Electronically Delivered

February 9, 2026

Licensee
Silver Bay Carefree Living by Oxford Living
36 Bell Circle
Silver Bay, MN 55614

RE: Project Number(s) SL27604016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 28, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

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

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

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

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

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

The correction order documentation should include the following:

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27604	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BAY CAREFREE LIVING BY OXFORD L	36 BELL CIRCLE SILVER BAY, MN 55614

(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: SL# 27604016-0 On January 27, 2026, through January 28, 2026, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider. At the time of the survey, there were 30 residents receiving services under the Assisted Living Facility with Dementia Care 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, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated January 27, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
02410 SS=E	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological	02410		

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02410	Continued From page 2 well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan. (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure privacy was maintained for two of three residents (R2, R4) with urinary catheters. In addition, the licensee failed to ensure privacy was maintained for one of one resident (R3) while receiving services. 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	02410		

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02410	Continued From page 3 found to be pervasive). The findings include: During the entrance conference on January 27, 2026, at 9:55 a.m. to 10:37 a.m., assisted living director in residency (ALDIR)-A stated the licensee was familiar with current minimum assisted living requirements. URINARY DRAINAGE BAG R2 R2's diagnoses included Alzheimer's disease, Type 2 diabetes, and urine retention. R2's Service Plan dated May 20, 2025, indicated R2 received assistance with urinary catheter twice a day and use leg bag during the day and Foley bag at night. R2's January 2026, Service Checkoff List indicated R2 was scheduled and received catheter cares and assistance with emptying urinary bag; however, did not include instructions to place R2's drainage bag in a privacy bag. R2's Progress Notes dated August 19, 2025, through January 27, 2026, did not indicate R2 was offered or declined to use a privacy bag for R2's urinary drainage bag. R4 R4's diagnosis included flaccid neuropathic bladder (underactive bladder). R4's Service Plan dated February 10, 2025, indicated R4 received assistance with urinary catheter three times a day.	02410		

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02410	Continued From page 4 R4's January 2026, Service Checkoff List indicated R4 was scheduled and received catheter cares and assistance with emptying urinary bag; however, did not include instructions to place R4's drainage bag in a privacy bag. On January 27, 2026, at 11:37 a.m., R2 was sitting in the dining room along with other residents waiting for lunch. R2's urinary drainage bag was observed hanging on the left side of R2's walker, uncovered and exposed to the public. Unlicensed personnel (ULP)-C summoned R2 back to his room to administer R2's insulin. After R2's administration of insulin, R2's walked back to the dining room with the exposed urinary drainage bag. The surveyor did not observe ULP-C offer to place R2's urinary drainage bag into a privacy bag before R2 went back into the dining room for lunch. On January 27, 2026, at 2:32 p.m., ALDIR-A stated R4 declined to use a urinary leg drainage bag and would throw the privacy bags in the garbage. ALDIR-A stated an exposed urinary drainage bag in a public setting could be a privacy issue and a concern for others especially during mealtimes and at a minimum should be encouraged in the dining room during meals. On January 28, 2026, at 8:10 a.m., the surveyor observed R2 eating breakfast and R2's urinary drainage bag, hanging on the side of R2's walker, uncovered and exposed to the public. On January 29, 2026, at 7:12 a.m., the surveyor observed R4's sitting at dining table with other residents and staff present during breakfast. R4's urinary drainage bag was observed half-filled of urine, hanging on the side of R4's walker, not in a privacy bag and exposed to the	02410		

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02410	Continued From page 5 public. On January 29, 2026, at 8:52 a.m., the surveyor observed ULP-I provide urinary catheter cares for R2 in R2's room. After R2's cares, ULP-I did not offer to place R2's urinary drainage bag in a privacy cover. ULP-I stated ULP-I was unaware of any available privacy bags to provide for resident's drainage bags. MEDICATIONS ADMINISTRATION R3's diagnoses included dementia, open angle glaucoma, and allergies. R3's Service Plan dated January 27, 2026, indicated R2 received assistance with medication administration. On January 28, 2026, at 7:12 a.m., the surveyor observed unlicensed personnel ULP-C administer R3's eye drops and nasal spray at the dining table during breakfast. During R3's medication administration observation, a male resident was sitting at the dining table adjacent to R3 counting each eye drop R3 received in each eye, how many nasal sprays and number of pills R3 was individually administered. The surveyor did not observe ULP-C offer to move R3 to a private setting before administering R3's eye drops and nasal spray. On January 28, 2026, at 12:33 p.m., clinical nurse supervisor (CNS)-B stated staff have been trained to administer eye drops, insulins, inhalers, and treatments preferably in a private setting but ultimately it was up to the resident's preference. CNS-B stated the licensee had three residents who had urinary catheters and preferred not to use leg drainage bags during the day. CNS-B	02410		

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02410	Continued From page 6 stated CNS-B has been working with the residents who had urinary catheters and offered privacy bags and had been unsuccessful. The licensee's Minnesota Assisted Living Bill of Rights dated November 2025, indicated case discussion, consultation, examination, and treatments are confidential and must be conducted discretely. The licensee's Medication Management Services policy dated January 16, 2023, indicated when administration of medications are delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: -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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02410		
02430 SS=D	144G.91 Subd. 15 Confidentiality of records (a) Residents have the right to have personal, financial, health, and medical information kept private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the information. Residents must be notified when personal records are requested by any outside party. (b) Residents have the right to access their own records.	02430		

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02430	Continued From page 7 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident's personal health and medical information was kept private by one of two unlicensed personnel (ULP)-D. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: During the entrance conference on January 27, 2026, at 9:55 a.m. to 10:37 a.m., assisted living director in residency (ALDIR)-A stated the licensee was familiar with the minimum assisted living requirements. On January 28, 2026, at 6:52 a.m., the surveyor observed ULP-D prepare R7's medications on the unsecured unit. After ULP-D prepared R7's medications, ULP-D went into R7's room leaving the laptop computer screen in the upright position, in a hallway of resident rooms, exposing R7's medical records to include R7's name and medications. -At 6:58 a.m., the surveyor observed ULP-D prepare R5's medications on the unsecured unit. After ULP-D prepared R5's medications, ULP-D went to R5's room and left the laptop computer screen in the upright position exposing R5's	02430		

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02430	Continued From page 8 medical records including R5's name, medications and room number. At 6:53 a.m., clinical nurse supervisor (CNS)-B walked by the medication cart, noticed the computer screen was in the upright position exposing resident personal health information and lowered the computer screen. -At 7:04 a.m., the surveyor observed ULP-D start to prepare R6's medications. ULP-D stated ULP-D had to go and grab a yogurt because R6 did not eat breakfast and needed to have food with medications. ULP-D went to obtain a yogurt and left the laptop computer screen in the upright position with R6's personal health information and list of medications exposed. After the above observations, ULP-D stated ULP-D should have lowered the laptop after use. On January 28, 2026, at 12:33 p.m., CNS-B stated CNS-B would sometimes notice the laptop open with resident's personal information on the screen. CNS-B stated the computer program does not automatically time and go to a privacy screen when not being used. CNS-B stated when the laptop is closed staff have to continuously re-sign in every time so some staff just lower the laptop so residents personal information is not exposed. The Minnesota Bill of Rights for Assisted Living Residents dated November 2025, indicated residents have the right to have personal, financial, health, and medical information kept private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the information.	02430		

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02430	Continued From page 9 The licensee Resident Requirements policy dated April 4, 2025, indicated the licensee would protect resident records, whether written or electronic. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02430		

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

SILVER BAY CAREFREE LIVING BY
36 Bell Circle
Silver Bay, MN 55614
Lake County
Parcel:

Phone:

License Info

License: HFID 27604

Risk:
License:
Expires on:
CFPM: Margy Porter
CFPM #: 2262; Exp: 5/14/2027

Inspection Info

Report Number: F7980261012
Inspection Type: Full - Single
Date: 1/27/2026 Time: 11:00:49 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

HRD inspection with Sativa Bushey MDH

Temperature logs kept for equipment and cooking

Dish machine log kept, thermo label used for hot water verification

Discussed employee illness any worker with vomiting and/or diarrhea is excluded for 24 hours after symptoms stop and illness is recorded in a log.

Proper handwashing and glove use observed during inspection.

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 Duluth District Office inspection report number F7980261012 from 1/27/2026

Sara Bents

Margy Porter
Kitchen manager

Sara Bents,
Public Health Sanitarian 3
218-302-6184
sara.bents@state.mn.us

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Temperature Observations/Recordings

Establishment Info

SILVER BAY CAREFREE LIVING BY
Silver Bay
County/Group: Lake County

Inspection Info

Report Number: F7980261012
Inspection Type: Full
Date: 1/27/2026
Time: 11:00:49 AM

Food Temperature: Product/Item/Unit: Pork Chop**; Temperature Process:** Cold-Holding
Location: Oven at 187 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Rice Pilaf**; Temperature Process:** Cooking
Location: Stove at 209 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Egg salad**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

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

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

Food Temperature: Product/Item/Unit: Chocolate milk**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Strawberries**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 35 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Stew**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: All freezers frozen hard**; Temperature Process:** Cold-Holding
Location: walk-inWalk-in Freezer at Degrees F.
Comment:
Violation Issued?: No

Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Sanitizer Observations/Recordings

Establishment Info

SILVER BAY CAREFREE LIVING BY
Silver Bay
County/Group: Lake County

Inspection Info

Report Number: F7980261012
Inspection Type: Full
Date: 1/27/2026
Time: 11:00:49 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 159 Degrees F.
Comment: Wash
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 191 Degrees F.
Comment: Thermo label black
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Dishwashing Area **Equal To** 200 PPM
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Quaternary Ammonia**; Sanitizing Process:** 3-Compartment Sink
Location: Dishwashing Area **Equal To** 200 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL27604016	**Date:** 1/27/2026
Facility Name: Silver Bay Carefree Living	
Facility Address: 36 Bell Circle Silver Bay, MN 55614	

☒ **TAG IDENTIFICATION: 0775**

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

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

2. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

   Comments: The door to the maintenance room had its closure removed.

3. In buildings that contain a fuel-burning appliance or fireplace, or attached private garage, carbon monoxide detection shall be installed in dwelling units within ten feet of bedrooms. Where a fuel burning appliance is located in a bedroom or its attached bathroom, carbon monoxide detection shall be installed within the bedroom. Carbon monoxide detection can be provided by carbon monoxide alarms installed in dwelling or sleeping units or a carbon monoxide detection system installed in the room or space that contains the fuel-burning appliance. [Minn. Stat. 144G.45 subd. 2; MSFC 915]

   Comments: Carbon monoxide protection was not properly provided for the facility.

4. Controlled egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center, a nursing station, or other approved location. Building occupants shall not be required to pass through more than one controlled egress locked door before entering an exit. The procedures for operation of the unlocking system shall be described as part of the fire safety and evacuation plan. All clinical staff shall have the keys, codes, or other means necessary to operate the locking device. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

   Comments: There was not a switch/button within the locked dementia care wing to unlock all doors.

5. Gates used as a component in a means of egress shall meet the same requirements for doors. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.8.1]

   Comments: The gate from the dementia care patio had a padlock installed.

6. Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator. [Minn. Stat. 144G.45 subd. 2; MSFC 1013.6.3]

   Comments: Several exit lights failed to operate when push button tested.

7. Maintaining protection. Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions. [Minn. Stat. 144G.45 subd. 2; MSFC 703.1]

   Comments: A fan was cut into the fire rated corridor wall from the boiler room.