Electronically Delivered

August 7, 2025

Licensee
Midwest Residential Inc
10449 Johnson Avenue South
Bloomington, MN 55437

RE: Project Number(s) SL36984016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 10, 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 2: a fine of $500 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 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,

Renee L Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36984	A. BUILDING: _____ B. WING _____	06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST RESIDENTIAL INC	10449 JOHNSON AVENUE SOUTH BLOOMINGTON, MN 55437

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ***ATTENTION*** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL36984016-0 On June 9, 2025, through June 10, 2025, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were five residents; five receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On June 9, 2025, the surveyor toured the facility with information technology (IT)-F. The following was observed. In resident room 6 there was evidence that unsafe smoking had taken place. There was ash on the footboard of the bed, and on the windowsill under the operating handle for the egress window. Smoking shall be done safely, and cigarettes discarded into approved non-combustible ash trays placed on a sturdy surface. Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible	0 775		

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

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0 810	Continued From page 3 This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to provide the required training. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On June 9, 2025, information technology (IT)-F provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. TRAINING: The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. IT-F lacked documentation showing that staff had been trained on the FSEP at time of hire and twice per year thereafter. No other training documentation was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

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0 830	Continued From page 4	0 830		
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow applicable state and local laws, regulations, standards, ordinances, and codes related to smoking for two of five residents (R2, R3). This had the potential to affect all the residents, employees, and visitors of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On June 9, 2025, the surveyor entered the facility for the first day of survey. Upon facility entrance, there was a smell of cannabis and or cigarette smoke throughout the facility, and much stronger smell, smokey haze in the lower level of the	0 830		

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0 830	Continued From page 5 facility near R3's bedroom. R3 R3 was admitted on November 16, 2024, with diagnosis of type two diabetes, panic disorder, attention-deficit hyperactivity disorder (ADHD), and depression. R3's service plan dated November 17, 2024, indicated R3 received services including assistance with medication management, housekeeping, laundry, and reminders for activities of daily living (ADLs). On June 9, 2025, from 10:56 a.m., to 11:13 a.m., the surveyor toured the entire facility, main floor and lower level, with licensed assisted living director (LALD)-A and registered nurse (RN)-B. There was a smell of cannabis and or cigarette smoke throughout the facility, and much stronger smell, smokey haze in the lower level of the facility near R3's bedroom. R3's bedroom had a strong odor of cannabis. When asked, R3 yelled, I'm not smoking, it's a roach, and when he rolls a roach, the smell is strong. LALD-A and RN-B stated R3 has smoked in his bedroom recently and verbalized they were continuously having discussions with R3 on adhering to the facility smoking policy. LALD-A stated all residents are instructed they must smoke outside in the designated areas where a receptacle is available. On June 9, 2025, at 12:45 p.m., the surveyor again noted a strong cannabis smell coming from R3's bedroom as ULP-C was administering medications for another resident. ULP-C checked R3's bedroom and there was not present evidence of smoking. R3 yelled out "I need to smoke because I can't fucking eat." ULP-C stated R3 has been caught smoking in his room	0 830		

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0 830	Continued From page 6 occasionally and this is an ongoing concern they are working on. On June 9, 2025, at 3:10 p.m., the surveyor observed R3's bedroom with the engineering surveyor and information technologist (IT)-F. R3's bedroom had a strong smell of cigarette or cannabis smoke. There was ash found on the footboard of bed and underneath the handle on the window crank of R3's egress window. IT-F stated R3 will occasionally get caught smoking in his bedroom. IT-F verbalized there was a recent incident that LALD-A was dealing with. R2 R2 had diagnoses including bipolar type schizoaffective disorder (a mental health illness) and type two diabetes. R2's service agreement dated May 1, 2025, indicated R2 received services including assistance with medication management, transfers, toileting, housekeeping and laundry. R2's medical record included multiple progress notes indicating R2 was smoking in the garage, including the following dates: -May 11, 12, 19, 25, 26, and 27, 2025; and -June 2, 3, 7, 8, 10, 2025. On June 10, 2025, at 7:30 a.m., upon entering the facility on the second day of the survey, there continued to be a smell of cannabis or cigarette smoke throughout the facility. On June 10, 2025, at 12:30 p.m., during the exit conference, LALD-A stated she planned to continue efforts with the residents to ensure all residents were smoking in appropriate outside, designated areas. LALD-A agreed there were	0 830		

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0 830	Continued From page 7 safety concerns that could impact all the residents and staff when residents did not adhere to the licensee's smoking policy. The Minnesota Department of Health's Minnesota Clean Indoor Air Act (MCIAA) amendment effective on August 1, 2019, noted smoking was prohibited in health care facilities and clinics. In addition, an indoor area meant a space between a floor and a ceiling that is at least half enclosed by walls, doorways, or windows (opened or closed) around the perimeter. A wall included retractable dividers, garage doors, plastic sheeting or any other temporary or permanent physical barrier. Minnesota State Statute 144.414 Prohibitions; Subdivision 3 dated 2022, indicated under a section titled Health care facilities and clinics: (a) Smoking is prohibited in any area of a hospital, health care clinic, doctor's office, licensed residential facility for children, or other health care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may smoke in a designated separate, enclosed room maintained in accordance with applicable state and federal laws. The licensee's 4.59 Smoking/Tobacco Use policy dated August 1, 2021, indicated: "1. Smoking Areas: 1. Smoking is prohibited inside the group home at all times, including all common areas, individual resident rooms, bathrooms, and offices. 2. Designated outdoor smoking areas will be established at least [XX] feet away from building entrances, windows, and ventilation systems to prevent smoke from entering the building.	0 830		

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0 830	Continued From page 8 3. These areas will be clearly marked and equipped with appropriate disposal of receptacles for cigarette butts. 2. Resident Smoking: 1. Residents who smoke must do so only in designated outdoor smoking areas. 2. Residents who require assistance with smoking should request support from staff in advance. 3. Smoking materials (lighters, cigarettes, etc.) will be managed safely in accordance with facility policies. 3. Staff and Visitor Smoking: 1. Staff members and visitors are also required to follow this policy and use designated outdoor smoking areas only. 2. Smoking breaks for staff must be scheduled so as not to interfere with their duties or resident care. 4. Health and Safety: 1. Smoking inside the facility is strictly prohibited to reduce fire hazards and exposure to secondhand smoke. 2. Fire safety procedures will be reviewed regularly with all residents and staff to ensure awareness of risks associated with smoking. 5. Non-Compliance: 1. Violations of this policy by staff may result in disciplinary action according to employment agreements and facility guidelines. 2. Residents will be counseled on policy adherence and may be subject to restrictions or interventions if violations occur. 6. Support for Smoking Cessation: 1. The group home encourages and supports residents and staff interested in quitting smoking by providing access to educational materials and referrals to cessation programs." No further information was provided.	0 830		

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0 830	Continued From page 9 TIME PERIOD FOR CORRECTION: Two (2) days	0 830		
01290 SS=E	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain a cleared Department of Human Services (DHS) background study, associated with the licensee's health facility identification number (HFID) for two of eight employees (unlicensed personnel (ULP)-D, house manager (HM)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number	01290		

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01290	Continued From page 10 of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: ULP-D ULP-D was hired April 21, 2025, and provided direct care services to the licensee's residents. On June 9, 2025, at 11:00 a.m., the surveyor observed ULP-D making lunch for the licensee's residents. ULP-D's employee record included a DHS background study clearance form dated April 17, 2025. The background study had been submitted through another facility, HFID 37007, also operated by the licensee. ULP-D's employee record lacked evidence of a cleared background study, affiliated with the surveyed assisted living license, HFID 36984. On June 9, 2025, at 1:28 p.m., LALD-A provided, via email, the licensee's DHS background study clearance form for ULP-D, affiliated with the licensee HFID 36984, dated June 9, 2025, during the survey. HM-E HM-E was hired December 14, 2020, and provided direct services to the residents. On June 9, 2025, at 11:40 a.m., the surveyor observed HM-E interacting with the licensee's residents and putting supplies away in the main area of the facility. HM-E's employee record included a DHS	01290		

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01290	Continued From page 11 background study clearance form dated December 14, 2020. The background study had been submitted through another facility, HFID 33081, also operated by the licensee. HM-E's employee record lacked evidence of a cleared background study, affiliated with the surveyed assisted living license, HFID 36984. On June 9, 2025, at 12:03 p.m., LALD-A stated she thought the licensee's human resource department had affiliated all employees to all the licensee's other locations. LALD-A verbalized the DHS NetStudy background study roster were affiliated only to the licensee's other facilities, and those employees were updated and affiliated with HFID 36984, during the survey. On June 9, 2025, at 1:29 p.m., LALD-A provided, via email, the licensee's DHS background study clearance form for HM-E, affiliated with the licensee HFID 36984, dated June 9, 2025, during the survey. The licensee's 4.02 Background Studies policy dated August 1, 2021, indicated "[Licensee] will conduct a Minnesota Department of Human Services Background Study on all employees and volunteers and contractors at [Licensee]. No employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received. [Licensee] will not employ individuals whose results of the background study indicate disqualification for the position. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36984	A. BUILDING: _____ B. WING _____	06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST RESIDENTIAL INC	10449 JOHNSON AVENUE SOUTH BLOOMINGTON, MN 55437

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01760	Continued From page 12	01760		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered per physician's orders for one of two residents (R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R4 had diagnoses including bipolar type schizoaffective disorder (a mental health illness) and hypothyroidism (a thyroid hormone	01760		

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01760	Continued From page 13 deficiency). R4's signed Service Agreement dated May 1, 2025, indicated R4 received services including assistance with behavior management, and medication management. On June 10, 2025, at 7:59 a.m., the surveyor observed unlicensed personnel (ULP)-C assist R4 with medication administration. ULP-C retrieved R4's scheduled and as needed (prn) medications from a locked medication cabinet in the main living area of the facility. ULP-C prepared R4's scheduled medications using the five rights of medication administration procedure. Next, ULP-C stated R4 "usually takes all [prn medications] but she decides." ULP-C brought the prn medications to R4 and asked which prn medications she wanted this morning. R4 stated "Why are you acting funny because she is here," and stated that ULP-C knew what to do and that she took those medications every day. Without checking the medication administration record (MAR) and performing the five rights of medication administration, ULP-C then administered the prn medications to R4. R4's MAR dated June 2025, indicated ULP-C administered the following prn medications in the morning on June 10, 2025: -diphenhydramine (for itching) 50 milligrams (mg), one capsule, four times daily, as needed; -hydroxyzine (for anxiety) 50 mg, one tablet, three times daily, as needed; and -tizanidine (for muscle spasms) 2 mg, one tablet, three times daily, as needed. On June 10, 2025, at 8:15 a.m., ULP-C stated he checked the electronic medical record for R4's prn medications earlier in the morning but did not	01760		

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	36984	A. BUILDING: _____ B. WING _____	06/10/2025

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01760	Continued From page 14 check at the time he administered the prn medications to R4. On June 10, 2025, at 8:18 a.m., licensed assisted living director (LALD)-A stated to ULP-C he needed to check the medication administration record in the electronic medical record before giving any medications. In addition, licensed practical nurse (LPN)-G was present and nodded 'yes' to the education provided to ULP-C. On June 10, 2025, at 8:20 a.m., LALD-A stated she had been working with the nurses on simplifying medication orders, and she planned to follow up with the nurses on more education needed on medication administration procedures. The licensee's Medications & Treatments policy dated August 1, 2021, indicated, "Prior to a ULP providing delegated medication administration and/or treatments/therapy, the following must occur: 1. A RN must conduct a face-to-face resident assessment to determine what medication management or treatment/therapy services will be provided and how those services will be provided. 2. Midwest Residential will prepare and include in the Service Plan a written statement of the medication management or treatment/therapy services that will be provided to the resident. 3. The medications have current prescriber's orders on file. 4. A RN must specify, in writing, specific instructions for each resident and document those instructions in the residents' record. 5. A RN must instruct the ULP on the following medication administration tasks before delegating the task to them: a) The complete procedure of checking a	01760		

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01760	Continued From page 15 resident's medication administration record (MAR). b) The preparation of medication for administration. c) The administration of the medication to the resident. d) The reminder to self-administer medications. e) The documentation after assistance with medication reminder or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with medication administration as ordered, and the initials of the nurse or authorized person who assisted or administered and observed the same. 6. The ULP must demonstrate their ability to competently follow the delegated medication administration or treatment/therapy to a RN. 7. Written records, signed by a RN, shall be maintained regarding ULP training and competency testing of delegated medication administration and treatment/therapy." The licensee's 6.14 Delegation of Assisted Living Services policy dated August 1, 2021, indicated under Procedure, page two, "I. Performing medication management services, medication reminders, assistance, or administration. When medication management is delegated to a ULP, the RN will: i. Instruct the unlicensed personnel in the proper methods to administer the medications ii. Verify the unlicensed personnel has demonstrated the ability to competently follow the procedures iii. Specify, in writing, specific instructions for each resident and document those instructions in the resident's record iv. Communicate with the unlicensed personnel	01760		

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01760	Continued From page 16 about the individual needs of the resident." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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

Food & Beverage Inspection Report

Establishment Info

Midwest Residential Inc
10449 Johnson Avenue South
Bloomington, MN 55437
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36984

Risk:
License:
Expires on:
CFPM: Nasra Sufi
CFPM #: FM115953; Exp: 2/24/2026

Inspection Info

Report Number: F1050251025
Inspection Type: Full - Single
Date: 6/9/2025 Time: 12:00:24 PM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Announced inspection completed by MDH Andrew Spaulding and Faiza Hassan on 6/9/25. Dede Hinnendael was the lead Health Regulation Division Nurse Evaluator on site. The establishment has a residential kitchen. Food is prepared on site and leftovers are not kept. The kitchen has wood cabinets with and wood flooring all found to be in good condition. A two basin sink is located in the kitchen with one basin designated for hand washing.

Discussed the following:
-Employee Illness policy
-Hand washing
-Glove use
-Food Storage
-Date Marking
-Vomit Clean Up Procedures
-Recalls

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 F1050251025 from 6/9/2025

Andrew V. Spaulding

Faiza Hassan

Andrew Spaulding,
Public Health Sanitarian 2
651-201-5298
andrew.spaulding@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

Midwest Residential Inc
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F1050251025
Inspection Type: Full
Date: 6/9/2025
Time: 12:00:24 PM

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: Vegetables**; Temperature Process:** Cold-Holding
Location: Refrigerator 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

Establishment Info

Midwest Residential Inc
Bloomington
County/Group: Hennepin County

Inspection Info

Report Number: F1050251025
Inspection Type: Full
Date: 6/9/2025
Time: 12:00:24 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 191 Degrees F.
Comment:
Violation Issued?: No