



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

May 27, 2026

Licensee  
Souriyathay Housing With Services  
6231 Sunny Lane  
Brooklyn Park, MN 55428

RE: Project Number(s) SL35294016

Dear Licensee:

On May 5, 2026, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on February 5, 2026. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the February 5, 2026 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on February 5, 2026, found not corrected at the time of the May 5, 2026, follow-up survey and/or subject to penalty assessment are as follows:

**0810 - Fire Protection And Physical Environment - 144g.45 Subd. 2 (b-F) - \$1,000.00**

The details of the violations noted at the time of this follow-up survey completed on May 5, 2026 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

**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.

### **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.

We urge you to review these orders carefully. If you have questions, please contact Stephanie Jones de Palma at 651-201-4320.

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

Sincerely,



Stephanie Jones de Palma, Supervisor  
State Engineering Services Section  
Health Regulation Division  
Email: [stephanie.jones.de.palma@state.mn.us](mailto:stephanie.jones.de.palma@state.mn.us)  
Telephone: 651-201-4320  
Fax: 1-866-890-9290

JMD



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>35294</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |                          | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/05/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE</b><br><b>BROOKLYN PARK, MN 55428</b>                        |                          |                                                                 |
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| {0 000}                                                                    | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER FOLLOW UP<br/>SURVEY WITH RE-ISSUE OF ORDERS</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL35294016-1</p> <p>On April 27, 2026, through May 5, 2026, the<br/>Minnesota Department of Health conducted a a<br/>follow-up survey at the above provider to<br/>follow-up on orders issued pursuant to a survey<br/>completed on February 5, 2026. As a result of the<br/>follow-up survey, the following order was<br/>reissued.</p> | {0 000}                                                                |                                                                                                                          |                          |                                                                 |
| {0 480}<br>SS=F                                                            | <p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum<br/>requirements; required food services</p> <p>(a) Except as provided in paragraph (b), food<br/>must be prepared and served according to the<br/>Minnesota Food Code, Minnesota Rules, chapter<br/>4626.</p> <p>(b) For an assisted living facility with a licensed<br/>capacity of ten or fewer residents:<br/>(1) notwithstanding Minnesota Rules, part<br/>4626.0033, item A, the facility may share a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {0 480}                                                                |                                                                                                                          |                          |                                                                 |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Minnesota Department of Health

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| {0 480}                                                                    | Continued From page 1<br><br>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;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and | {0 480}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 480}                                                                    | Continued From page 2<br><br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {0 480}                                                                                           | Not reviewed during this survey.                                                                                         |  |                                                                    |
| {0 660}<br>SS=F                                                            | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by: | {0 660}                                                                                           |                                                                                                                          |  |                                                                    |
| {0 680}<br>SS=F                                                            | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {0 680}                                                                                           | Not reviewed during this survey.                                                                                         |  |                                                                    |



Minnesota Department of Health  
STATE FORM 6899 U42R12 If continuation sheet 4 of 13



Minnesota Department of Health

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| {0 780}                                                                    | Continued From page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {0 780}                                                                                           |                                                                                                                          |                          |                                                                    |
| {0 780}<br>SS=F                                                            | <b>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</b><br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced by: | {0 780}                                                                                           |                                                                                                                          |                          |                                                                    |
| {0 800}<br>SS=E                                                            | <b>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {0 800}                                                                                           | Not reviewed during this survey.                                                                                         |                          |                                                                    |



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| {0 800}                                                                    | Continued From page 5<br><br>(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.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {0 800}                                                                | Not reviewed during this survey.                                                                                         |                          |                                                                 |
| {0 810}<br>SS=I                                                            | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the | {0 810}                                                                |                                                                                                                          |                          |                                                                 |



Minnesota Department of Health

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| {0 810}                                                             | <p>Continued From page 6</p> <p>proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated May 5, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> | {0 810}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {0 910}                                                                    | Continued From page 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {0 910}                                                                |                                                                                                                          |                          |                                                                 |
| {0 910}<br>SS=C                                                            | <b>144G.50 Subd. 2 (a-b) Contract information</b><br><br>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility.<br>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:<br>(1) the facility and contracted service provider when applicable;<br>(2) the licensee of the facility;<br>(3) the managing agent of the facility, if applicable; and<br>(4) the authorized agent for the facility.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                  | {0 910}                                                                |                                                                                                                          |                          |                                                                 |
| {0 950}<br>SS=C                                                            | <b>144G.50 Subd. 3 Designation of representative</b><br><br>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:<br><br>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.<br><br>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your | {0 950}                                                                | Not reviewed during this survey.                                                                                         |                          |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE</b><br><b>BROOKLYN PARK, MN 55428</b>                        |                          |                                                                 |
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| {0 950}                                                                    | Continued From page 8<br><br>guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."<br><br>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                         | {0 950}                                                                | Not reviewed during this survey.                                                                                         |                          |                                                                 |
| {01370}<br>SS=D                                                            | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting;<br>(6) training on the prevention of falls; | {01370}                                                                |                                                                                                                          |                          |                                                                 |



Minnesota Department of Health

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| {01370}                                                                    | Continued From page 9<br><br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders;<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional;<br>(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;<br>(12) awareness of confidentiality and privacy;<br>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br>(14) procedures to use in handling various emergency situations; and<br>(15) awareness of commonly used health technology equipment and assistive devices.<br><br>This MN Requirement is not met as evidenced by: | {01370}                                                                | Not reviewed during this survey.                                                                                         |                          |                                                                 |
| {01380}<br>SS=D                                                            | 144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn<br><br>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;                                                                                                                                                                                                                                                                                                                                               | {01380}                                                                |                                                                                                                          |                          |                                                                 |



Minnesota Department of Health

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| {01380}                                                                    | Continued From page 10<br><br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and<br>(7) administering medications or treatments as required.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {01380}                                                                | Not reviewed during this survey.                                                                                         |                          |                                                                 |
| {01620}<br>SS=F                                                            | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.<br>(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.<br>(c) Resident reassessment and monitoring must be conducted by a registered nurse:<br>(1) no more than 14 calendar days after initiation of services;<br>(2) as needed based on changes in the resident's needs; and<br>(3) at least every 90 calendar days. | {01620}                                                                |                                                                                                                          |                          |                                                                 |



Minnesota Department of Health

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| {01620}                                                                    | Continued From page 11<br><br>(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.<br>(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 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.<br>(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.<br><br>This MN Requirement is not met as evidenced by: | {01620}                                                                   |                                                                                                                          |                          |                                                                    |
| {01630}<br>SS=D                                                            | 144G.70 Subd. 3 Temporary service plan<br><br>When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours.<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {01630}                                                                   | Not reviewed during this survey.                                                                                         |                          |                                                                    |



Minnesota Department of Health  
STATE FORM 6899 U42R12 If continuation sheet 13 of 13



## Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                                   |                          |
|-------------------------------------------------------------------|--------------------------|
| <b>Project No:</b> SL35294016-1                                   | <b>Date:</b> May 5, 2026 |
| <b>Facility Name:</b> SOURIYATHAY ENTERPRISES LLC                 |                          |
| <b>Facility Address:</b> 6231 SUNNY LANE, BROOKLYN PARK, MN 55428 |                          |

☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 3; Widespread

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

*Comments: On April 27, 2026, the surveyor initiated a follow-up survey for physical environment 0810 tag orders issued pursuant to a survey completed on February 2, 2026. On April 27, 2026, April 29, 2026, May 1, 2026, and May 4, 2026, the surveyor emailed the licensee and requested a plan of correction for the 0810 tag, photos and documentation to support corrective actions, and a copy of the current resident census. Additionally, the surveyor called the licensee on April 30, 2026, and left a message explaining a response had not been received for the follow-up survey. On May 1, 2026, the surveyor talked with the licensee on the phone and discussed that a response still had not been received for the follow-up survey. A fire safety and evacuation plan was not provided for review when requested. The fire safety and evacuation plan employee actions were still not compliant on the day of the follow-up survey.*

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

*Comments: A fire safety and evacuation plan was not provided for review when requested. The fire safety and evacuation plan resident procedures were still not compliant on the day of the follow-up survey.*

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include 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. [Minn. Stat. 144G.45 subd.2]

*Comments: A fire safety and evacuation plan was not provided for review when requested. The fire safety and evacuation plan individualized evacuation procedures for residents were still not compliant on the day of the follow-up survey.*



4. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

*Comments: Employee fire safety and evacuation plan (FSEP) training records were not provided for review when requested. Employee training on the FSEP was still not compliant on the day of the follow-up survey.*

5. Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. [Minn. Stat. 144G.45 subd.2]

*Comments: Resident fire safety and evacuation training records were not provided for review when requested. Resident training on fire safety and evacuation was still not compliant on the day of the follow-up survey.*

6. Evacuation drills are required for employees 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. [Minn. Stat. 144G.45 subd.2]

*Comments: Employee evacuation drill records were not provided for review when requested. The evacuation drill frequency was still not compliant on the day of the follow-up survey.*





*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

February 24, 2026

Licensee

Souriyathay Housing With Services

6231 Sunny Lane

Brooklyn Park, MN 55428

RE: Project Number(s) SL35294016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a on February 5, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the , 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 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**

**St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - \$1,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$2,000.00**. 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/Bm5uQEpHV>**. 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](mailto: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,

A handwritten signature in black ink that reads "Renee L. Anderson". The signature is written in a cursive, flowing style.

Renee L. Anderson, Supervisor

State Evaluation Team

Email: [Renee.L.Anderson@state.mn.us](mailto:Renee.L.Anderson@state.mn.us)

Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                     |
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| 0 000                                                                      | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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.</p> <p>INITIAL COMMENTS:</p> <p>SL35294016-0</p> <p>On February 2, 2026, through February 5, 2026, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five residents; five residents were receiving services under the provider's Assisted Living Facility license.</p> | 0 000                                                                  | <p>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 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p> |  |                                                     |
| 0 480<br>SS=F                                                              | <p>144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 480                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                     |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                              |  |                                                     |
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| 0 480                                                                      | Continued From page 1<br><br>(a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626.<br>(b) For an assisted living facility with a licensed capacity of ten or fewer residents:<br>(1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation;<br>(2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570;<br>(3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage;<br>(4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink;<br>(5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are | 0 480                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 480                                                                      | <p>Continued From page 2</p> <p>allowed provided the facility keeps them clean and in good condition;<br/>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br/>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>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 is 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated February 2, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> | 0 480                                                                                       |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 660<br>SS=F                                                              | <p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include an updated facility TB risk assessment and a baseline TB screening that included a two-step tuberculin skin test (TST) or other evidence of TB testing such as IGRA (a blood test) for one of two employees (unlicensed personnel (ULP)-E). This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a</p> | 0 660                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                      | <p>Continued From page 4</p> <p>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 is 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).</p> <p>The findings include:</p> <p><b>TB RISK ASSESSMENT</b><br/>The licensee's Facility TB Risk Assessment was completed on February 5, 2024. The licensee lacked a TB Facility Risk Assessment updated annually.</p> <p><b>TB SCREENING</b><br/>ULP-E was hired on May 14, 2025, and provided direct care and services to assisted living residents.</p> <p>ULP-E's personnel record included a first-step TST result dated February 4, 2025. ULP-E's employee record lacked second-step TST testing or a single blood test such as an IGRA, and documentation of baseline TB history and symptom screening that included an assessment for TB vaccination and treatment history, and an assessment for current symptoms of active TB disease.</p> <p>On February 2, 2026, at 1:17 p.m., owner (O)-A stated the registered nurse (RN) was the only person that completed the TB risk assessment worksheets; therefore, she was unaware the info was not up to date.</p> <p>On February 4, 2026, at 8:58 p.m., O-A stated via email correspondence "we unaware of the</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                      | <p>Continued From page 5</p> <p>second TB test required, but from here on we will make it clear that we request all employees for the second TB test."</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines indicated, Baseline TB screening consists of three components:</p> <ol style="list-style-type: none"><li>1. Assessing for current symptoms of active TB disease;</li><li>2. Assessing TB history; and</li><li>3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA.</li></ol> <p>In addition, "An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the healthcare worker (HCW) starts working with patients."</p> <p>The MDH Assisted Living Resources and Frequently Asked Questions website updated December 13, 2024, included under Tuberculosis Screening, "Each facility must establish and maintain a comprehensive TB infection control program according to the most current tuberculosis infection control guidelines issued by the United States CDC, Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers."</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                      | Continued From page 6<br><br>The licensee's TB Prevention and Control policy dated January 11, 2025, indicated licensee would establish and maintain a TB prevention and control program based on the most current guidelines issued by the CDC, and MDH guidelines: Regulations for Tuberculosis Control in Minnesota Health Care Settings would be followed. Furthermore, at the time of hire and prior to any contact with residents, all assisted living employees and all volunteers would be screened for TB by a two-step TST or a single IGRA. Moreover, the second step of the two-step TST would be administered seven to twenty-one days after the first TST was read.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 660                                                                  |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                              | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.                                                                                                                                                   | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                                      | <p>Continued From page 7</p> <p>(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.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan that included all required content. This had the potential to affect all residents, staff and visitors.</p> <p>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 is 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).</p> <p>The findings include:</p> <p>The licensee's EP plan dated February 15, 2024, lacked the following requirements:</p> <ul style="list-style-type: none"><li>- EP plan reviewed and updated annually;</li><li>- EP policies reviewed and updated annually;</li><li>- written communication plan reviewed annually;</li><li>- missing resident plan reviewed quarterly; and</li><li>- must conduct and document exercises to test the EP plan at least twice per year including unannounced staff drills using the EP plan.</li></ul> | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                              |  |                                                     |
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| 0 680                                                                      | Continued From page 8<br><br>On Febrauary 2, 2026, at 1:21 p.m., owner (O)-A stated the EP plan lacked the information noted above. O-A further stated licensee worked with a third-party consultant on the preparation of the EP plan. Moreover, O-A stated she had been on leave for the past nine (9) months; therefore, hired a new director five (5) months ago who was resposible for the oversight of the EP plan in her absence.<br><br>The licensee's undated Emergency Preparedness policy indicated licensee would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts service. Furthermore, the licensee would conduct a disaster drill at least annually, and the results would be documented. Moreover, the EP plan/program would be reviewed/updated at least annually.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680                                                                  |                                                                                                                          |  |                                                     |
| 0 775<br>SS=F                                                              | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 775                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 775                                                                      | Continued From page 9<br><br>requirements of Minnesota Statute 144G.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 2, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 775                                                                                       |                                                                                                                          |  |                                                     |
| 0 780<br>SS=F                                                              | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;                                                                                                                                                                                                                            | 0 780                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 780                                                                      | <p>Continued From page 10</p> <p>(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</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 2, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> | 0 780                                                                                       |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 780                                                                      | Continued From page 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 780                                                                  |                                                                                                                          |  |                                                     |
|                                                                            | TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                          |  |                                                     |
| 0 800<br>SS=E                                                              | <p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical</p> | 0 800                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 800                                                                      | Continued From page 12<br><br>Environment Inspection Report (PEIR) dated February 2, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 800                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>SS=I                                                              | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 810                                                                      | <p>Continued From page 13</p> <p>not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 2, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |
| 0 910<br>SS=C                                                              | <p>144G.50 Subd. 2 (a-b) Contract information</p> <p>(a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 910                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 910                                                                      | <p>Continued From page 14</p> <p>(b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of:</p> <p>(1) the facility and contracted service provider when applicable;</p> <p>(2) the licensee of the facility;</p> <p>(3) the managing agent of the facility, if applicable; and</p> <p>(4) the authorized agent for the facility.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R1).</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident 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 the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R1 was admitted to licensee's assisted living facility on October 3, 2025.</p> <p>R1's Service Plan (Waiver)- Addendum to Contract effective February 3, 2026, indicated R1 received services which included assistance with medication administration, nursing assessments, bathing reminders, dressing, grooming, drinking, housekeeping, laundry, and behavior management.</p> <p>R1's Resident Agreement (Contract) dated</p> | 0 910                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>35294</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |                          | (X3) DATE SURVEY COMPLETED<br><br><b>02/05/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                              |                          |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                     |
| 0 910                                                                      | Continued From page 15<br><br>September 25, 2025, lacked the licensee's Health Facility Identification Number (HFID).<br><br>On February 5, 2026, at 10:00 a.m., owner (O)-A stated R1's contract was developed by a third-party consultant; therefore, O-A was unaware the contract was missing some of the required information. O-A further stated the blank contract provided to surveyor was the same contact used for all the residents of the facility.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                 | 0 910                                                                  |                                                                                                                          |                          |                                                     |
| 0 950<br>SS=C                                                              | 144G.50 Subd. 3 Designation of representative<br><br>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:<br><br>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.<br><br>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." | 0 950                                                                  |                                                                                                                          |                          |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                              |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 950                                                                      | <p>Continued From page 16</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to provide the required verbatim notice on a document separate from the contract, notifying the resident of their right to designate a representative, for one of one resident (R1).</p> <p>This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident 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 residents).</p> <p>The findings include:</p> <p>R1 was admitted to licensee's assisted living facility on October 3, 2025.</p> <p>R1's Service Plan (Waiver)- Addendum to Contract effective February 3, 2026, indicated R1 received services which included assistance with medication administration, nursing assessments, bathing reminders, dressing, grooming, drinking, housekeeping, laundry, and behavior management.</p> | 0 950                                                                  |                                                                                                                          |  |                                                     |



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| 0 950                                                                      | <p>Continued From page 17</p> <p>R1's record contained a Resident Agreement (Contract) dated September 25, 2025. R1's assisted living contract lacked the verbatim notice about the resident right to designate a representative for certain purposes on a document separate from the contract.</p> <p>On February 5, 2026, at 10:05 a.m., owner (O)-A stated R1's contract was developed by a third-party consultant; therefore, was unaware the verbatim notice was required to be on a separate document. O-A further stated the blank contract provided to surveyor was the same contract used for all the residents of the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 950                                                                  |                                                                                                                          |  |                                                     |
| 01370<br>SS=D                                                              | <p><b>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</b></p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:</p> <p>(1) documentation requirements for all services provided;</p> <p>(2) reports of changes in the resident's condition to the supervisor designated by the facility;</p> <p>(3) basic infection control, including blood-borne pathogens;</p> <p>(4) maintenance of a clean and safe environment;</p> <p>(5) appropriate and safe techniques in personal hygiene and grooming, including:</p> <p>(i) hair care and bathing;</p> <p>(ii) care of teeth, gums, and oral prosthetic devices;</p> <p>(iii) care and use of hearing aids; and</p>              | 01370                                                                  |                                                                                                                          |  |                                                     |



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| 01370                                                                      | <p>Continued From page 18</p> <p>(iv) dressing and assisting with toileting;<br/>(6) training on the prevention of falls;<br/>(7) standby assistance techniques and how to perform them;<br/>(8) medication, exercise, and treatment reminders;<br/>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br/>(10) preparation of modified diets as ordered by a licensed health professional;<br/>(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;<br/>(12) awareness of confidentiality and privacy;<br/>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br/>(14) procedures to use in handling various emergency situations; and<br/>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure training and competency was completed with all required content for one of one employee (unlicensed personnel (ULP)-E).</p> <p>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).</p> | 01370                                                                                       |                                                                                                                          |  |                                                        |



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| 01370                                                                      | <p>Continued From page 19</p> <p>The findings include:</p> <p>ULP-E was hired May 14, 2025, and provided care and services to licensee's assisted living residents.</p> <p>ULP-E's employee record lacked documentation of competency evaluations for ULP providing assisted living services including:</p> <ul style="list-style-type: none"><li>- hair care and bathing;</li><li>- care of teeth, gums, and oral prosthetic devices;</li><li>- care and use of hearing aids; and</li><li>- dressing and assisting with toileting; and</li><li>- standby assistance techniques and how to perform them.</li></ul> <p>On February 5, 2026, at 10:07 a.m., during the exit conference, via telephone conversation, owner (O)-A stated ULP-E's employee's file lacked the documentation noted above. O-A further stated she searched her computer, and was able to located a couple of the employee files that had not been uploaded and provided them to the surveyor. In addition, O-A stated she had been on leave for the past nine (9) months and did not hold the staff accountable to ensure all the required competencies had been documented in ULP-E's employee file.</p> <p>The licensee's undated Assisted Living Orientation-All Staff policy indicated newly hired staff would receive orientation and training on topics required for assisted living organizations. Furthermore, unlicensed personnel who are not a registered nursing assistant would receive additional training with a written or oral competency test, and a skills demonstration on the following topics:</p> <ul style="list-style-type: none"><li>- hair care and bathing;</li><li>- care of teeth, gums, and oral prosthetic devices;</li></ul> | 01370                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01370                                                                      | Continued From page 20<br><br>- care and use of hearing aids; and<br>- dressing and assisting with toileting; and<br>- standby assistance techniques and how to perform them.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01370                                                                                       |                                                                                                                          |  |                                                     |
| 01380<br>SS=D                                                              | 144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn<br><br>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and<br>(7) administering medications or treatments as required.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure training and competency was completed with all required content for one of one employee (unlicensed personnel (ULP)-E). | 01380                                                                                       |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01380                                                                      | <p>Continued From page 21</p> <p>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).</p> <p>The findings include:</p> <p>ULP-E was hired May 14, 2025, and provided care and services to licensee's assisted living residents.</p> <p>ULP-E's employee record lacked documentation of training and competency evaluations for ULP providing assisted living services including:</p> <ul style="list-style-type: none"><li>- reading and recording temperature, pulse, and respirations of the resident;</li><li>- safe transfer techniques and ambulation; and</li><li>- range of motioning and positioning.</li></ul> <p>On February 5, 2026, at 10:07 a.m., during the exit conference, via telephone conversation, owner (O)-A stated ULP-E's employee's file lacked the documentation noted above. O-A further stated she had went in the drop box files in the computer and the Icloud, and was able to located a couple of the employee files that had not been uploaded and provided them to the surveyor. In addition, O-A stated she had been on leave for the past nine (9) months and did not hold the staff accountable to ensure all the required competencies had been documented in ULP-E's employee file.</p> <p>The licensee's Competency and Training policy dated November 1, 2021, indicated prior to the</p> | 01380                                                                  |                                                                                                                          |  |                                                     |



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| 01380                                                                      | Continued From page 22<br><br>registered nurse delegating services, they would make certain the ULP was trained in the proper methods to perform the tasks or procedures for each resident and were able to demonstrate the ability to competently follow the procedures and perform the tasks, prior to working for the licensee. In addition, the policy directed only ULP's who were determined to be competent and possessed the knowledge and skills consistent with the complexity of tasks being delegated would be permitted to perform such delegated tasks. Furthermore, training and competency evaluations for all ULP providing assisted living services would include:<br>-Reading and recording temperature, pulse, and respirations of the resident;<br>-Recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>-Safe transfer techniques and ambulation; and<br>-Range of motioning and positioning.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01380                                                                  |                                                                                                                          |  |                                                     |
| 01620<br>SS=F                                                              | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.<br>(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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                              |  |                                                     |
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| 01620                                                                      | <p>Continued From page 23</p> <p>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.</p> <p>(c) Resident reassessment and monitoring must be conducted by a registered nurse:</p> <p>(1) no more than 14 calendar days after initiation of services;</p> <p>(2) as needed based on changes in the resident's needs; and</p> <p>(3) at least every 90 calendar days.</p> <p>(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.</p> <p>(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 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.</p> <p>(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.</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                      | <p>Continued From page 24</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted initial, and ongoing resident monitoring and reassessment, not to exceed 90 calendar days from the previous reassessment for two of two residents (R1, R4).</p> <p>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 is 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).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted to licensee's assisted living facility on October 3, 2025, and began receiving assisted living services.</p> <p>R1 had diagnoses to include, but not limited to traumatic brain injury, chronic schizoaffective disorder, type 2 diabetes mellitus, and suicidal attempt.</p> <p>R1's Service Plan (Waiver)- Addendum to Contract was signed by R1; however, lacked the date R1 signed the service plan. R1's service plan indicated R1 received services which included assistance with medication administration, nursing assessments, bathing reminders, dressing, grooming, and drinking assistance, housekeeping, laundry, and behavior management.</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                      | <p>Continued From page 25</p> <p>R1's record contained a Resident Agreement (Contract) dated September 25, 2025.</p> <p>R1's admission assessment was completed by clinical nurse supervisor (CNS)-C on October 9, 2025, which was six (6) days after R1's admission. R1's record lacked an initial assessment completed 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 was earlier.</p> <p>R1's record included a 14-day reassessment completed on October 24, 2025, which was greater than 14-days (21 days) after R1 started receiving services. R1's record lacked an ongoing nursing reassessment not to exceed 90 days from the previous assessment (no later than January 22, 2026).</p> <p>R4</p> <p>R4 was admitted to licensee's assisted living facility on February 7, 2023, and began receiving assisted living services.</p> <p>R4 had diagnoses to include, but not limited to left-sided weakness, alcohol dependency, depression, hypertension, and chronic pain.</p> <p>R4's Service Plan (Waiver)- Addendum to Contract dated June 16, 2025, indicated R4 received services which included assistance with medication administration, nursing assessments, bathing reminders, grooming, glasses care, escort/mobility, housekeeping, shopping, socialization, transportation, and behavior management.</p> <p>R4 had an ongoing 90-day nursing reassessment</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                      | <p>Continued From page 26</p> <p>completed by CNS-C on June 10, 2025, and the next ongoing 90-day nursing reassessment was completed on September 10, 2025, which was greater then 90 days (92 days) after the previous assessment.</p> <p>On February 3, 2026, at 1:27 p.m., CNS-C stated R1 and R4's nursing assessments had not been completed timely. CNS-C further stated R1 and R4's assessments were missing because the assessment dates were so close together, he lost track of the assessment due dates. Moreover, CNS-C stated he would return to the facility in the evening and complete the necessary assessments.</p> <p>The licensee's Initial and On-Going Nursing Assessment of Resident's policy dated January 9, 2025, indicated nursing assessments would be completed by a registered nurse (RN) based upon the required assessment schedule and as needed based on the resident condition. Furthermore, an RN would complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required:</p> <ul style="list-style-type: none"><li>a. Pre-Admission Assessment;</li><li>b. 14-day assessment, completed up to 14-days after start of services;</li><li>c. Ongoing assessment, completed periodically but no less than every 90-days; and</li><li>d. Change in resident condition.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01630                                                                      | Continued From page 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01630                                                                  |                                                                                                                          |  |                                                     |
| 01630<br>SS=D                                                              | <p><b>144G.70 Subd. 3 Temporary service plan</b></p> <p>When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview, and record review, the licensee failed to initiate a temporary service plan for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to licensee's assisted living facility on October 3, 2025, and began receiving assisted living services.</p> <p>R1's record contained a Resident Agreement (Contract) dated September 25, 2025.</p> <p>R1's admission assessment was completed by clinical nurse supervisor (CNS)-C on October 9, 2025.</p> <p>R1's Service Plan (Waiver)- Addendum to Contract was signed by R1; however, lacked the</p> | 01630                                                                  |                                                                                                                          |  |                                                     |



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| 01630                                                                      | <p>Continued From page 28</p> <p>date R1 signed the service plan. Owner (O)-A signed R1's service plan with a date of September 25, 2026, a date in the future. Furthermore, the service plan indicated R1 received services which included assistance with medication administration, nursing assessments, bathing reminders, dressing, grooming, and drinking assistance, housekeeping, laundry, and behavior management.</p> <p>R1's record lacked a temporary service plan and agreement with the resident for services, when the licensee initiated services and the initial individualized assessment had not been completed.</p> <p>On February 3, 2026, at 1:05 p.m., owner (O)-A stated R1 was transferred from licensee's sister facility and the information on the service plan had not changed from the previous location; therefore, a new service plan was not initiated prior to or at the time R1 moved into the current facility.</p> <p>The licensee's Contents of Service Plans policy dated January 5, 2025, indicated all assisted living residents would have an up-to-date service plan identifying services to be provided based on the assessment by the registered nurse (RN) and/or other licensed health professional. Furthermore, a proposed service plan would be established after completion of an individualized, initial assessment, and a finalized service plan would be completed no later than 14 calendar days after initiation of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01630                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760<br>SS=D                                                              | <p><b>144G.71 Subd. 8 Documentation of<br/>administration of medication</b></p> <p>Each medication administered by the assisted<br/>living facility staff must be documented in the<br/>resident's record. The documentation must<br/>include the signature and title of the person who<br/>administered the medication. The documentation<br/>must include the medication name, dosage, date<br/>and time administered, and method and route of<br/>administration. The staff must document the<br/>reason why medication administration was not<br/>completed as prescribed and document any<br/>follow-up procedures that were provided to meet<br/>the resident's needs when medication was not<br/>administered as prescribed and in compliance<br/>with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced<br/>by:<br/>Based on observation, interview and record<br/>review, the licensee failed to ensure medication<br/>administration was documented accurately in the<br/>medication administration record (MAR) for one<br/>of two residents (R1).</p> <p>This practice resulted in a level two violation (a<br/>violation that did not harm a resident's health or<br/>safety but had the potential to have harmed a<br/>resident's health or safety, but was not likely to<br/>cause serious injury, impairment, or death), and<br/>was issued at an isolated scope (when one or a<br/>limited number of residents are affected or one or<br/>a limited number of staff are involved or the<br/>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to licensee's assisted living<br/>facility on October 3, 2025.</p> | 01760                                                                                       |                                                                                                                          |  |                                                        |



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| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01760                                                                      | <p>Continued From page 30</p> <p>R1's record contained a Resident Agreement (Contract) dated September 25, 2025.</p> <p>R1's Service Plan (Waiver)- Addendum to Contract effective February 3, 2026, indicated R1 received services which included assistance with medication administration, nursing assessments, bathing reminders, dressing, grooming, drinking, housekeeping, laundry, and behavior management.</p> <p>DOCUMENTATION/MEDICATION ERROR<br/>On February 3, 2026, at 11:02 a.m., surveyor observed unlicensed personnel (ULP)-D assist R1 with medication administration. ULP-D prepared four (4) medications for morning administration, which included one propranolol (used to treat high blood pressure) HCL 10 milligram (mg) tablet. ULP-D retrieved the propranolol medication card from R1's medication storage, punch one (1) propranolol tablet out of the card, and place the tablet in the medication cup. The surveyor observed the morning dose of propranolol medication had been removed from the card for the days prior to the date of the observation. ULP-D attempted to locate the propranolol medication on the MAR, however, propranolol was not listed on the MAR for administration. At that point, the surveyor stopped ULP-D from administering any medications and asked ULP-D to contact clinical nurse supervisor (CNS)-C for clarification.</p> <p>R1's MAR dated January 2026, indicated ULPs administered propranolol HCL every morning from January 1, 2026, through January 20, 2026. R1's MAR indicated R1 was no longer administered propranolol HCL effective January 20, 2026.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                                      | <p>Continued From page 31</p> <p>On February 3, 2026, during the 11:02 a.m. medication administration observation, ULP-D stated he had given R1 propranolol the previous morning, February 2, 2026; however, did not document that medication administration due to propranolol not being included on the MAR.</p> <p>R1's MAR lacked documentation of propranolol medication administered February 2, 2026.</p> <p><b>TRANSCRIPTION ERROR</b><br/>R1's record included a Physician Visit Summary/Medication List dated January 19, 2026. The summary indicated "continue taking" propranolol HCL 10 mg take 1 tablet by mouth two times daily.</p> <p>R1's record included prescriber order signed April 1, 2025, indicating propranolol HCL 1 tablet 10 mg by mouth twice daily. The record lacked a prescriber order that discontinued or indicated any changes to the propranolol order.</p> <p>R1's MAR did not accurately indicate propranolol as an active medication January 20, 2026 through February 3, 2026.</p> <p>On February 3, 2026, at 11:10 a.m., CNS-C stated R1's February 2026, MAR did not include propranolol as an available medication. CNS-C further stated R1 had just started propranolol on January 19, 2026, and overlooked transcribing that medication on to the MAR prior to medication administration by the ULPs.</p> <p>On February 3, 2026, at approximately 11:20 a.m., CNS-C provided surveyor with an updated February 2026, MAR. CNS-C added propranolol HCL 10mg take one tablet twice daily, starting</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                              |  |                                                     |
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| 01760                                                                      | Continued From page 32<br><br>with the afternoon dose, February 3, 2026.<br><br>The licensee's Documentation of Medication, Treatment, and Therapy Management Services policy dated January 1, 2025, indicated registered nurses, licensed practical nurses, and ULPs would appropriately document all medications, treatments, and therapy management services provided to residents including documentation of as needed medications, and documentation of requesting and receiving prescription refills. Furthermore, staff would document each task immediately after that task had been performed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                          | 01760                                                                  |                                                                                                                          |  |                                                     |
| 01880<br>SS=D                                                              | 144G.71 Subd. 19 Storage of medications<br><br>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to store all prescription medications according to the manufacturer's directions for one of two residents (R2).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of | 01880                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b>                              |  |                                                     |
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| 01880                                                                      | <p>Continued From page 33</p> <p>residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 had diagnoses to include, but not limited to psychosis, hypertension (high blood pressure), type 2 diabetes mellitus without complications, history of stroke with residual deficit, and shortness of breath.</p> <p>R2's Service Plan (Waiver)- Addendum to Contract, dated January 20, 2026, indicated R2 received services including medication administration, assistance with dressing, grooming, bathing, housekeeping, laundry, behavior management, socialization, transportation, and exercises.</p> <p>R2's Medication Administration Summary dated February 2026, indicated R2 was taking Zepbound (used to control diabetes) 2.5 milligram (mg)/0.5 milliliter (ml), subcutaneous (under the tissue) on a weekly basis.</p> <p>On February 3, 2026, at 9:15 a.m., clinical nurse supervisor (CNS)-C stated R2 had one Zepbound (tirzepatide) injection pen stored in a locked refrigerator in R2's room. CNS-C asked unlicensed personnel (ULP)-D to retrieve the Zepbound pen from R2's refrigerator. ULP-D handed the Zepbound pen to surveyor. CNS-C further stated there was no temperature log for the medication which had been stored in R2's refrigerator, and he had not reviewed the manufacturer's instruction for refrigerated medication storage prior to placing the medication in the refrigerator.</p> | 01880                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIYATHAY HOUSING WITH SERVIC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6231 SUNNY LANE<br/>BROOKLYN PARK, MN 55428</b> |                                                                                                                          |  |                                                        |
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| 01880                                                                      | <p>Continued From page 34</p> <p>The undated packaging carton of Zepbound indicated to store refrigerated medication at 2 degrees to 8 degrees Celsius (36 degrees to 46 degrees Fahrenheit) in original carton to protect from light, and do not freeze.</p> <p>The licensee's Storage of Medications policy dated January 10, 2025, indicated the registered nurse (RN) would recommend where medication should be stored understanding that the licensee may not be able to control where and how a resident stored his/her medications in their room. Furthermore, the RN would provide education to the resident/residents' representative on proper storage of medications in the home, including the need to be refrigerated, or stored in a cool, dry area, and according to manufacturer's recommendations.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01880                                                                                       |                                                                                                                          |  |                                                        |





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

Page: 1

### Establishment Info

Souriyathay Enterprises LLC  
6231 Sunny Lane  
Brooklyn Park, MN 55428  
Hennepin County  
Parcel:  
  
Phone:

### License Info

License: HFID 35294  
  
Risk:  
License:  
Expires on:  
CFPM: HASSAN H KAMARA  
CFPM #: 9588; Exp: 3-19-2027

### Inspection Info

Report Number: F1062261019  
Inspection Type: Full - Single  
Date: 2/2/2026 Time: 12:00 pm  
Duration: minutes  
Announced Inspection: Yes  
**Total Priority 1 Orders: 2**  
Total Priority 2 Orders: 0  
Total Priority 3 Orders: 2  
Delivery: Emailed

### New Order: 2-100 Supervision

2-102.12DMN Priority Level: Priority 3 CFP#: 2

MN Rule 4626.0033D Post the certified food protection manager certificate.

COMMENT: FACILITY HAS A CFPM BUT NO CERTIFICATE PRESENT ON SITE. ENSURE THE CFPM CERTIFICATE IS POSTED AT THE FACILITY.

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

### ! New Order: 2-200 Employee Health

2-201.11C Priority Level: Priority 1 CFP#: 3

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

COMMENT: NO ILLNESS LOG AVAILABLE FOR REVIEW AT TIME OF INSPECTION. ENSURE THERE IS A WAY TO RECORD EMPLOYEE ILLNESSES MAINTAINED ON SITE. TEMPLATE LOG WILL BE PROVIDED.

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

### ! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) Priority Level: Priority 1 CFP#: 15

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: OBSERVED RAW SHELL EGGS HELD ABOVE READY-TO-EAT FOODS SUCH AS PRODUCE AND DELI MEATS IN REFRIGERATOR. ENSURE THAT RAW ANIMAL PROTEINS ARE STORED IN A MANNER THAT MINIMIZES RISK OF CONTAMINATING RTE FOODS.

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

### New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.12E Priority Level: Priority 3 CFP#: 43

MN Rule 4626.0275E Store food preparation or dispensing utensils that are used with non-TCS foods, such as ice, in a clean, protected location.

COMMENT: OBSERVED ICE SCOOP STORED ON TOP OF NEARBY APPLIANCE IN KITCHEN. ENSURE UTENSILS ARE STORED IN CLEAN PROTECTED LOCATIONS WITH SMOOTH AND EASILY CLEANABLE SURFACES. SCOOP WAS MOVED TO A MUG DURING INSPECTION.

Comply By: 2/2/2026 Originally Issued On: 2/2/2026

## Food & Beverage General Comment

COMPLETED ON BEHALF OF RHONDA MAKELA HRD.



---

DISCUSSED ILLNESS RECORDING, STORAGE OF UTENSILS, AND SANITIZER TESTING.

RESIDENTIAL KITCHEN WITH WOOD FLOORS, TILE BACK-SPLASH ON WALLS, LAMINATE COUNTERTOPS

---

**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 F1062261019 from 2/2/2026**



---

Phinnhsaykeo Souriyathay-O-A  
OWNER

---

Nicholas Streeter, RS  
Public Health Sanitarian 2  
nicholas.streeter@state.mn.us





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

## Temperature Observations/Recordings

Page: 1

### Establishment Info

Souriyathay Enterprises LLC  
Brooklyn Park  
County/Group: Hennepin County

### Inspection Info

Report Number: F1062261019  
Inspection Type: Full  
Date: 2/2/2026  
Time: 12:00 pm

**Food Temperature:** Product/Item/Unit: MAYO; Temperature Process: Cold-Holding

**Location:** REFRIGERATOR at 41 Degrees F.

Comment:

*Violation Issued?: No*

**Food Temperature:** Product/Item/Unit: MILK; Temperature Process: Cold-Holding

**Location:** REFRIGERATOR at 40 Degrees F.

Comment:

*Violation Issued?: No*





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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Souriyathay Enterprises LLC  
Brooklyn Park  
County/Group: Hennepin County

Inspection Info

Report Number: F1062261019  
Inspection Type: Full  
Date: 2/2/2026  
Time: 12:00 pm

**Sanitizing Equipment:** Product: Hot Water; **Sanitizing Process:** dishwasher  
**Location:** Kitchen **Equal To** 170 Degrees F.  
Comment:  
*Violation Issued?: No*



# Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                            |                        |
|------------------------------------------------------------|------------------------|
| Project No: SL35294016-0                                   | Date: February 2, 2026 |
| Facility Name: SOURIYATHAY ENTERPRISES LLC                 |                        |
| Facility Address: 6231 SUNNY LANE, BROOKLYN PARK, MN 55428 |                        |

☒ TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Occupancy separation shall be provided in Group I and Group R occupancies. Existing wood lath and plaster in good condition or ½ inch gypsum wallboard is acceptable where one hour occupancy separations are required. [Minn. Stat. 144G.45 subd. 2; MSFC 1105.2]

*Comments: There was an attached garage with resident bedrooms above the garage.*

- There were holes in the garage ceiling and large gaps in the ceiling around the electrical panel and electrical components.*
- There was a hole above the door on the garage side of the common wall that separated the dwelling unit from the attached garage.*

*These holes shall be sealed to prevent the passage of smoke or fire from the garage into the dwelling unit.*

3. The means of egress shall be maintained free of obstructions or impediments to full instant use in case of fire or other emergency. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.2]

*Comments:*

- The back door was identified as an emergency exit, and the egress path was partially covered with snow. A clear continuous egress path from this door to the public right of way was not maintained free of snow.*
- In occupied resident bedroom three, access to the egress window was obstructed by the storage of personal items in front of the window. Improper storage in front of an egress window could delay exiting in the event of an emergency.*



4. Lighted matches, cigarettes, cigars or other burning objects shall not be discarded in such a manner that could cause ignition of other combustible material. [Minn. Stat. 144G.45 subd. 2; MSFC 310.7]

*Comments:*

- In occupied resident bedroom five, several burnt cigarettes had been disposed of inside a glass candle jar.
  - There were several burnt cigarettes on the ground in the backyard. One burnt cigarette had been disposed of on the top surface of the wood deck.
  - In the designated smoking area on the back deck, an uncovered metal bucket with a plastic liner was used for smoking material disposal.
- Improper smoking material disposal creates a fire hazard.*

5. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

*Comments:*

- Extension cords were used in occupied resident bedrooms three and four to provide power to personal electronic items.
  - An extension cord was plugged into a power strip in the living room to supply power to office equipment.
  - A power strip rated for indoor use only was plugged into an exterior wall outlet on the back deck.
  - One of the power strip receptacles was scorched in occupied resident bedroom four.
- Improper use of extension cords and flexible cords creates a fire hazard.*

6. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. [Minn. Stat. 144G.45 subd. 2; MSFC 604.6]

*Comments:*

- On the front exterior side of the building, one electrical wall outlet was loose, and half of the weatherproof cover was missing.
  - The covers were missing from two electrical wall outlets inside the building, one in occupied resident bedroom five and the second in the living room.
  - There was a hole in the wall covered with tape adjacent to the light switch in the main floor hallway.
- Electrical components shall be maintained and covered to protect the building occupants from accidental exposure to live electrical parts.*



7. A working space of not less than 30 inches in width, 36 inches in depth and 78 inches in height shall be provided in front of electrical service equipment. Where the equipment is wider than 30 inches, the working space shall be not less than the width of the equipment. Storage of materials shall not be located within the designated working space. [Minn. Stat. 144G.45 subd. 2; MSFC 604.3]

*Comments: The space in front of the electrical panel in the attached garage was used for storage.*

8. Single or multiple-station smoke alarms shall be maintained. [Minn. Stat. 144G.45 subd. 2; MSFC 907.2.10.2]

*Comments: The battery operated smoke alarm for the interconnected wireless system in occupied resident bedroom five did not work when tested by unlicensed personnel (ULP)-D. ULP-D removed this smoke alarm from the ceiling bracket and the battery was noted as missing.*

---

☒ **TAG IDENTIFICATION: 0780**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Seven (7) days

---

1. Smoke alarms are provided in each room used for sleeping purposes. [Minn. Stat. 144G.45 subd.2]

*Comments: A smoke alarm was not installed in occupied resident bedroom one.*

2. Smoke alarms are provided outside and in immediate vicinity of each room used for sleeping purposes. [Minn. Stat. 144G.45 subd.2]

*Comments: Smoke alarms were not installed outside occupied resident bedrooms two, three, four, and five.*

3. Smoke alarms interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

*Comments:*

*- There were two smoke alarms installed on the ceiling in occupied resident bedroom five. Unlicensed personnel (ULP)-D stated one smoke alarm was a new wireless model and the second smoke alarm was existing and not part of the new interconnected system.*

*- When ULP-D tested the dwelling unit smoke alarms on the main floor, the smoke alarm installed in the basement was not actuated. Additionally, when the basement smoke alarm was tested, none of the other dwelling unit smoke alarms were actuated.*



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☒ **TAG IDENTIFICATION: 0800**

**SCOPE/ SEVERITY:** Level 2; Pattern

**TIME PERIOD OF CORRECTION:** Seven (7) days

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1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are 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. [Minn. Stat. 144G.45 subd.2]

*Comments:*

- Door knobs were not installed on the inside of the bedroom doors for occupied resident rooms two and three.
  - The door knob was loose and covered with duct tape for occupied resident bedroom three.
  - The hooks installed on the back of the door were loose in occupied resident bedroom three.
  - There were several holes in the wall and ceiling surfaces in the main floor hallway.
  - In the main floor bathroom, the paint above the shower was peeling.
  - The ceiling light fixture cover was missing in occupied resident bedroom five.
  - In the basement bathroom, there was a hole in the ceiling around the laundry chute.
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☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 3; Widespread

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

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1. Each assisted living facility shall develop and maintain fire safety and evacuation plans that are readily available at all times within the facility. [Minn. Stat. 144G.45 subd.2]

*Comments: The fire safety and evacuation floor plan for the basement was not displayed in the building.*

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include the location and number of resident rooms. [Minn. Stat. 144G.45 subd.2]

*Comments: Resident bedrooms one and five were not identified on the posted fire safety and evacuation floor plans. Bedroom five was labeled as storage. Bedroom one was located in the basement and a floor plan for this level of the building was not developed. Accurate floor plans that include the location of all resident bedrooms shall be developed to provide efficient communication for exiting in the event of a fire or similar emergency.*

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]



*Comments: - Fire safety and evacuation plan (FSEP) documents were from a third party. Pull fire alarms, smoke compartments, fire sprinklers, fire doors on magnetic door holders, and elevators were inaccurately referenced. The licensee failed to develop and maintain the fire safety and evacuation plan with site specific employee actions relative to the facility's building layout and environmental risks.*

4. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

*Comments: The fire safety and evacuation plan (FSEP) included inappropriate resident procedures. Residents were directed to stay in their rooms if the fire alarms are sounding or wait to evacuate until the fire department arrives. The licensee failed to develop the FSEP with site specific fire safety and evacuation instructions for residents.*

5. Each assisted living facility shall develop and maintain fire safety and evacuation plans that include 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. [Minn. Stat. 144G.45 subd.2]

*Comments: One resident was identified with an evacuation level status two, requiring moderate staff assistance in the event of an evacuation. Individualized evacuation procedures for this resident were not included in the fire safety and evacuation plan.*

6. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]

*Comments: The surveyor requested records for employee training on the fire safety and evacuation plan completed between February 2025 and February 2026, from the licensee. The licensee stated employees were trained during fire drills and no fire safety and evacuation plan training records were available.*

7. Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. [Minn. Stat. 144G.45 subd.2]

*Comments: The surveyor requested records for resident training on the fire safety and evacuation plan completed between February 2025 and February 2026, from the licensee. The licensee stated residents were trained during fire drills and documentation for one fire safety and evacuation training session with residents, dated November 1, 2024, was provided. No additional training documentation was provided.*

8. Evacuation drills are required for employees 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. [Minn. Stat. 144G.45 subd.2]



*Comments: The surveyor requested records for evacuation drills completed between February 2025 and February 2026, from the licensee. A calendar was provided indicating drills were completed in 2025 during January, February, March, and April. No drill logs or reports from 2025 or 2026 were provided that included the simulated fire locations and drill conditions.*