Electronically Delivered

September 17, 2025

Licensee
Gable Pines at Vadnais Heights
1260 East County Road East
Vadnais Heights, MN 55110

RE: Project Number(s) SL32419016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 6, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in

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

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00
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 $1,000.00**. 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

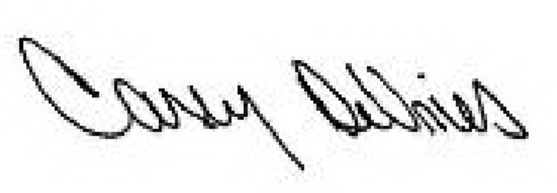
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL32419016-0 On August 4, 2025, through August 6, 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 124 residents; 63 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment	0 775		

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0 775	Continued From page 1 Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with the current State Fire Code in Minnesota Rules, chapter 7511. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 5, 2025, from 10:30 a.m. to 3:30 p.m., the surveyor toured the facility with maintenance (M)-G. During the tour, the surveyor observed: CARBON MONOXIDE ALARM Facility only has a plug-in carbon monoxide alarm in the basement boiler room where building fuel-fired appliances are. Carbon monoxide alarms should be within 10' of the outside of resident sleeping rooms or at the source of the fuel fired appliance connected to the facility fire alarm. No proof or documentation was provided or testing confirmation that the facility has any working carbon monoxide alarms connected the facility fire alarm or any carbon monoxide alarms in resident rooms.	0 775		

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0 775	Continued From page 2 SPRINKLER REPORT Annual sprinkler report provided by M-G; had deficiencies for the dry sprinkler heads not having been sample tested in 10 years. This deficient condition was not corrected at time of survey. TRASH CHUTE Trash chute closest to the garage door was missing the chute door, chain and fusible link at the bottom of the chute. The chute door is required to prevent the spread of fire, smoke and dangerous gases into the facility during a garbage bin fire. FIRE DOORS: Fire door on the North side 3rd floor laundry room didn't close and latch. Swinging fire doors shall close from the full-open position and latch automatically. EXIT OBSTRUCTION: Memory care secured patio exit gate was locked with a key-lock. The personnel gate provides egress to the public way. The exit to the public way, shall provide a direct and unobstructed access. During a facility tour on August 5, 2025, at 2:30 p.m., M-G, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter	0 780		

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0 780	Continued From page 3 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 (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; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	0 780		

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0 780	Continued From page 4 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: INTERCONNECTION On August 5, 2025, from 10:30 a.m. to 3:30 p.m., the surveyor toured the facility with maintenance(M)-G. During the tour, the surveyor observed: Hard-wired smoke alarms in resident rooms 1002 and 2407 was not interconnected. Smoke alarms were not interconnected so activation of one alarm activates all alarms throughout the facility. During a facility tour on August 5, 2025, at 2:30 p.m., M-G , verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 780		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal	01370		

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01370	Continued From page 5 hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	01370		

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01370	Continued From page 6 resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C was hired on June 10, 2025, to provide direct cares to residents. ULP-C's record lacked the following training and competency evaluations: - documentation requirements for all services provided; - reports of changes in the resident's condition to the supervisor designated by the assisted living provider; - basic infection control, including blood-borne pathogens; - appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing (ii) care of teeth, gums, and oral prosthetic devices (iii) care and use of hearing aids (iv) dressing and assisting with toileting - standby assistance techniques and how to perform them; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; - procedures to utilize in handling various emergency situations; and	01370		

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01370	Continued From page 7 - awareness of commonly used health technology equipment and assistive devices. On August 6, 2025, at 8:31 a.m., the surveyor observed ULP-C administer medication to R6. ULP-C stated they had all of their competency training completed. On August 6, 2025, at 11:34 a.m., via email in response to a request for additional training documentation for ULP-C, licensed assisted living director (LALD)-D indicated, "Unfortunately no. [ULP-C] was immediately sent home to complete the courses with a deadline to complete by Monday. [ULP-C] will remain off the schedule until then." On August 6, 2025, at 12:00 p.m., LALD-D stated competency training had been assigned to ULP-C in Relias (online training platform) but ULP-C did not follow through with the training. Clinical quality specialist (CQS)-F and LALD-D both stated the health unit coordinator (HUC) was in charge of follow-up to ensure training was completed, however their HUC had been out of the office for a while. LALD-D stated ULP-C was sent home immediately, on August 6, 2025, once they realized the competency training had not been completed; ULP-C will return once they completed the training. The licensee's Training Unlicensed Personnel for Medication, Treatment and Therapy Administration policy dated October 1, 2024, indicated, "Before the RN delegates the task of assistance with self-administration of medications or the task of medication administration, treatment and therapy the RN will instruct the unlicensed personnel on performing these tasks and determine the unlicensed personnel as	01370		

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01370	Continued From page 8 competent to perform the tasks." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01380		

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01380	Continued From page 9 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C was hired on June 10, 2025, to provide direct cares to residents. ULP-C's record lacked the following training and competency evaluations: - observation, reporting, and documenting of resident status; - reading and recording temperature, pulse, and respirations of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; and - other RN/professionally delegated tasks (i.e., monitor vital signs, catheter or stoma care, Broda chair, mechanical lifts). On August 6, 2025, at 8:31 a.m., the surveyor observed ULP-C administer medication to R6. ULP-C stated they had all of their competency training completed. On August 6, 2025, at 11:34 a.m., via email in response to a request for additional training documentation for ULP-C, licensed assisted living director (LALD)-D indicated, "Unfortunately no. [ULP-C] was immediately sent home to complete the courses with a deadline to complete by Monday. [ULP-C] will remain off the schedule until then." On August 6, 2025, at 12:00 p.m., LALD-D stated	01380		

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01380	Continued From page 10 competency training had been assigned to ULP-C in Relias (online training platform) but ULP-C did not follow through with the training. Clinical quality specialist (CQS)-F and LALD-D both stated the health unit coordinator (HUC) was in charge of follow-up to ensure training was completed, however their HUC had been out of the office for a while. LALD-D stated ULP-C was sent home immediately, on August 6, 2025, once they realized the competency training had not been completed; ULP-C will return once they completed the training. The licensee's Training Unlicensed Personnel for Medication, Treatment and Therapy Administration policy dated October 1, 2024, indicated, "Before the RN delegates the task of assistance with self-administration of medications or the task of medication administration, treatment and therapy the RN will instruct the unlicensed personnel on performing these tasks and determine the unlicensed personnel as competent to perform the tasks." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability	01440		

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(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
01440	Continued From page 11 to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C was hired on June 10, 2025, to provide direct cares to residents.	01440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

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01440	Continued From page 12 ULP-C's employee record included a Supervision of Team Member/Supervisory Visit Form dated July 10, 2025, which indicated multiple delegated tasks were supervised by the RN, however it indicated medication administration had not been supervised, "not signed off on meds yet." On August 6, 2025, at 8:31 a.m., the surveyor observed ULP-C administer medication to R6. ULP-C stated they had an RN 30-day supervision training completed. On August 6, 2025, at 12:00 p.m., clinical quality specialist (CQS)-F stated they had been unable to locate a RN 30-day supervision but would look for it. On August 6, 2025, at 4:11 p.m., via email after the survey exit, licensed assisted living director (LALD)-D provided the above-mentioned RN 30-day supervision which lacked a medication administration supervision. The licensee's Supervision of Unlicensed Personnel policy dated October 1, 2024, indicated: "Direct Supervision of Staff Providing Delegated Tasks. Direct supervision of unlicensed staff providing delegated nursing tasks, delegated treatments or assigned therapy tasks must be performed within 30 days after the person begins work for our facility and has been trained and determined competent to perform all the tasks assigned. The RN will directly supervise staff performing delegated nursing tasks and the appropriate licensed health professional will supervise unlicensed staff performing any delegated treatments or assigned therapies. After the initial period of direct supervision, the RN and/or licensed health professional will determine	01440		

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GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

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01440	Continued From page 13 the frequency of ongoing, additional direct supervision based on the individual staff person's performance and on the needs and condition of individual residents, the types of services being provided and the experience of the staff. i. Supervision is designed to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. ii. The RN or appropriate licensed health professional must directly supervise staff performing medication or treatment administration. The direct supervision must include observation of the staff administering the medication or treatment and the interaction with the resident." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01540 SS=D	144G.64 (a) (3) Training in Dementia, Mental Illness, and De- (3) for assisted living facilities with dementia care, direct-care staff must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, the staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1)	01540		

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01540	Continued From page 14 must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide employees with the initial eight hours of dementia training and two hours of initial mental illness and de-escalation training within 80 hours of providing direct care to residents for one of two direct care staff (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C was hired on June 10, 2025, to provide direct cares to residents. ULP-C's employee records lacked the following trainings: -eight hours of initial dementia training required within 80 hours of start date for direct-care staff; and	01540		

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01540	Continued From page 15 -two hours of mental illness and de-escalation training within 80 hours of start date for direct care staff. On August 6, 2025, at 8:31 a.m., the surveyor observed ULP-C administer medication to R6. ULP-C stated they had all of their training completed. On August 6, 2025, at 11:34 a.m., via email, in response to a request for additional training documentation for ULP-C, licensed assisted living director (LALD)-D indicated, "Unfortunately no. [ULP-C] was immediately sent home to complete the courses with a deadline to complete by Monday. [ULP-C] will remain off the schedule until then." On August 6, 2025, at 12:00 p.m., LALD-D stated initial dementia, mental illness de-escalation training had been assigned to ULP-C in Relias (online training platform) but ULP-C did not follow through with the training. Clinical quality specialist (CQS)-F and LALD-D both stated the health unit coordinator (HUC) was in charge of follow-up to ensure training was completed, however their HUC had been out of the office for a while. LALD-D stated ULP-C was sent home immediately, on August 6, 2025, once they realized the training had not been completed; ULP-C will return to work once they completed the training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		

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01620	Continued From page 16	01620		
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be	01620		

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01620	Continued From page 17 completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive assessment within 14 days after admission two of three residents (R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R2 R2 was admitted to the licensee on February 3, 2025. R2's Service Plan Form dated February 5, 2025, indicated R2 received services for medication	01620		

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01620	Continued From page 18 management, housekeeping, toileting, and transferring. R2's record included a Minnesota MC HSE Health and Service Evaluation (v2023) Results admission assessment dated February 3, 2025, and a Minnesota MC HSE Health and Service Evaluation (v2023) Results 14-day assessment completed on February 27, 2025, 24 days after the admission assessment. R3 R3 was admitted to the licensee on March 4, 2025. R3's Service Plan Form dated April 4, 2025, indicated R2 received services for medication management, housekeeping, behavior management, toileting and transferring. R3's record included a Minnesota MC HSE Health and Service Evaluation (v2023) Results admission assessment dated March 4, 2025, and a Minnesota MC HSE Health and Service Evaluation (v2023) Results 14-day assessment completed on April 4, 2025, 31 days after the admission assessment. On August 4, 2025, at 9:49 a.m., clinical quality specialist (CQS)-F stated they conduct admission assessment followed by a 14-day assessment with new residents. On August 4, 2025, at 1:14 p.m., CQS-F stated if the dates on the 14-day assessments dates were past 14 days then they were probably completed late. The licensee's Initial and On-Going Nursing Assessment of Residents policy dated May 19,	01620		

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01620	Continued From page 19 2025, indicated: "1. An RN or designee will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. Pre-Admission Assessment b. 14-day assessment: completed up to 14-days after start of services c. Ongoing assessment: completed periodically but no less than every 90-days. d. Change in resident condition." No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time-sensitive medications were labeled with an opened-on date for one of three residents (R2) with insulin. 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	01890		

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01890	Continued From page 20 cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R2 was admitted to the licensee on February 3, 2025. R2's Service Plan Form dated February 5, 2025, indicated R2 received services for medication management. R2's EMAR (electronic medication administration record) for August 2025, indicated R2 was administered the following medication on August 1-4, 2025: -Lantus Solostar 100 unit (u)/ milliliters (ml), inject 18u every morning before breakfast subcutaneously (SQ) for diabetes. On August 6, 2025, at 8:19 a.m., the surveyor observed unlicensed personnel (ULP)-B administer Lantus 18u to R2. On August 4, 2025, at 10:33 a.m., the surveyor observed the second medication cart on the memory care (MC) unit with licensed assisted living director (LALD)-D. The surveyor observed R2's Lantus Solostar insulin pen, three-quarters empty, which lacked an opened-on date. LALD-D stated the insulin pen should have been labeled with an opened on date. Registered nurse (RN)-E stated the person who opens an insulin pen should be labeling it with an opened-on date. RN-E stated they conduct weekly audits on the two MC medication carts.	01890		

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01890	Continued From page 21 The manufacturer instructions for Lantus Solostar insulin pen copyright 2022, indicated, "After 28 days, throw your opened Lantus pen away - even if it still has insulin in it." The licensee's Storage of Medication policy dated revised May 1, 2025, indicated: "e. In the resident's individualized medication management plan, the RN/LPN may identify the need for secured storage of the medications within the resident's private living space because of the resident's cognitive status, concerns about medication diversion or other concerns, When secured storage of the medications is necessary, the RN/LPN will identify where the medications will be stored, how they will be secured or locked under proper temperature controls and who has access to the medications." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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

GABLE PINES AT VADNAIS HEIGHTS
1260 EAST COUNTY ROAD EAST
Vadnais Heights, MN 55110
Ramsey County
Parcel:

Phone:

License Info

License: HFID 32419

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F8058251068
Inspection Type: Full - Single
Date: 8/4/2025 Time: 3:14:35 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

HRD INSPECTOR JOEY KEEN

158 EGG DISH HOT HOLDING
149 PASTA HOT HOLDING
41 BLUEBERRY - PREP

41 TOMATO PREP
161 EGG HOT HOLDING
40 TOMATO WALK IN
40 DELI MEAT WALK IN

CFPM TRANSFERRED FROM SERVSAFE DURING INSPECTION

DISH MACHINE - 156 - VIOLATION

200 PPM QUAT - SANI SINK

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 F8058251068 from 8/4/2025

Establishment Representative

Aaron Gertz,
Public Health Sanitarian 3
651-201-4516
aaron.gertz@state.mn.us