Electronically Delivered

December 9, 2025

Licensee
Christian Homes
295 12th Street
Newport, MN  55055

RE:  Project Number(s) SL35128016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 21, 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 - 0780 - 144g.45 Subd. 2 (a) (1) - 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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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 |
|---|---|---|---|
| | 35128 | A. BUILDING: _____ B. WING _____ | 11/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHRISTIAN HOMES | 295 12TH STREET NEWPORT, MN 55055 |

| (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 |
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| 0 000 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL35128016-0<br><br>On November 17, 2025, through November 19, 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 four residents; four 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 460 SS=F | 144G.41 Subdivision 1 Minimum requirements<br><br>(5) provide a means for residents to request | 0 460 | | |

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| 0 460 | Continued From page 1<br><br>assistance for health and safety needs 24 hours per day, seven days per week;<br>(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;<br>(7) permit residents access to food at any time;<br>(8) allow residents to choose the resident's visitors and times of visits;<br>(9) allow the resident the right to choose a roommate if sharing a unit;<br>(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week.<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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>On November 17, 2025, at 10:35 a.m., during a | 0 460 | | |

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| 0 460 | Continued From page 2<br>facility tour, the surveyor did not observe a means for residents to summon staff for assistance.<br><br>On November 17, 2025, at 2:47 p.m., R1 stated they were not offered a means to summon staff at the facility when they moved in.<br><br>On November 17, 2025, at 2:48 p.m., unlicensed personnel (ULP)-A stated they was no system to summons staff. ULP-A stated residents would have to, "call out" if they needed assistance.<br><br>On November 18, 2025, at 2:12 p.m., licensed assisted living director (LALD)-D stated they did not provide a means for residents to be able to summon assistance. LALD-D stated they relied on staff to perform safety checks on residents every two hours. LALD-D stated they were not aware the licensee had to provide a means for residents to be able to summon assistance.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 460 | | |
| 0 480 SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services<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 | 0 480 | | |

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| 0 480 | Continued From page 3<br>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 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 | 0 480 | | |

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| 0 480 | Continued From page 4<br>provided with a self-closing door.<br><br>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.<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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 17, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 630 SS=F | 144G.42 Subd. 6 (b) Compliance with requirements for reporting ma<br><br>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an | 0 630 | | |

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| 0 630 | Continued From page 5<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for three of three residents (R1, R2, R3).<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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R1<br>R1 was admitted to the assisted living facility on June 5, 2020, and began receiving assisted living services.<br><br>R1's diagnoses included depressive disorder (constant feelings of sadness), high blood pressure, arthritis (painful joints), diabetes type 2 (body's inability to regular blood sugar), history of substance abuse, behaviors in both physical and | 0 630 | | |

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| 0 630 | Continued From page 6<br>verbal aggression ranging from mild to severe.<br><br>R1's record lacked an assessment of the resident's risk to abuse others and lacked an assessment of the risk to be abused by other residents.<br><br>R2<br>R2 was admitted to the assisted living facility on November 2, 2020, and began receiving assisted living services.<br><br>R2's diagnoses included schizophrenia (includes symptoms of hallucinations, delusions, disorganized speech and thinking), bowel obstruction (blockage in the intestine), pulmonary mass (lung cancer), and community-acquired pneumonia anemia (lung infection with low amounts of red blood cells).<br><br>R2's Care Plan updated November 2, 2025, contained a section titled Individual Abuse Prevention Plan (IAPP). R2's record including the section titled IAPP lacked an assessment of R2's risk to abuse other residents.<br><br>R3<br>R3 was admitted to the assisted living facility on April 4, 2021, and began receiving assisted living services.<br><br>R3's diagnoses included schizoaffective disorder (chronic mental health condition that combines schizophrenia with mood disorders including depression), psychosis (mental health condition characterized by a distorted or lost sense of reality, and unspecified intracranial injury (damage to the brain).<br><br>R3's Care Plan updated November 2, 2025, | 0 630 | | |

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| 0 630 | Continued From page 7<br><br>contained a section titled Individual Abuse Prevention Plan (IAPP). R3's record including the section titled IAPP lacked an assessment of the resident's risk to abuse others and lacked an assessment of the risk to be abused by other residents.<br><br>On November 19, 2025, at 10:36 a.m., clinical nurse supervisor (CNS)-C stated they were responsible for completing the IAPP for each resident. CNS-C stated they would complete the IAPP when a resident was admitted to the facility or with a change of condition, however, they were unable to recall the required content. CNS-C stated failing to complete the IAPP for residents was a safety concern, and they were unsure why the IAPPs were not completed.<br><br>The licensee's Vulnerable Adult policy dated August 1, 2021, indicated each resident would be assessed for the above missing information, including interventions if required.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 630 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; | 0 680 | | |

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| 0 680 | Continued From page 8<br><br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors.<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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>The licensee's emergency preparedness plan dated July 7, 2025, lacked evidence of the | 0 680 | | |

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| 0 680 | Continued From page 9<br><br>following required content:<br>- process for EP collaboration with local, tribal, regional and Federal emergency preparedness systems;<br>- subsistence of needs for staff and patients;<br>- policies and procedures for medical documentation;<br>- policies and procedures for volunteers;<br>- emergency official contact information including state licensing and certification agency, MN Office of Ombudsman for long-term care;<br>- emergency preparation and testing requirements;<br>- emergency preparation training program, and;<br>- emergency preparation testing requirements.<br><br>On November 18, 2025, at 2:36 p.m., licensed assisted living director (LALD)-D stated they were responsible for the EP plan. LALD-D stated the EP plan ensures the safety of residents during periods of emergency. LALD-D stated they believed the EP plan had all the required content, and they would have to review the EP plan for the missing content.<br><br>The licensee's Emergency Preparedness policy dated August 1, 2021, indicated licensee would have a plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680 | | |
| 0 780 SS=F | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment | 0 780 | | |

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| 0 780 | Continued From page 10<br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced by:<br>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.<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 | 0 780 | | |

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| | 35128 | A. BUILDING: _____ B. WING _____ | 11/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CHRISTIAN HOMES | 295 12TH STREET NEWPORT, MN 55055 |

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| 0 780 | Continued From page 11<br><br>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).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 11-17-2025, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 780 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be | 0 810 | | |

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| 0 810 | Continued From page 12<br><br>readily available at all times within the facility.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>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.<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).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 11-17-25, for the specific violations related the physical environment under Minnesota Statute | 0 810 | | |

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| 0 810 | Continued From page 13<br>144G.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 810 | | |
| 0 950 SS=F | 144G.50 Subd. 3 Designation of representative<br><br>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:<br><br>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.<br><br>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."<br><br>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.<br><br>This MN Requirement is not met as evidenced | 0 950 | | |

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| 0 950 | Continued From page 14<br><br>by:<br>Based on interview and record review, the licensee failed to offer the resident the opportunity to identify a designated representative in writing with the required statutory language for three of three residents (R1, R2, R3).<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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R1<br>R1 was admitted to the assisted living facility on June 5, 2020, and began receiving assisted living services.<br><br>R2<br>R2 was admitted to the assisted living facility on November 2, 2020, and began receiving assisted living services.<br><br>R3<br>R3 was admitted to the assisted living facility on April 4, 2021, and began receiving assisted living services.<br><br>R1, R2, and R3's record lacked evidence the licensee provided the resident any notice with the required verbatim language for designating a representative.<br><br>On November 18, 2025, at 2:12 p.m., licensed | 0 950 | | |

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| 0 950 | Continued From page 15<br>assisted living director (LALD)-D stated they had not had a new admission to the facility for three to four years, and they were unaware of the requirement.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 950 | | |
| 0 970 SS=F | 144G.50 Subd. 5 Waivers of liability prohibited<br><br>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident for one of two residents (R1, R2, R3).<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 potential to affect | 0 970 | | |

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| 0 970 | Continued From page 16<br>a large portion or all of the residents).<br><br>The findings include:<br><br>R1<br>R1 was admitted to the assisted living facility on June 5, 2020, and began receiving assisted living services.<br><br>R2<br>R2 was admitted to the assisted living facility on November 2, 2020, and began receiving assisted living services.<br><br>R3<br>R3 was admitted to the assisted living facility on April 4, 2021, and began receiving assisted living services.<br><br>R1, R2, R3 contract contained the following language, "The resident agrees that Christian Homes will not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of Christian Homes or its employees or agents. The resident hereby releases Christian Homes from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of Christian Homes or its employees or agents."<br><br>On November 18, 2025, at 2:12 p.m., licensed assisted living director (LALD)-D stated the contract was purchased from a consultant company. LALD-D stated they were unaware the | 0 970 | | |

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| 0 970 | Continued From page 17<br>contract could not contain liability language.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 970 | | |
| 01470 SS=D | 144G.63 Subd. 2 Content of required orientation<br><br>(a) The orientation must contain the following topics:<br>(1) an overview of this chapter;<br>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;<br>(3) handling of emergencies and use of emergency services;<br>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);<br>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;<br>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;<br>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and | 01470 | | |

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| 01470 | Continued From page 18<br><br>(9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure.<br>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:<br>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;<br>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or<br>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure staff providing services completed an orientation to assisted living facility licensing requirements and regulations before providing services for one of three employees (unlicensed personnel (ULP)-E).<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 | 01470 | | |

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| 01470 | Continued From page 19<br><br>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).<br><br>The findings include:<br><br>ULP-E began employment October 2, 2025, and began to provide direct care and services to residents.<br><br>ULP-E's employee record lacked evidence of orientation to assisted living regulations (Minnesota Statutes, chapter 144G.63, subdivision 2) effective August 1, 2021, for the following:<br>- overview of assisted living statutes;<br>- review of provider's policies and procedures;<br>- handing of resident complaints, reporting of complaints, where to report;<br>- consumer advocacy services;<br>- review of types of Assisted Living services the employee will provide and provider's scope of license, and;<br>- principles of person-centered planning/service delivery.<br><br>On November 19, 2025, at 12:26 p.m., licensed assisted living director (LALD)-D stated they were responsible for assigning trainings to staff, and they used a program called Educare (an online training program). LALD-D stated they were unsure why ULP-E was missing training.<br><br>The licensee's Staff Orientation and Education policy dated August 1, 2021, indicated staff would receive training in the above topics. | 01470 | | |

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| 01470 | Continued From page 20<br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01470 | | |
| 01530 SS=E | 144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-<br><br>(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;<br>(2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the | 01530 | | |

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| 01530 | Continued From page 21<br><br>requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter;<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure direct-care staff completed at least eight hours of initial dementia care training within 80 working hours of the employment start date for one of three employees (unlicensed personnel (ULP)-E). Additionally, the licensee failed to ensure direct-care staff completed an initial two hours of mental illness and de-escalation training with 80 working hours for two of three employees (ULP-B, ULP-E).<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).<br><br>The findings include:<br><br>ULP-B<br>ULP-B was hired on August 6, 2025, to provide direct care services. | 01530 | | |

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| 01530 | Continued From page 22<br><br>The licensee's schedule for October 2025 through November 2025 indicated ULP-B worked greater than 80 hours.<br><br>ULP-B's employee file contained a transcript which indicated ULP-B had completed the following courses in Educare (an online computer program for training):<br>- aging process 0.75 hours;<br>- assisted living bill of rights 0.75 hours;<br>- client mobility exercise and ambulation 0.5 hours;<br>- client mobility - lifting and safe transfers 0.75 hours;<br>- client mobility - positioning 0.50 hours;<br>- client mobility - range of motion 0.75 hours;<br>- customer services 1 hour;<br>- dementia - person centered care 0.75 hours;<br>- dementia - problem solving - anxiety 0.5 hours;<br>- dementia - problem solving - mood swings and personality changes 0.5 hours;<br>- dementia 1 - introduction and overview 1 hour;<br>- dementia 2 - communication1.25 hours;<br>- dementia 3 - activities of daily living 1 hour<br>- dementia 4 - behaviors and symptoms 1 hour;<br>- dementia 5 - the journey 0.75 hours;<br>- dining, nutrition, and food safety 1.25 hours;<br>- documenting, observing, and reporting 0.75 hours;<br>- emergency preparedness human hazards 0.75 hours;<br>- emergency preparedness overview 0.75 hours;<br>- emergency preparedness site and natural hazards 1 hour;<br>- fall prevention 0.75 hours;<br>- guide to assisted living 1.25 hours;<br>- hearing loss 0.75 hours;<br>- health information portability accountability act (HIPAA) 1 hour;<br>- Medicaid fraud and abuse 0.5 hours; | 01530 | | |

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| 01530 | Continued From page 23<br><br>- medication administration - overview 1.25 hours;<br>- medication administration routes 1.5 hours;<br>- medication and treatment - blood glucose testing 0.5 hours;<br>- medication and treatment - insulin administration 0.75 hours;<br>- OSHA and infection control 1.25 hours;<br>- personal cares - 1.25 hours, and;<br>- professional boundaries 0.75 hours.<br><br>ULP-E<br>ULP-E was hired on October 2, 2025, to provide direct care services.<br><br>The licensee's schedule for October 2025 through November 2025 indicated ULP-E worked greater than 80 hours.<br><br>ULP-E's employee file contained a transcript which indicated ULP-E had completed the following courses in Educare (an online computer program for training):<br>- assisted living bill of rights 0.75 hours;<br>- dementia - activities a balance approach 0.75 hours;<br>- dementia - communication overview 1 hour;<br>- dementia problem solving - overview 0.75 hours;<br>- dementia 2 - communication 1.25 hours;<br>- diabetes 0.75 hours;<br>- documenting, observing, and reporting 0.75 hours;<br>- emergency preparedness - human hazards 0.75 hours;<br>- emergency preparedness - overview 0.75 hours;<br>- emergency preparedness -site and natural hazards 1 hour;<br>- HIPAA 1 hour;<br>- infection control techniques 1 hour;<br>- medication administration 1.25 hours; | 01530 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CHRISTIAN HOMES | 295 12TH STREET NEWPORT, MN 55055 |

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| 01530 | Continued From page 24<br><br>- mental illness respond strategies 1 hour;<br>- occupational safety health division and infection control 1.25 hours;<br>- personal cares 1.25 hours;<br>- substance abuse 0.5 hours, and;<br>- vulnerable adult 0.5 hours.<br><br>ULP-B and ULP-E's employee record lacked the required number of hours for mental illness and de-escalation training.<br><br>ULP-B and ULP-E's employee record lacked the required number of hours for dementia care.<br><br>On November 19, 2025, at 12:57 p.m., licensed assisted living director (LALD)-D stated they were responsible for the training for staff. LALD-D stated they assign Educare classes based on the employee role. LALD-D stated they currently do have a syllabus they follow. LALD-D stated they were unsure what training had to be completed for each staff.<br><br>The licensee's Dementia Education policy dated August 1, 2021, indicated direct care staff should receive eight hours of dementia training within 160 hours of employment.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01530 | | |
| 01650 SS=E | 144G.70 Subd. 4 (f) Service plan, implementation and revisions to<br><br>(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 | 01650 | | |

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| 01650 | Continued From page 25<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to include required service plan content for two of three residents (R2, R3).<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 | 01650 | | |

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| 01650 | Continued From page 26<br>situation has occurred repeatedly; but is not found to be pervasive).<br><br>The findings include:<br><br>R2<br>R2 was admitted to the assisted living facility on November 2, 2020, and began receiving assisted living services.<br><br>R2's diagnoses included schizophrenia (includes symptoms of hallucinations, delusions, disorganized speech and thinking), bowel obstruction (blockage in the intestine), pulmonary mass (lung cancer), and community-acquired pneumonia anemia (lung infection with low amounts of red blood cells).<br><br>R2's unsigned Care Plan updated November 2, 2025, indicated R2 received assistance with dressing, grooming, bathing, meal preparation, medication management, behavior management, and housekeeping.<br><br>R2's Care Plan lacked the following content:<br>- the fees for services;<br>- the schedule and methods of monitoring assessments of the resident, and;<br>- a contingency plan that includes: the action to be taken if the scheduled service cannot be provided, information and a method to contact the facility, and 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.<br><br>R3<br>R3 was admitted to the assisted living facility on | 01650 | | |

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| 01650 | Continued From page 27<br><br>April 4, 2021, and began receiving assisted living services.<br><br>R3's diagnoses included schizoaffective disorder (chronic mental health condition that combines schizophrenia with mood disorders including depression), psychosis (mental health condition characterized by a distorted or lost sense of reality, and unspecified intracranial injury (damage to the brain).<br><br>R3's signed Service plan dated April 4, 2022,indicated R3 received assistance with medication management, vital signs, behavior management, housekeeping, and laundry.<br><br>R3's Service Plan lacked the following content:<br>- the fees for services.<br><br>On November 18, 2025, at 1:57 p.m., licensed assisted living director (LALD)-D stated the document titled Care Plan was the service plan for R2.<br><br>On November 19, 2025, at 10:23 a.m., clinical nurse supervisor (CNS)-C stated they were responsible for the services for residents. CNS-C stated they could not recall the required content, and they were unsure why the service plans were missing content.<br><br>The licensee's Service Plan policy dated August 1, 2021, indicated the licensee would include the above missing content.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01650 | | |

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| 01730 | Continued From page 28 | 01730 | | |
| 01730 SS=F | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(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;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(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.<br>(b) The medication management record must be | 01730 | | |

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| 01730 | Continued From page 29<br><br>current and updated when there are any changes.<br>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the registered nurse reconciled medication orders for three of three residents reviewed (R1, R2, R3).<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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R1<br>R1 was admitted to the assisted living facility on June 5, 2020, and began receiving assisted living services.<br><br>R1's diagnoses included depressive disorder (constant feelings of sadness), high blood pressure, arthritis (painful joints), diabetes type 2 (body's inability to regular blood sugar), history of substance abuse, behaviors in both physical and verbal aggression ranging from mild to severe.<br><br>R1's signed Service Plan dated March 6, 2022, | 01730 | | |

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| 01730 | Continued From page 30<br><br>indicated R1 receiving assistance with medication administration.<br><br>R1's Medication Administration Summary dated November 2025 indicated R1 received the following medications: Atorvastatin 80 milligrams (mg) 1 tablet once daily, celecoxib 200 mg 1 capsule once daily, clobetasol 0.05 percent (%) topical (on top of the skin) to the arms and legs as needed, dermacerin cream apply to affects areas, diclofenac sodium 1 % apply to knees, ankles, and shoulders as needed, escitalopram 10 mg 1 tablet once daily, folic acid 1 mg 1 tablet once daily, gabapentin 300 mg 1 capsule once daily, hydrocortisone 1 % cream apply twice daily, lisinopril 10 mg 1 tablet once daily, metformin 500 mg 1 tablet once daily, naltrexone 50 mg 1 tablet once daily, omeprazole 20 mg 1 capsule once daily, quetiapine 100 mg 1 tablet once daily, Risperdal Consta 25mg/2 milliliter inject every 14 days, senna laxative 8.6 mg 1 tablet once daily, triamcinolone 0.025% ointment apply to affected area twice daily, acetaminophen 500 mg 1 tablet as needed for pain, albuterol 90 microgram (mcg) inhaler 2 puffs every 6 hours as needed, capsaicin 0.025% apply topically as needed, nicotine 4 mg chewing gum every 1-2 hours, trazadone 100 mg 1 tablet as needed for sleep and, ammonium lactate 12% lotion apply to skin as needed.<br><br>R1's signed physician orders dated November 23, 2025, indicated R1 was prescribed the following medications: ammonium cream 12% apply to dry skin, benzonatate 100 mg 1 capsule three times daily, capsaicin 0.025% apply topically as needed, clobetasol 0.05 percent (%) topical (on top of the skin) to the arms and legs as needed, nicotine gum 4 mg 1 piece every 1 to 2 hours, albuterol 90 microgram (mcg) inhaler 2 puffs | 01730 | | |

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| 01730 | Continued From page 31<br><br>every 6 hours as needed, amlodipine 5 mg 1 tablet once daily, escitalopram 10 mg 1 tablet once daily, folic acid 1 mg 1 tablet once daily, lisinopril 10 mg 1 tablet once daily, metformin 500 mg 1 tablet once daily, omeprazole 20 mg 1 capsule once daily, vitamin B-1 100 mg 1 tablet once daily, naltrexone 50 mg 1 tablet once daily, Atorvastatin 80 milligrams (mg) 1 tablet once daily, gabapentin 300 mg 1 capsule twice daily, quetiapine 100 mg 1 tablet once daily, anti-itch cream 1% apply to affected areas, Eucerin original cream apply to affected areas twice daily, hydrocortisone 1 % cream apply twice daily, senna 8.6 tablet twice daily, triamcinolone 0.025% ointment apply to affected area twice daily and, diclofenac sodium 1 % apply to knees, ankles, and shoulders as needed.<br><br>R1's record contained signed prescription orders for the following medications, however, they were not listed on the Medication Administration Record: benzonatate 100 mg 1 capsule three times daily, vitamin B-1 100 mg 1 tablet once daily, and amlodipine 5 mg 1 tablet once daily.<br><br>R2<br>R2 was admitted to the assisted living facility on November 2, 2020, and began receiving assisted living services.<br><br>R2's diagnoses included schizophrenia (includes symptoms of hallucinations, delusions, disorganized speech and thinking), bowel obstruction (blockage in the intestine), pulmonary mass (lung cancer), and community-acquired pneumonia anemia (lung infection with low amounts of red blood cells).<br><br>R2's unsigned Care Plan updated November 2, 2025, indicated R2 received assistance with | 01730 | | |

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| 01730 | Continued From page 32<br>medication administration.<br><br>R2's Medication Administration Summary dated November 2025 indicated R2 received the following medications: clozapine 100 mg 1 tablet once daily, divalproex 125 mg 4 capsules three times daily, duloxetine 60 mg 1 capsule once daily, gabapentin 100 mg 1 capsule three times daily, loratadine 10 mg 1 tablet once daily, melatonin 10 mg 1 tablet at bedtime, olopatadine 0.1% 1 drop into each eye twice daily, pantoprazole 40 mg 1 tablet once daily, tab-a-vite 400 mcg 1 tablet once daily, triamcinolone 0.1% apply to affected area twice daily, vitamin D3 1000 units (u) 1 capsule once daily, acetaminophen 500 mg 2 tablets every four hours as needed, diphenhydramine 25 mg 1 capsule as needed for itching, hydrocortisone 1% cream apply to affected areas, hydroxyzine 25 mg 1 tablet three times daily, loperamide 2 mg 2 capsules as needed for loose stool, nicotine 4 mg lozenge 1 lozenge every hour as needed, oxycodone 5 mg 1 tablet four times daily, tramadol 50 mg tablet 1 tablet six times daily, and tums kids 300 mg 1 tablet three times as needed.<br><br>R2's signed physician orders dated September 25, 2025, indicated R2 was prescribed the following medications: risperidone 50 mg inject 2 ml intramuscularly every two weeks, aspirin 325 mg 1-2 tablets one daily, Belsomra 10 mg 1 tablet once daily, benztropine 1mg 1 tablet twice daily, calcium antacid 750 mg 1 tablet three times daily as needed, diphenhydramine 25 mg 1 capsule once daily, hydrocortisone 1% cream apply to affected areas, hydroxyzine 25 mg 1 tablet three times daily, nicotine lozenge 4 mg 1 lozenge every hour as needed, ondansetron 4 mg 1 tablet three times daily as needed, tramadol 50 mg 1 tablet every four hours as needed, daily-vite 1 | 01730 | | |

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| 01730 | Continued From page 33<br><br>tablet once daily, loperamide 2 mg 2 capsules with loose stool, loratadine 10 mg 1 tablet once daily, pantoprazole 40 mg 1 tablet once daily, reguloid powder 369 grams (gm) 1 tablespoon with liquid, vitamin D3 25 mcg 1 capsule once daily, clozapine 100 mg 1 tablet once daily, gabapentin 300 mg 1 capsule once daily, melatonin 3 mg 1 tablet once daily, mirtazapine 15 mg 1 tablet once daily, cholestyramine powder 4 gm mix 1 packet with liquid, docusate sodium 100 mg 1 capsule once daily, olopatadine drop 0.1% one drop in eye each, risperidone 3 mg tablet twice daily, divalproex 125 mg 4 capsules three times daily, acetaminophen 325 mg 2 tablets every 6 hours, and triamcinolone 0.1% apply to affected areas.<br><br>R2's After Visit Summary (AVS) orders electronically signed March 15, 2025, indicated R2 received the following medications: acetaminophen 325 mg 2 tablets every 6 hours, cholecalciferol 1000 u 1 capsule once daily, cholestyramine powder 4 gm mix 1 packet with liquid, clozapine 100 mg 1 tablet once daily, daily-vite 1 tablet once daily, divalproex 125 mg 4 capsules three times daily, Ensure supplemental drink 1 bottle once daily, hydrocortisone 1% cream apply to affected areas, hydroxyzine 25 mg 1 tablet three times daily, pantoprazole 40 mg 1 tablet once daily, risperidone 50 mg inject 2 ml intramuscularly every two weeks and, tramadol 50 mg 1 tablet every four hours as needed.<br><br>R2's record contained signed prescription orders for the following medications, however, they were not listed on the MAR: risperidone 50 mg inject 2 ml intramuscularly every two weeks, aspirin 325 mg 1-2 tablets one daily, Belsomra 10 mg 1 tablet once daily, benztropine 1mg 1 tablet twice daily, calcium antacid 750 mg 1 tablet three times daily | 01730 | | |

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| 01730 | Continued From page 34<br><br>as needed, hydroxyzine 25 mg 1 tablet three times daily, ondansetron 4 mg 1 tablet three times daily as needed, tramadol 50 mg 1 tablet every four hours as needed, daily-vite 1 tablet once daily, vitamin D3 25 mcg 1 capsule once daily, clozapine 100 mg 1 tablet once daily, mirtazapine 15 mg 1 tablet once daily, cholestyramine powder 4 gm mix 1 packet with liquid, docusate sodium 100 mg 1 capsule once daily and risperidone 3 mg tablet twice daily.<br><br>On November 18, 2025, at 10:54 a.m., clinical nurse supervisor (CNS)-C stated the medication orders should be signed for each medication, and their process was to receive the order from the medical provider and update the electronic medical record (EMAR). CNS-C stated the EMAR should match the medication orders. CNS-C stated they were not sure if there were discontinuation orders for the above medications. CNS-C stated it is a safety concern if the EMAR and medications orders do not match, and they were unsure how that situation occurred.<br><br>The licensee's Medication Administration policy dated August 1, 2021, indicated the registered nurse was responsible for assuring all medications are current and ordered by the prescriber.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01730 | | |
| 01760 SS=D | 144G.71 Subd. 8 Documentation of administration of medication<br><br>Each medication administered by the assisted | 01760 | | |

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| 01760 | Continued From page 35<br><br>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 prescriber's orders were accurately transcribed for one of three residents (R1).<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).<br><br>The findings include:<br><br>R1 was admitted to the assisted living facility on June 5, 2020, and began receiving assisted living services.<br><br>R1's diagnoses included depressive disorder (constant feelings of sadness), high blood pressure, arthritis (painful joints), diabetes type 2 | 01760 | | |

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| | 35128 | A. BUILDING: _____ B. WING _____ | 11/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CHRISTIAN HOMES | 295 12TH STREET NEWPORT, MN 55055 |

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| 01760 | Continued From page 36<br><br>(body's inability to regular blood sugar), history of substance abuse, behaviors in both physical and verbal aggression ranging from mild to severe.<br><br>R1's Signed Service Plan dated March 6, 2022, indicated R1 received assistance with medication administration.<br><br>R1's Medication Administration Summary dated November 2025 indicated R1 received the following medications: Atorvastatin 80 milligrams (mg) 1 tablet once daily, celecoxib 200 mg 1 capsule once daily, clobetasol 0.05 percent (%) topical (on top of the skin) to the arms and legs as needed, dermacerin cream apply to affects areas, diclofenac sodium 1 % apply to knees, ankles, and shoulders as needed, escitalopram 10 mg 1 tablet once daily, folic acid 1 mg 1 tablet once daily, gabapentin 300 mg 1 capsule once daily, hydrocortisone 1 % cream apply twice daily, lisinopril 10 mg 1 tablet once daily, metformin 500 mg 1 tablet once daily, naltrexone 50 mg 1 tablet once daily, omeprazole 20 mg 1 capsule once daily, quetiapine 100 mg 1 tablet once daily, Risperdal Consta 25mg/2 milliliter inject every 14 days, senna laxative 8.6 mg 1 tablet once daily, triamcinolone 0.025% ointment apply to affected area twice daily, acetaminophen 500 mg 1 tablet as needed for pain, albuterol 90 microgram (mcg) inhaler 2 puffs every 6 hours as needed, capsaicin 0.025% apply topically as needed, nicotine 4 mg chewing gum every 1-2 hours, trazadone 100 mg 1 tablet as needed for sleep and, ammonium lactate 12% lotion apply to skin as needed.<br><br>R1's signed medication orders dated November 23, 2025, indicated R1 was prescribed the following medications: ammonium cream 12% apply to dry skin, benzonatate 100 mg 1 capsule | 01760 | | |

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| 01760 | Continued From page 37<br><br>three times daily, capsaicin 0.025% apply topically as needed, clobetasol 0.05 percent (%) topical (on top of the skin) to the arms and legs as needed, nicotine gum 4 mg 1 piece every 1 to 2 hours, albuterol 90 microgram (mcg) inhaler 2 puffs every 6 hours as needed, amlodipine 5 mg 1 tablet once daily, escitalopram 10 mg 1 tablet once daily, folic acid 1 mg 1 tablet once daily, lisinopril 10 mg 1 tablet once daily, metformin 500 mg 1 tablet once daily, omeprazole 20 mg 1 capsule once daily, vitamin B-1 100 mg 1 tablet once daily, naltrexone 50 mg 1 tablet once daily, Atorvastatin 80 milligrams (mg) 1 tablet once daily, gabapentin 300 mg 1 capsule twice daily, quetiapine 100 mg 1 tablet once daily, anti-itch cream 1% apply to affected areas, Eucerin original cream apply to affected areas twice daily, hydrocortisone 1 % cream apply twice daily, senna 8.6 tablet twice daily, triamcinolone 0.025% ointment apply to affected area twice daily and, diclofenac sodium 1 % apply to knees, ankles, and shoulders as needed.<br><br>R1's signed order indicated R1 should receive gabapentin 300 mg twice daily, however, the medication administration record (MAR) indicated R1 received gabapentin 1 capsule once daily.<br><br>On November 18, 2025, at 10:54 a.m., clinical nurse supervisor (CNS)-C stated the medication orders should be signed for each medication, and their process was to receive the order from the medical provider and update the electronic medical record (EMAR). CNS-C stated the EMAR should match the medication orders. CNS-C stated they were not sure if there were discontinuation orders for the above medication. CNS-C stated it is a safety concern if the EMAR and medications orders do not match, and they were unsure how that situation occurred. | 01760 | | |

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| 01760 | Continued From page 38<br><br>The licensee's Medication Administration policy dated August 1, 2021, indicated the registered nurse was responsible for assuring all medications are current and ordered by the prescriber.<br><br>The licensee's Prescriber Orders policy dated August 1, 2021, indicated the licensee would obtaine signed orders for all medications.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |
| 01820 SS=F | 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, licensee failed to maintain current signed prescription orders for all medications the licensee was managing for three of three residents (R1, R2, R3).<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 | 01820 | | |

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| 01820 | Continued From page 39<br>failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R1<br>R1 was admitted to the assisted living facility on June 5, 2020, and began receiving assisted living services.<br><br>R1's diagnoses included depressive disorder (constant feelings of sadness), high blood pressure, arthritis (painful joints), diabetes type 2 (body's inability to regular blood sugar), history of substance abuse, behaviors in both physical and verbal aggression ranging from mild to severe.<br><br>R1's signed Service Plan dated March 6, 2022, indicated R1 received assistance with medication administration.<br><br>R1's Medication Administration Summary dated November 2025 indicated R1 received the following medications: Atorvastatin 80 milligrams (mg) 1 tablet once daily, celecoxib 200 mg 1 capsule once daily, clobetasol 0.05 percent (%) topical (on top of the skin) to the arms and legs as needed, dermacerin cream apply to affects areas, diclofenac sodium 1 % apply to knees, ankles, and shoulders as needed, escitalopram 10 mg 1 tablet once daily, folic acid 1 mg 1 tablet once daily, gabapentin 300 mg 1 capsule once daily, hydrocortisone 1 % cream apply twice daily, lisinopril 10 mg 1 tablet once daily, metformin 500 mg 1 tablet once daily, naltrexone 50 mg 1 tablet once daily, omeprazole 20 mg 1 capsule once daily, quetiapine 100 mg 1 tablet once daily, Risperdal Consta 25mg/2 milliliter inject every 14 days, senna laxative 8.6 mg 1 tablet once daily, triamcinolone 0.025% ointment apply to affected | 01820 | | |

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| 01820 | Continued From page 40<br><br>area twice daily, acetaminophen 500 mg 1 tablet as needed for pain, albuterol 90 microgram (mcg) inhaler 2 puffs every 6 hours as needed, capsaicin 0.025% apply topically as needed, nicotine 4 mg chewing gum every 1-2 hours, trazadone 100 mg 1 tablet as needed for sleep and, ammonium lactate 12% lotion apply to skin as needed.<br><br>R1's signed medication orders dated November 23, 2025, indicated R1 was prescribed the following medications: ammonium cream 12% apply to dry skin, benzonatate 100 mg 1 capsule three times daily, capsaicin 0.025% apply topically as needed, clobetasol 0.05 percent (%) topical (on top of the skin) to the arms and legs as needed, nicotine gum 4 mg 1 piece every 1 to 2 hours, albuterol 90 microgram (mcg) inhaler 2 puffs every 6 hours as needed, amlodipine 5 mg 1 tablet once daily, escitalopram 10 mg 1 tablet once daily, folic acid 1 mg 1 tablet once daily, lisinopril 10 mg 1 tablet once daily, metformin 500 mg 1 tablet once daily, omeprazole 20 mg 1 capsule once daily, vitamin B-1 100 mg 1 tablet once daily, naltrexone 50 mg 1 tablet once daily, Atorvastatin 80 milligrams (mg) 1 tablet once daily, gabapentin 300 mg 1 capsule twice daily, quetiapine 100 mg 1 tablet once daily, anti-itch cream 1% apply to affected areas, Eucerin original cream apply to affected areas twice daily, hydrocortisone 1 % cream apply twice daily, senna 8.6 tablet twice daily, triamcinolone 0.025% ointment apply to affected area twice daily and, diclofenac sodium 1 % apply to knees, ankles, and shoulders as needed.<br><br>R1's record lacked a signed prescription order for the following medication: Risperdal Consta 25mg/2 milliliter inject every 14 days, acetaminophen 500 mg 1 tablet as needed for | 01820 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 01820 | Continued From page 41<br>pain, and trazadone 100 mg 1 tablet as needed for sleep.<br><br>R2<br>R2 was admitted to the assisted living facility on November 2, 2020, and began receiving assisted living services.<br><br>R2's diagnoses included schizophrenia (includes symptoms of hallucinations, delusions, disorganized speech and thinking), bowel obstruction (blockage in the intestine), pulmonary mass (lung cancer), and community-acquired pneumonia anemia (lung infection with low amounts of red blood cells).<br><br>R2's unsigned Care Plan updated November 2, 2025, indicated R2 received assistance with medication administration.<br><br>R2's Medication Administration Summary dated November 2025 indicated R2 received the following medications: clozapine 100 mg 1 tablet once daily, divalproex 125 mg 4 capsules three times daily, duloxetine 60 mg 1 capsule once daily, gabapentin 100 mg 1 capsule three times daily, loratadine 10 mg 1 tablet once daily, melatonin 10 mg 1 tablet at bedtime, olopatadine 0.1% 1 drop into each eye twice daily, pantoprazole 40 mg 1 tablet once daily, tab-a-vite 400 mcg 1 tablet once daily, triamcinolone 0.1% apply to affected area twice daily, vitamin D3 1000 units (u) 1 capsule once daily, acetaminophen 500 mg 2 tablets every four hours as needed, diphenhydramine 25 mg 1 capsule as needed for itching, hydrocortisone 1% cream apply to affected areas, hydroxyzine 25 mg 1 tablet three times daily, loperamide 2 mg 2 capsules as needed for loose stool, nicotine 4 mg lozenge 1 lozenge every hour as needed, | 01820 | | |

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| 01820 | Continued From page 42<br><br>oxycodone 5 mg 1 tablet four times daily, tramadol 50 mg tablet 1 tablet six times daily, and tums kids 300 mg 1 tablet three times as needed.<br><br>R2's signed medication orders dated September 25, 2025, indicated R2 was prescribed the following medications: risperidone 50 mg inject 2 ml intramuscularly every two weeks, aspirin 325 mg 1-2 tablets one daily, Belsomra 10 mg 1 tablet once daily, benztropine 1mg 1 tablet twice daily, calcium antacid 750 mg 1 tablet three times daily as needed, diphenhydramine 25 mg 1 capsule once daily, hydrocortisone 1% cream apply to affected areas, hydroxyzine 25 mg 1 tablet three times daily, nicotine lozenge 4 mg 1 lozenge every hour as needed, ondansetron 4 mg 1 tablet three times daily as needed, tramadol 50 mg 1 tablet every four hours as needed, daily-vite 1 tablet once daily, loperamide 2 mg 2 capsules with loose stool, loratadine 10 mg 1 tablet once daily, pantoprazole 40 mg 1 tablet once daily, reguloid powder 369 grams (gm) 1 tablespoon with liquid, vitamin D3 25 mcg 1 capsule once daily, clozapine 100 mg 1 tablet once daily, gabapentin 300 mg 1 capsule once daily, melatonin 3 mg 1 tablet once daily, mirtazapine 15 mg 1 tablet once daily, cholestyramine powder 4 gm mix 1 packet with liquid, docusate sodium 100 mg 1 capsule once daily, olopatadine drop 0.1% one drop in eye each, risperidone 3 mg tablet twice daily, divalproex 125 mg 4 capsules three times daily, acetaminophen 325 mg 2 tablets every 6 hours, and triamcinolone 0.1% apply to affected areas.<br><br>R2's After Visit Summary (AVS) orders electronically signed March 12, 2025, indicated R2 received the following medications: acetaminophen 325 mg 2 tablets every 6 hours, cholecalciferol 1000 u 1 capsule once daily, | 01820 | | |

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| 01820 | Continued From page 43<br><br>cholestyramine powder 4 gm mix 1 packet with liquid, clozapine 100 mg 1 tablet once daily, daily-vite 1 tablet once daily, divalproex 125 mg 4 capsules three times daily, Ensure supplemental drink 1 bottle once daily, hydrocortisone 1% cream apply to affected areas, hydroxyzine 25 mg 1 tablet three times daily, pantoprazole 40 mg 1 tablet once daily, risperidone 50 mg inject 2 ml intramuscularly every two weeks and, tramadol 50 mg 1 tablet every four hours as needed.<br><br>R2's record lacked a signed prescription order for the following medication: duloxetine 60 mg 1 capsule once daily.<br><br>R3<br>R3 was admitted to the assisted living facility on April 4, 2021, and began receiving assisted living services.<br><br>R3's diagnoses included schizoaffective disorder (chronic mental health condition that combines schizophrenia with mood disorders including depression), psychosis (mental health condition characterized by a distorted or lost sense of reality, and unspecified intracranial injury (damage to the brain).<br><br>R3's signed Service Plan dated April 4, 2022, indicated R3 received assistance with medication administration.<br><br>R3's Medication Administration Summary dated November 2025 indicated R3 received the following medications: aripiprazole 15mg 1 tablet once daily at bedtime, trazadone 150 mg 1 tablet once daily at bedtime, acetaminophen 325 mg 1 tablet every 6 hours as needed, aripiprazole 5mg 1 tablet once daily as needed for hallucinations or anxiety, cetirizine 10 mg 1 tablet once daily as | 01820 | | |

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| 01820 | Continued From page 44<br><br>needed, and ondansetron 4 mg 1-2 tablets as needed.<br><br>R3's signed medication orders dated September 23, 2025 indicated R3 was prescribed the following medications: aripiprazole 5 mg 1 tablet once daily as needed, cetirizine 10 mg 1 tablet once daily, ventolin 90 mcg inhale 1-2 puffs as needed, lansoprazole 30 mg 1 capsule once daily, aripiprazole 15 mg 1 tablet once daily at bedtime, trazadone 150 mg 1 tablet once daily, and acetaminophen 325 mg 1 tablet four times daily.<br><br>R3's record lacked a signed prescription order for the following medication: ondansetron 4 mg 1-2 tablets as needed.<br><br>On November 18, 2025, at 1:57 p.m., licensed assisted living director (LALD)-D stated the document titled Care Plan was the service plan for R2.<br><br>On November 18, 2025, at 10:54 a.m., clinical nurse supervisor (CNS)-C stated the medication orders should be signed for each medication, and their process was to receive the order from the medical provider and update the electronic medical record (EMAR). CNS-C stated it's a safety concern if there are no signed orders for medications being administered, and they were unsure why there were no signed orders for the above medications.<br><br>The licensee's Medication Administration policy dated August 1, 2021, indicated the registered nurse was responsible for assuring all medications are current and ordered by the prescriber. | 01820 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 01820 | Continued From page 45<br><br>The licensee's Prescriber Orders policy dated August 1, 2021, indicated the licensee would obtaine signed all orders for all medications.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01820 | | |
| 01880 SS=D | 144G.71 Subd. 19 Storage of medications<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review the licensee failed to permit only authorized personnel to have access to medications.<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).<br><br>The findings include:<br><br>On November 18, 2025, at 7:09 a.m., the surveyor observed the main level of the two-story assisted living facility consisted of a common | 01880 | | |

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| 01880 | Continued From page 46<br><br>area, and a kitchen and dining area that was divided by a wall. In the common area was a desk with a computer. The surveyor observed unlicensed personnel (ULP)-A bring a container with the following medications to the computer desk for R1: omeprazole 20 milligrams (mg), Celebrex 10 mg, escitalopram 10 mg, folic acid 1 mg, lisinopril 10 mg, metformin 500 mg and, senna 8.6 mg. Without securing the medication cards and with no other staff present, ULP-A walked from the common area to the kitchen and performed hand hygiene.<br><br>On November 18, 2025, 7:11 a.m., ULP-A walked back to the computer desk in the common area. R1 walked into the common area to the computer desk. Without securing the medications, and with R1 standing by the medications, ULP-A walked back into the kitchen and obtained a medication cup, then returned to the computer desk in the common area.<br><br>On November 18, 2025, at 7:56 a.m., ULP-A stated they were trained to keep medications locked at all times unless they were in the presence of staff. ULP-A stated the reason for leaving the medications unsupervised was the surveyor was watching the medications.<br><br>On November 18, 2025, at 8:25 a.m., and 11:07 a.m., clinical nurse supervisor (CNS)-C stated staff were trained to always secure medications, and ULP-A should not have left the medications unsecured.<br><br>The licensee's Storage/Control of Medications policy dated August 1, 2021, indicated licensee would ensure all prescription drugs were locked in substantially constructed compartments. | 01880 | | |

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|---|---|
| CHRISTIAN HOMES | 295 12TH STREET NEWPORT, MN 55055 |

| (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 |
|---|---|---|---|---|
| 01880 | Continued From page 47<br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01880 | | |
| 01970 SS=D | 144G.72 Subd. 6 Treatment and therapy orders<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review the licensee failed to obtain prescriber orders for one of one resident (R1) who received a treatment.<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).<br><br>The findings include:<br><br>R1 was admitted to the assisted living facility on June 5, 2020, and began receiving assisted living services. | 01970 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 35128 | A. BUILDING: _____ B. WING _____ | 11/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHRISTIAN HOMES | 295 12TH STREET NEWPORT, MN 55055 |

| (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 |
|---|---|---|---|---|
| 01970 | Continued From page 48<br><br>R1's diagnoses included depressive disorder (constant feelings of sadness), high blood pressure, arthritis (painful joints), diabetes type 2 (body's inability to regular blood sugar), history of substance abuse, behaviors in both physical and verbal aggression ranging from mild to severe.<br><br>R1's Signed Service Plan dated March 6, 2022, indicated R1 received assistance with medication administration, behavior management, and housekeeping.<br><br>R1's Blood Glucose Report dated November 1, 2025, through November 18, 2025, indicated R1's blood glucose had been checked 18 times.<br><br>R1's record lacked a signed order from a medical provider to check R1's blood glucose.<br><br>On November 19, 2025, at 10:23 a.m., clinical nurse supervisor (CNS)-C stated their process was to obtain a signed order for any treatment for residents. CNS-C stated the order from the prescriber gives instruction on what treatments or therapies residents should be receiving. The surveyor inquired to CNS-C what it means if there was no signed order for the treatment, CNS-C responded they did not have an answer to that question. CNS-C stated they did not have a reason for not having a signed order.<br><br>The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated the registered nurse would obtain a orders from a prescriber that would contain resident name, description of the treatment or therapy to be provided, frequency and any other pertinent information.<br><br>No further information was provided. | 01970 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 35128 | A. BUILDING: _____ B. WING _____ | 11/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHRISTIAN HOMES | 295 12TH STREET NEWPORT, MN 55055 |

| (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 |
|---|---|---|---|---|
| 01970 | Continued From page 49<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01970 | | |

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**

CHRISTIAN HOMES
295 12TH STREET
Newport, MN 55055
Washington County
Parcel:

Phone:

**License Info**

License: HFID 35128

Risk:
License:
Expires on:
CFPM: Adedayo Rufus Adewola
CFPM #: 41431; Exp: 01/12/2028

**Inspection Info**

Report Number: F1013251115
Inspection Type: Full - Single
Date: 11/17/2025 Time: 12:30 pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery:

**New Order: 3-500C Microbial Control: date marking**
3-501.17B *Priority Level: Priority 2 CFP#: 23*
*MN Rule 4626.0400B* Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.
COMMENT: READY-TO-EAT OPEN PACKAGES OF DELI MEAT WITHOUT DATES WERE LOCATED IN THE KITCHEN REFRIGERATOR. PER STAFF THE FOOD PACKAGES WERE OPENED 2 DAYS PRIOR. COMPLY WITH RULE. DISCUSSED DATE MARKING PROCEDURES AND STAFF DATE MARKED THE FOOD.
*Comply By: Complied On Site Originally Issued On: 11/17/2025*

# Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator K. Langley.

The establishment has a residential kitchen and serves food prepared that day. The kitchen has wood cabinets, tile floor, smooth painted walls, laminate counter top, and a smooth painted ceiling.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

**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 F1013251115 from 11/17/2025**

Jerry Malloy

Adedayo Rufus Adewola

Jerry Malloy,

Operator

Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@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

CHRISTIAN HOMES
Newport
County/Group: Washington County

## Inspection Info

Report Number: F1013251115
Inspection Type: Full
Date: 11/17/2025
Time: 12:30 pm

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

**Food Temperature: Product/Item/Unit:** Deli lunch meat**; Temperature Process:** Cold-Holding
**Location:** Kitchen refrigerator at 39 Degrees F.
Comment:
*Violation Issued?: No*

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

# Sanitizer Observations/Recordings



## Establishment Info

CHRISTIAN HOMES
Newport
County/Group: Washington County

## Inspection Info

Report Number: F1013251115
Inspection Type: Full
Date: 11/17/2025
Time: 12:30 pm

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