <p>On August 13, 2025, at 1:26 p.m., CNS-B reviewed R2's Treatment Management Plan and stated R2's treatment plan should include daily weights, daily blood pressure checks and tubigrips. CNS-B stated the Treatment</p> | 01940                                                                                    |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                     |
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| 01940                                                                     | <p>Continued From page 82</p> <p>Management Plan document did not have an option to select for vital signs so had not included them in the treatment plan. CNS-B stated going forward she would select the "other" option and add vital signs in that area of the document.</p> <p>R3<br/>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed ULP-G check R3's blood pressure and pulse.</p> <p>R3's Service Plan Report dated May 14, 2025, indicated R3 received services to include bathing, grooming, dressing, toileting, escorts, transfers, mobility, fall interventions, behavior monitoring, medication administration. R3's service plan did not include daily blood pressure and pulse checks.</p> <p>R3's medication administration record (MAR) dated August 2025, included:<br/>-midodrine 2.5 milligrams (mg); take one tablet by mouth for hypotension (low blood pressure), HOLD for SBP greater than 150, check blood pressure and pulse at 8:00 a.m., and 4:00 p.m.</p> <p>R3's record lacked prescriber orders for daily blood pressure and pulse checks.</p> <p>R3's Medication/Treatment/Therapy Management Plan dated January 10, 2025, indicated R3 did not have any treatment services.</p> <p>R3's record lacked a treatment management plan to include the following required content:<br/>- statement of the type of service that will be</p> | 01940                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 01940                                                              | <p>Continued From page 83</p> <p>provided;</p> <ul style="list-style-type: none"><li>- documentation of specific resident instructions relating to the treatments or therapy administration;</li><li>- identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</li><li>- procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</li><li>- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</li></ul> <p>On August 13, 2025, at 1:28 p.m., CNS-B reviewed R3's Treatment Management Plan and stated it did not include daily blood pressure or pulse checks. CNS-B stated she would update R3's treatment plan by selecting the "other" option and add blood pressure and pulse checks.</p> <p>The licensee's Individual Treatment and Therapy Management Plan policy dated August 1, 2025, indicated the facility will develop, implement, and regularly review individualized treatment, or therapy plans in collaboration with external therapy providers. Plans will be updated monthly, or more frequently as resident needs change, to ensure optimal outcomes.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01940                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 01970                                                                     | Continued From page 84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01970                                                                  |                                                                                                                          |  |                                                     |
| 01970<br>SS=D                                                             | <p><b>144G.72 Subd. 6 Treatment and therapy orders</b></p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for two of three residents (R2 and R3) receiving treatments.</p> <p>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).</p> <p>The findings include:</p> <p><b>R2</b><br/>R2 was admitted on October 14, 2024, with diagnoses that included diabetes.</p> <p>On August 12, 2025, at 7:24 a.m., the surveyor observed unlicensed personnel (ULP)-F check R2's blood sugar. At this time the surveyor</p> | 01970                                                                  |                                                                                                                          |  |                                                     |



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| 01970                                                                     | <p>Continued From page 85</p> <p>observed R2 wearing tubigrips (elastic bandage used to provide support and compression) on both lower legs.</p> <p>R2's Visual/Bedside Individual Service Plan Report (also used as the service plan) dated March 3, 2025, indicated R2 received services to include daily blood pressure checks, daily weights and blood sugar checks. R2's service plan did not include tubigrips.</p> <p>R2's signed prescriber orders included the following:<br/>-Daily weights; notify MD for a weight greater than 3 pounds daily or five pounds weekly, order dated October 16, 2024<br/>-Blood Sugar checks twice daily, order dated October 23, 2024<br/>-Tubigrips; apply tubigrips to bilateral lower extremities daily, remove at bedtime, order dated July 10, 2025</p> <p>R2's record did not include a current order within the past 12 months for daily weights and blood sugar checks.</p> <p>R2's record lacked prescriber orders for daily blood pressure checks.</p> <p>R3<br/>R3 was admitted on January 15, 2024, with diagnoses that included dementia.</p> <p>On August 12, 2025, at 8:18 a.m., the surveyor observed ULP-G check R3's blood pressure and pulse.</p> <p>R3's Service Plan Report dated May 14, 2025, indicated R3 received services to include</p> | 01970                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01970                                                                     | <p>Continued From page 86</p> <p>bathing, grooming, dressing, toileting, escorts, transfers, mobility, fall interventions, behavior monitoring, medication administration. R3's service plan did not include daily blood pressure and pulse checks.</p> <p>R3's medication administration record (MAR) dated August 2025, included:<br/>-midodrine 2.5 milligrams (mg); take one tablet by mouth for hypotension (low blood pressure), HOLD for SBP greater than 150, check blood pressure and pulse at 8:00 a.m., and 4:00 p.m.</p> <p>R3's record lacked prescriber orders for daily blood pressure and pulse checks.</p> <p>On August 13, 2025, at 1:34 p.m., clinical nurse supervisor (CNS)-B stated R2's record lacked prescriber orders for daily blood pressure checks and R2's weight and blood sugar orders were not current within the last 12 months. CNS-B stated R3's record lacked prescriber orders for daily blood pressure and pulse checks.</p> <p>The licensee's Medication and Treatment Orders policy dated August 1, 2025, the facility will only perform treatments with a current, signed order from a licensed prescriber. Orders will be reviewed at least every 90 days or sooner if the resident's condition changes.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01970                                                                                            |                                                                                                                          |  |                                                     |
| 02110<br>SS=B                                                             | <p>144G.82 Subd. 3 Policies</p> <p>(a) In addition to the policies and procedures</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02110                                                                                            |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>MINNESOTA SENIOR LIVING DBA TH |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br>11111 RIVER HILLS DRIVE<br>BURNSVILLE, MN 55337 |                                                                                                                          |  |                                              |
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| 02110                                                              | <p>Continued From page 87</p> <p>required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the:</p> <p>(1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;</p> <p>(2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed;</p> <p>(3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes;</p> <p>(4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;</p> <p>(5) staff training specific to dementia care;</p> <p>(6) description of life enrichment programs and how activities are implemented;</p> <p>(7) description of family support programs and efforts to keep the family engaged;</p> <p>(8) limiting the use of public address and intercom systems for emergencies and evacuation drills only;</p> <p>(9) transportation coordination and assistance to and from outside medical appointments; and</p> <p>(10) safekeeping of residents' possessions.</p> <p>(b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the</p> | 02110                                                                                    |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 02110                                                                     | <p>Continued From page 88</p> <p>licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were provided to each resident and the resident's legal/designated representative at the time of move-in for three of four residents (R1, R2 and R4) who resided in an assisted living with dementia care facility.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a 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).</p> <p>The findings include:</p> <p>The licensee held an Assisted Living with Dementia Care license effective July 1, 2025, and was licensed for a bed capacity of 182 residents.</p> <p>R1 and R4 lacked evidence of receiving the required Assisted Living with Dementia Care policies and procedures at the time of resident move-in, to include:</p> <ul style="list-style-type: none"><li>- philosophy of how services were provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;</li><li>- evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that were person-centered and evidence-informed;</li><li>- wandering and egress prevention that provides detailed instructions to staff in the event a</li></ul> | 02110                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b>                         |  |                                                     |
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| 02110                                                                     | <p>Continued From page 89</p> <p>resident elopes;</p> <ul style="list-style-type: none"><li>- medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;</li><li>- staff training specific to dementia care;</li><li>- description of life enrichment programs and how activities were implemented;</li><li>- description of family support programs and efforts to keep the family engaged;</li><li>- limited the use of public address and intercom systems for emergencies and evacuation drills only;</li><li>- transportation coordination and assistance to and from outside medical appointments; and</li><li>- safekeeping of resident's possessions.</li></ul> <p>R2's record contained an Assisted Living with Dementia Care Policies Acknowledgment form signed on August 12, 2025, after the start of the survey.</p> <p>On August 13, 2025, at 1:34 p.m., licensed assisted living director (LALD)-A stated R1 and R4's record lacked evidence that they received the required dementia care policies and procedures. LALD-A stated R2's family was provided the dementia care policies and procedures and signed the acknowledgment form after the start of the survey.</p> <p>The licensee's Dementia Care policy dated August 1, 2025, indicated the licensee would provide families with a copy of the facility's dementia care polices and procedures.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One</p> | 02110                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>21779</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MINNESOTA SENIOR LIVING DBA TH</b> |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11111 RIVER HILLS DRIVE<br/>BURNSVILLE, MN 55337</b> |                                                                                                                          |  |                                                        |
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| 02110                                                                     | Continued From page 90<br><br>(21) days                                                                                      | 02110                                                                                            |                                                                                                                          |  |                                                        |





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

Page: 1

### Establishment Info

THE RIVERS  
11111 RIVER HILLS DRIVE  
Burnsville, MN 55337  
Dakota County  
Parcel:  
  
Phone:

### License Info

License: HFID 21779  
  
Risk:  
License:  
Expires on:  
CFPM: BRIAN M. THIELEN  
CFPM #: FM24684; Exp: 09/14/2026

### Inspection Info

Report Number: F1005251082  
Inspection Type: Full - Single  
Date: 8/12/2025 Time: 10:40:20 AM  
Duration: minutes  
Announced Inspection:  
**Total Priority 1 Orders: 0**  
Total Priority 2 Orders: 1  
Total Priority 3 Orders: 3  
Delivery:

#### New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.12 Priority Level: Priority 3 CFP#: 37

*MN Rule 4626.0240* Properly label all working containers holding food or food ingredients that are removed from original packages with the common name of the food. Label the food in English and any other languages used by employees who handle food.

COMMENT: BINS OF FLOUR, SUGAR, AND OTHER INGREDIENTS WERE NOT LABELED. CORRECTED ON SITE.

Comply By: 8/12/2025 Originally Issued On: 8/12/2025

#### New Order: 4-600 Cleaning Equipment and Utensils

4-601.11A Priority Level: Priority 2 CFP#: 16

*MN Rule 4626.0840A* Equipment food-contact surfaces and utensils must be clean to sight and touch.

COMMENT: THE CAN OPENER BLADE HAD A BUILD-UP OF DRIED ON FOOD DEBRIS PRESENT. CLEAN BLADE AFTER EACH USE. CORRECTED ON SITE.

Comply By: 8/12/2025 Originally Issued On: 8/12/2025

#### New Order: 4-900 Protecting Clean Items

4-904.11B Priority Level: Priority 3 CFP#: 44

*MN Rule 4626.0965B* Present clean knives, forks, and spoons that are not prewrapped in trays and holders so that only the handles are touched by employees or consumers.

COMMENT: NEAR THE SOUP WARMER, SPOONS WERE STORED WITH THE EATING SURFACE FACING UP. CORRECTED ON SITE.

Comply By: 8/12/2025 Originally Issued On: 8/12/2025

#### New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111ABD Priority Level: Priority 3 CFP#: 38

*MN Rule 4626.1565ABD* Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

COMMENT: FRUIT FLIES WERE OBSERVED IN THE DRY STORAGE AREA. LOCATE THE SOURCE OF THE FLIES AND CLEAN OR ELIMINATE HARBORAGE CONDITIONS.

Comply By: 8/19/2025 Originally Issued On: 8/12/2025

## Food & Beverage General Comment

INSPECTION COMPLETED WITH EXECUTIVE DIRECTOR AND DIRECTOR OF CULINARY SERVICES AND REVIEWED WITH HRD NURSING EVALUATOR KASSIE MARKING.

REVIEWED SYMPTOMS OF FOODBORNE ILLNESSES AND THE REQUIREMENT TO MAINTAIN AN EMPLOYEE



---

ILLNESS LOG OF THOSE INSTANCES WHEN EMPLOYEES ARE ILL WITH VOMITING OR DIARRHEA "AND" IMMEDIATELY EXCLUDE FROM THE FOOD ESTABLISHMENT ANY FOOD EMPLOYEE ILL WITH VOMITING OR DIARRHEA. EMPLOYEES MUST BE EXCLUDED FOR AT LEAST 24 HOURS AFTER LAST SYMPTOM.

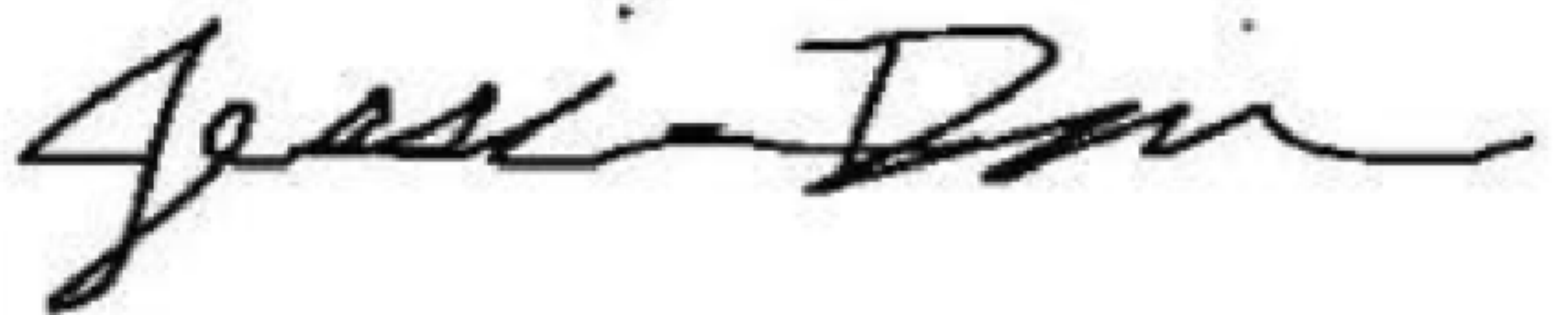
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**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the Metro District Office inspection report number F1005251082 from 8/12/2025**

---

BRIAN THIELEN  
DIRECTOR OF CULINARY SERVICES



---

Jessica Davis, REHS  
Public Health Sanitarian 3  
651-201-3961  
jessica.davis@state.mn.us





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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

THE RIVERS  
Burnsville  
County/Group: Dakota County

### Inspection Info

Report Number: F1005251082  
Inspection Type: Full  
Date: 8/12/2025  
Time: 10:40:20 AM

**Food Temperature: Product/Item/Unit:** CUT MELON; **Temperature Process:** Cold-Holding

**Location:** TRUE DISPLAY COOLER at 37 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** TURKEY; **Temperature Process:** Cold-Holding

**Location:** DRAWER COOLER at 37 Degrees F.

Comment:

*Violation Issued?: No*

**New Record: Product/Item/Unit:** CHICKEN; **Temperature Process:** Cold-Holding

**Location:** DRAWER COOLER at 38 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** CUT MELON; **Temperature Process:** Cold-Holding

**Location:** Walk-in Cooler at 40 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** PORK; **Temperature Process:** Cold-Holding

**Location:** Walk-in Cooler at 39 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** LETTUCE; **Temperature Process:** Cold-Holding

**Location:** Walk-in Cooler at 40 Degrees F.

Comment:

*Violation Issued?: No*

**Equipment Temperature: Product/Item/Unit:** AMBIENT; **Temperature Process:** Cold-Holding

**Location:** MEMORY CARE COOLER at <41 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

Page: 1

### Establishment Info

THE RIVERS  
Burnsville  
County/Group: Dakota County

### Inspection Info

Report Number: F1005251082  
Inspection Type: Full  
Date: 8/12/2025  
Time: 10:40:20 AM

**Sanitizing Chemical: Product:** Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

**Location:** Kitchen **Equal To** 200 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Chemical: Product:** Quaternary Ammonia; **Sanitizing Process:** 3-Compartment Sink

**Location:** Kitchen **Greater Than** 200 PPM

Comment:

*Violation Issued?: No*

**Sanitizing Equipment: Product:** Hot Water; **Sanitizing Process:** Dish Machine

**Location:** Kitchen **Equal To** 160 Degrees F.

Comment:

*Violation Issued?: No*

**Sanitizing Chemical: Product:** LACTIC ACID; **Sanitizing Process:** Dispenser

**Location:** Mop Sink **Greater Than** 704 PPM

Comment:

*Violation Issued?: No*