Electronically Delivered

August 26, 2025

Licensee
Carondelet Village
525 Fairview Avenue South
Saint Paul, MN 55116

RE: Project Number(s) SL28388016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 3, 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.

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 addtion to any enforcement mechanism authorized in § 144G.20.

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

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

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

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

The correction order documentation should include the following:

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

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

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

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

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

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

the website listed above.

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Carondelet Village. **Please contact Renee L. Anderson at 651-201-5871 on or before Friday August 29, 2025, to schedule the conference call.**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Renee L Anderson

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28388	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARONDELET VILLAGE	525 FAIRVIEW AVENUE SOUTH SAINT PAUL, MN 55116

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#28388016-0 On June 30, 2025, through July 3, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 63 residents, all of whom were receiving services under the provider's Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. 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 surveyors' 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may	0 100		

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0 100	Continued From page 1 provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type. (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the	0 100		

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0 100	Continued From page 2 same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation. interview, and record review, the licensee failed to manage, control, and operate the entire building as an assisted living facility when the licensee shared the building with "non-assisted living" occupants and another licensed healthcare facility. This had the potential to 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's health facility identification (HFID), 28388, located at 525 Fairview Avenue South was licensed as an Assisted Living Facility with Dementia Care (ALFDC). On June 30, 2025, at approximately 2 p.m., during a tour of the building, clinical nurse	0 100		

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0 100	Continued From page 3 supervisor (CNS)-B stated the residents receiving services under the ALFDC license were housed on the 2nd and 3rd floors. CNS-B further stated the building housed the care center (licensed Skilled Nursing Facility-(SNF)) on the first floor, and "senior apartments" on the fourth floor. Building plans dated February 12, 2010, were reviewed by the engineering evaluator. The plans indicated "care center" and "assisted living" space designated in wings C, C1, and D on the first through third floors. The building plans indicated the building lacked the required separation between SNF and ALFDC-licensed areas on the first floor, and that ALFDC residents occupying wings C, C1, and D on the second floor would be housed directly above the first floor SNF. On July 9, 2025, at 7:52 p.m., licensed assisted living director (LALD)-A stated via email that there were 26 "unlicensed" senior apartments on the fourth floor of the facility, and those residents did not receive assisted living services, nor did they sign an assisted living contract. The licensee's housing brochures dated 2024, indicated in addition to the ALFDC occupying the building at 525 Fairview Avenue South, the building also housed the "Oak Gables Care Center" SNF, and "Terrace Senior Apartments", also owned and operated by the licensee's company. The brochures further indicated spaces and amenities shared in common between the senior apartments, SNF and ALFDC residents, included a main lobby and reception area, chapel, bistro, movie theater, fitness center, library, swimming pool, and wood shop. No further information was provided.	0 100		

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0 100	Continued From page 4 TIME PERIOD FOR CORRECTION: Seven (7) days	0 100		
0 130 SS=F	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if	0 130		

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0 130	Continued From page 5 applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a	0 130		

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0 130	Continued From page 6 health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more	0 130		

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0 130	Continued From page 7 ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to meet the requirements of assisted living facility licensure when the licensee exceeded the capacity limit indicated on the assisted living license. This had the potential to 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee held an Assisted Living Facility with Dementia Care (ALFDC) license, effective November 1, 2024, that indicated a maximum allowable capacity of 72 residents.	0 130		

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0 130	Continued From page 8 During the entrance conference, on June 30, 2025, at approximately 12:30 p.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B provided a current resident roster showing 63 assisted living residents living on the second and third floors of the facility. On June 30, 2025, at approximately 2:00 p.m., during a tour of the facility, CNS-B stated the residents receiving services under the ALFDC license were housed on the 2nd and 3rd floors. CNS-B further stated the building housed the "Care Center" (skilled nursing facility) on the first floor, and "senior apartments" on the fourth floor. On July 3, 2025, at approximately 4:00 p.m., CNS-B stated she did not think the residents on the fourth floor had signed an Assisted Living Contract. On July 9, 2025, at 7:52 p.m., when asked if the residents on the fourth floor signed an assisted living contract, LALD-A stated via email that there were 26 independent living apartments on the fourth floor of the facility, and those residents did not receive assisted living services. The definition of an assisted living contract under 144G.08 Subd. 5 indicates, "Assisted living contract" means the legal agreement between a resident and an assisted living facility for housing and, if applicable, assisted living services. The statute further indicates under 144G.50 Subd. 1, an assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract, which includes those residents who only receive housing from the licensee.	0 130		

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0 130	Continued From page 9 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 130		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (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; (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;	0 480		

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0 480	Continued From page 10 (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; (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; (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 (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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 the residents). The findings include:	0 480		

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CARONDELET VILLAGE	525 FAIRVIEW AVENUE SOUTH SAINT PAUL, MN 55116

(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
0 480	Continued From page 11 Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 1, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (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; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (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. (c) The facility must meet any additional requirements adopted in rule.	0 680		

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0 680	Continued From page 12 This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's emergency preparedness plan, reviewed July 1, 2025, lacked the following required content: -documentation of two emergency preparedness exercises (an annual full-scale exercise or individual facility-based functional exercise and a second full-scale exercise that was either community-based, an individual facility based functional exercise, a mock disaster drill, or a table-top exercise). On July 1, 2025, at 1:45 p.m., licensed assisted living director (LALD)-A stated that she thought the facility had done exercises for emergency preparedness but she had no documentation of these exercises. The licensee's emergency preparedness policy was requested, but not provided.	0 680		

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0 680	Continued From page 13 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment 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 maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect some 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 a facility tour on July 2, 2025, from approximately 11:15 a.m. to 3:45 p.m., with environmental services director (ESD)-D and building engineer (BE)-F, the surveyor observed the following: The fire alarm system displayed two trouble	0 775		

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0 775	Continued From page 14 signals indicating improper functioning of two notification appliance circuit (NAC) panels. All components of the fire alarm system including the NAC panels should be maintained in functional order to ensure activation of notification devices and the safety of building occupants. The marked egress door leading from the electrical room with air compressor in the basement parking garage was obstructed by a stored cart full of materials that significantly hindered egress. A horn strobe device in the 2nd floor kitchen area was completely blocked and covered by stored boxes and material. Notification devices and components of the fire alarm system meant to visibly indicate alarm should be maintained visible and free of obstruction that would prevent their proper operation. High piled storage in storage closers near resident room 344 and near resident room 364 obstructed sprinkler heads within those closets. Stored materials and boxes were resting against the sprinkler heads. Sprinkler heads should be maintained with proper clearance to ensure proper activation, water flow coverage, operation, and to prevent accidental activation. ESD-D commented that the obstruction of these heads was a problem and indicated that the obstructions would be remedied. Fire doors were propped open leading to the laundry room on the second floor laundry room, puzzle room, billiard room, art studio, laundry room near resident room 390, and mechanical room near parking space 33 in the parking garage. Fire doors should be free of obstruction and maintained in working order so that they	0 775		

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0 775	Continued From page 15 function to close and latch during an activation of alarm system. The fire rating placard of the 2nd floor laundry room door and resident room 369 were painted over, obscuring the rating of the component. The fire rating placards should be visible and unaltered. The main trash room located in the parking garage of the facility was supplied with a discharge door that was held open by a chain that did not have a fusible link or other means of allowing the chute to close in event of a fire. An inspection of the other trash chutes in the basement indicated they were properly equipped with fusible links to allow closing. Vertical openings such as trash chutes should have equipped fire safety devices maintained to allow proper operation to limit spread of smoke or fire. Several 5-gallon containers that were full of gasoline were located near the exit door to the parking garage, stored on the ground near gas-powered maintenance equipment. The canisters appeared full and contained approximately 25 gallons of gasoline. Gasoline and other flammable liquids in such quantities should be properly stored in approved liquid storage cabinets. BE-F and ESD-D acknowledged the noted deficiencies during the survey and expressed that they would correct the deficiencies. ESD-D noted that they had recently begun working in the building and that it was a priority to address these issues. ESD-D and BE-F stated they understood requirements and would make appropriate changes.	0 775		

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0 775	Continued From page 16 TIME PERIOD FOR CORRECTION: Two (2) days	0 775		
0 800 SS=E	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. 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 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:	0 800		

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0 800	Continued From page 17 On a facility tour on July 2, 2025, from approximately 11:15 a.m. to 3:45 p.m., with environmental services director (ESD)-D and building engineer (BE)-F, the surveyor observed the following: Plumbing in the boiler room was leaking and there was water pooling on the floor beneath the equipment. The leak should be remedied, and plumbing integrity maintained in watertight condition. The vents visible from the second-floor balcony were clogged and the vent covers were full of lint. Ventilation should be maintained free of obstruction and in proper working order. The dryer ventilation was not properly attached to the dryer in the 2nd floor laundry room and lint had begun to accumulate behind the dryer. Lint should be removed as it may pose a fire hazard, and ventilation should be securely attached to the clothing dryer and maintained in proper working order. The dryer ventilation was not properly attached to the dryer in the 3rd floor laundry room and lint had begun to accumulate behind the dryer. Lint should be removed as it may pose a fire hazard, and ventilation should be securely attached to the clothing dryer and maintained in proper working order. The lighting fixture in the living room of resident room 390 did not function properly and would not stay lit when activated. The light flickered on for a moment but would not remain on. Smart rescue phones located near the 1st floor entrance were flashing to indicate calls were not	0 800		

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0 800	Continued From page 18 properly received. ESD-D commented that the phone panel did not appear to be functioning properly. System should be restored to working order and maintained to support proper use. During the facility tour interview on July 2, 2025, ESD-D and BE-F verified the above listed physical environment observations while accompanying on the tour. ESD-D indicated that the noted deficiencies would be corrected. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to	0 810		

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0 810	Continued From page 19 include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On July 2, 2025, at approximately 11:20 a.m., environmental services director (ESD)-D and Regional engineering manager (REM)-E provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. The licensee FSEP failed to include the following:	0 810		

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0 810	Continued From page 20 The FSEP failed to identify specific fire protection actions for residents. There was no section in the provided documents that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. REM-E stated that procedures for evacuation are in the process of being developed. REM-E indicated this documentation was in development after having been made aware during other facility surveys. Record review indicated the licensee failed to provide and document adequate training to employees on the FSEP upon hire and at least twice per year. Staff was unable to provide documentation showing adequate trainings were provided for employee training on the fire safety and evacuation plan. REM-E informed the surveyor that no records were located at the facility, but those records would be emailed to the survey if they were located. Further communication has occurred with REM-E via email; however no record of employee training was provided. Record review indicated that the licensee failed to provide and document adequate training with residents on the FSEP. Residents should be offered training on proper actions during an evacuation at least once per year. No records of resident training were provided. The FSEP failed to include procedures for resident movement or evacuation that included identification of unique or unusual needs. The FSEP should indicate resident specific needs for relocation or evacuation. REM-E stated that no such record occurs, but that they will be developed.	0 810		

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0 810	Continued From page 21 During an interview on July 2, 2025, at approximately 12:00 p.m., the surveyor explained the requirements for employee trainings, resident trainings, and FSEP documentation. REM-E and ESD-D stated they understood the requirements. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01610 SS=F	144G.70 Subd. 2 (a-b) 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. 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 an initial nursing assessment of the physical and cognitive needs on or before the admission date for three of three residents (R2, R4, R5).	01610		

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01610	Continued From page 22 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 R2 was admitted on March 12, 2025, and had a primary diagnosis of Alzheimer's disease. R2's service plan dated June 11, 2025, indicated R2 received services including assistance with bathing and medication management. On July 1, 2025, at 12:30 p.m., the surveyor observed ULP-G assisting R2 with medication administration. R2's record included a Functional Assessment, dated March 7, 2025, that did not contain the required content of the uniform assessment tool. R4 R4 was admitted on April 25, 2025, and had a primary diagnosis of paroxysmal atrial fibrillation. R4's service plan dated April 25, 2025, indicated R4 received services including assistance with laundry and medication management. R4's record included a Functional Assessment, dated March 28, 2025, that did not contain the required content of the uniform assessment tool..	01610		

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01610	Continued From page 23 R5 R5 was admitted on April 15, 2024, and had a primary diagnosis of toxic liver disease. R5's service plan dated June 17, 2025, indicated R5 received services including assistance with bathing and medication management. R5's record included a Functional Assessment, dated April 8, 2024, that did not contain the required content of the uniform assessment tool. On July 2, 2025, at 5:46 p.m., clinical nurse supervisor (CNS)-B stated via email, "...I have also attached a page from our AL Assessment Training, which explains why we have been considering the Functional Assessment as the Initial Assessment. However, Functional Assessment is only one part of the assessment. What we need to do correctly is the RTasks part of the assessment. We begin entering assessment information during the pre-assessment period. We leave this assessment open and will continue to fill it in upon admission. We close and complete the assessment on the 14-day assessment. Closing an assessment in RTask creates a completion date that is displayed on reports. This makes it appear like we've skipped the Initial Assessment, but in actuality, we rolled our initial and 14-day assessments into one. This is something we can correct immediately." The licensee's MN AL Nursing Assessment Policy, dated May 3, 2022, directed the registered nurse would complete an initial assessment of the resident's physical and cognitive needs. No further information was provided.	01610		

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01610	Continued From page 24 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all residents in the assisted living facility, staff and any visitors of the licensee. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: On June 30, 2025, at 12:00 p.m., upon arriving at the facility, the surveyor observed a sign at the front entry of the facility that read, "In the interest	03090		

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03090	Continued From page 25 of security for our residents, visitors and staff, video monitoring is used in this community." The surveyor observed cameras mounted in hallways on the second and third floors of the facility. On July 2, 2025, at approximately 3:00 p.m., environmental services director (ESD)-D participated in the environmental tour, and stated that he worked at another building in the licensee's company and was unaware of the verbiage required to be included on posted electronic monitoring signs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090		

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

Carondelet Village
525 Fairview Avenue South
St Paul, MN 55116
Ramsey County
Parcel:

Phone:

License Info

License: HFID 28388

Risk:
License:
Expires on:
CFPM: ANGELA REIN
CFPM #: 110800; Exp: 04/25/2028

Inspection Info

Report Number: F1023251028
Inspection Type: Full - Single
Date: 7/1/2025 Time: 10:29:41 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery:

New Order: 5-200A Plumbing: approved materials/design
5-202.12A *Priority Level: Priority 2 CFP#: 10*
MN Rule 4626.1050A Provide a handwashing sink equipped with running water at a temperature to permit handwashing for at least 15 seconds through a mixing valve or combination faucet.
COMMENT: HAND SINK IN MEMORY CARE AREA NOT FUNCTIONAL.
Comply By: 7/1/2025 Originally Issued On: 7/1/2025

! **New Order: 5-200B Plumbing: cross connections**
5-203.14I *Priority Level: Priority 1 CFP#: 51*
MN Rule 4626.1085A Remove the control valve located on the discharge side of the atmospheric vacuum breaker backflow prevention device.
COMMENT: REMOVE WYE ADAPTER ON MOP SINK FAUCET. CAN BE REPLACED WITH A PRESSURE BLEEDING DEVICE.
Comply By: 7/1/2025 Originally Issued On: 7/1/2025

Food & Beverage General Comment

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

THIS FACILITY HAS COMMERCIAL EQUIPMENT IN A MAIN KITCHEN AREA, BISTRO AREA, AND MEMORY CARE SERVICE AREA. FOOD SERVICE IS PROVIDED BY CARE FACILITY STAFF. THERE IS ALSO ANOTHER KITCHEN FOR THE NURSING HOME THAT IS LICENSED/INSPECTED BY DEPARTMENT OF HUMAN SERVICES.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FOOD COOLING METHODS
- FOOD REHEATING METHODS
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS

- PASTEURIZED SHELL EGGS

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 F1023251028 from 7/1/2025

Gregory T Nelson

ANGELA REIN
PERSON IN CHARGE

Greg Nelson,
Public Health Sanitarian 3
651-201-4259
greg.nelson@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

Carondelet Village
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1023251028
Inspection Type: Full
Date: 7/1/2025
Time: 10:29:41 AM

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

Food Temperature: Product/Item/Unit: CUT TOMATO**; Temperature Process:** Cold-Holding
Location: Prep Cooler at 40 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

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

Food Temperature: Product/Item/Unit: FISH**; Temperature Process:** Hot-Holding
Location: Hot Box at 164 Degrees F.
Comment: MAIN KITCHEN
Violation Issued?: No

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

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

Food Temperature: Product/Item/Unit: JUICE**; Temperature Process:** Cold-Holding
Location: Upright Cooler #1 at Degrees F.
Comment: MEMORY CARE
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHEESE**; Temperature Process:** Cold-Holding
Location: Upright Cooler #2 at 41 Degrees F.
Comment: MEMORY CARE
Violation Issued?: No

Food Temperature: Product/Item/Unit: BEEF**; Temperature Process:** Hot-Holding
Location: Steam Table at 154 Degrees F.
Comment: MEMORY CARE
Violation Issued?: No

<u>Food Temperature</u>: Product/Item/Unit: SOUP**; Temperature Process:** Hot-Holding
Location: Warmer at 148 Degrees F.
Comment: BISTRO
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

Carondelet Village
St Paul
County/Group: Ramsey County

Inspection Info

Report Number: F1023251028
Inspection Type: Full
Date: 7/1/2025
Time: 10:29:41 AM

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

Sanitizing Chemical: **Product:** Sink and Surface**; Sanitizing Process:** 3-Compartment Sink
Location: 3-Comp Sink **Equal To** 700 PPM
Comment: MAIN KITCHEN
Violation Issued?: No

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Spray Bottle
Location: Prep **Equal To** 400 PPM
Comment: MEMORY CARE
Violation Issued?: No