Electronically Delivered

January 30, 2026

Licensee
Arthur's Senior Care
1854 Alta Vista Drive
Roseville, MN 55113

RE: Project Number(s) SL30590016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 8, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

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

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30590	A. BUILDING: _____ B. WING _____	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTHUR'S SENIOR CARE	1854 ALTA VISTA DRIVE ROSEVILLE, MN 55113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: SL30590016-0 On January 5, 2026, through January 8, 2026, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were six (6) residents, all of whom were receiving services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities with Dementia Care. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 6, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

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0 810	Continued From page 4 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated January 8, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (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. (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: (1) the facility and contracted service provider	0 910		

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0 910	Continued From page 5 when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for two of two residents (R1, R2). 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). The findings include: R1 R1 was admitted and began receiving services May 29, 2025. R1's service plan dated December 18, 2025, indicated R1 received services which included assistance with medication administration, dressing, grooming, bathing, toileting, ace wrap to bilateral extremities, transfers, basic wound care, vital signs, and bed mobility. R2 R2 was admitted and began receiving services December 15, 2025. R2's service plan dated December 15, 2025,	0 910		

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0 910	Continued From page 6 indicated R2 received services which included assistance with medication administration, dressing, grooming, bathing, toileting, transfers, eating, housekeeping, laundry, and vital signs. R1 and R2's medical records included an Assisting Living Resident Contract dated May 27, 2025, and December 11, 2025, respectively. The contracts both lacked the licensee's Health Facility Identification Number (HFID). On January 6, 2026, at 1:40 p.m., director of housing services (DHS)-C stated licensee's assisted living contract had been developed by the head of compliance within the human resources department, and therefore, was unaware the contract was missing the HFID information. DHS-C further stated the contract R1 and R2's legal representative's signed was the contract they had been using for all the residents. The licensee's Signing an Assisted Living Contract policy dated July 16, 2025, indicated when a prospective resident had decided to move into licensee's assisted living facility, an Assisted Living Contract would be signed by both parties. Furthermore, licensee would fill in all the blanks of the contract and provide the prospective resident and/or responsible person a copy of the appropriate assisted living contract. Moreover, licensee would emphasize to the prospective resident and/or responsible person that the assisted living contract was a legal, binding contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		

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0 970	Continued From page 7	0 970		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. 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). The findings include: R1 R1 was admitted and began receiving services May 29, 2025. R1's service plan dated December 18, 2025, indicated R1 received services which included assistance with medication administration,	0 970		

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0 970	Continued From page 8 dressing, grooming, bathing, toileting, ace wrap to bilateral extremities, transfers, basic wound care, vital signs, and bed mobility. R2 R2 was admitted and began receiving services December 15, 2025. R2's service plan dated December 15, 2025, indicated R2 received services which included assistance with medication administration, dressing, grooming, bathing, toileting, transfers, eating, housekeeping, laundry, and vital signs. R1 and R2's medical records contained an Assisting Living Resident Contract dated May 27, 2025, and December 11, 2025, respectively. The assisted living contract included the following section, waiving the licensee's liability for the health and safety or personal property of the resident: Section 26.0 "Indemnification" "As an occupant of the Facility, Resident assumes the risk for Resident's own safety and for the safety of Resident's personal property, guests and agents. Resident will indemnify and hold harmless Facility, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident or Resident's guests of the Bedroom-Bathroom Suite or any other part of Facility, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents, and for which Resident is legally responsible. The intentional, negligent or careless acts of Residents and/or Resident's guests may not result in Facility's liability."	0 970		

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0 970	Continued From page 9 On January 6, 2026, at 1:45 p.m., director of housing services (DHS)-C stated licensee's assisted living contract had been developed by the head of compliance within the human resources department, and therefore, was unaware all of the liability language had not been removed from the contract. Moreover, DHS-C stated the contract R1 and R2's legal representative's signed was the contract they had been using for all the residents. Licensee's Signing an Assisted Living Contract policy dated July 16, 2025, indicated when a prospective resident had decided to move into licensee's assisted living facility, an Assisted Living Contract would be signed by both parties. Furthermore, licensee would fill in all the blanks of the contract and provide the prospective resident and/or responsible person a copy of the appropriate assisted living contract. Moreover, licensee would emphasize to the prospective resident and/or responsible person that the assisted living contract was a legal, binding contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia	01530		

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01530	Continued From page 10 topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct care staff received	01530		

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01530	Continued From page 11 the required 2 hours of initial training on mental illness and de-escalation topics within 160 hours of start date for two of three employees (unlicensed personnel (ULP)-D, ULP-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-D was hired July 9, 2024, and provided direct cares and services for residents of the facility. ULP-D's employee recorded included two (2) hours of initial training on mental illness and de-escalation dated July 23, 2025, which was twenty-one days after the required effective date of July 1, 2025. ULP-E was hired February 3, 2025, and provided direct cares and services for residents of the facility. ULP-E's employee recorded included two (2) hours of initial training on mental illness and de-escalation dated July 31, 2025, which was twenty-nine days after the required effective date of July 1, 2025. On January 7, 2025, at 1:58 p.m., director of housing services (DHS)-C stated licensee's staff had technical difficulties linking to their training	01530		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTHUR'S SENIOR CARE	1854 ALTA VISTA DRIVE ROSEVILLE, MN 55113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01530	Continued From page 12 site, which had been initially sent out to the staff on June 9, 2025, and resent out on June 12, 2025. DHS-C further stated licensee was finally able to successfully link in to their training; therefore, sent the staff training link to staff on June 26, 2025. Moreover, DHS-C stated it was her responsiblity to ensure staff training was completed timely. The licensee's Dementia Training, Mental Illness and De-escalation Training policy dated July 16, 2025, indicated all staff of licensee would complete training in accordance with Minnesota Statutes, section 144G.64, including dementia care, mental illness, and de-escalation. Furthermore, training would occur within the required timeframes based on staff roles and must continue annually. No staff can provide unsupervised direct care until initial training requirements are met. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

ARTHUR'S SENIOR CARE
1854 ALTA VISTA DRIVE
Roseville, MN 55113
Ramsey County
Parcel:

Phone:

License Info

License: HFID 30590

Risk:
License:
Expires on:
CFPM: Felicia Wagner
CFPM #: 24177; Exp: 2/25/2028

Inspection Info

Report Number: F1043261005
Inspection Type: Full - Single
Date: 1/6/2026 Time: 1:52:05 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 2
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

! **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: RAW SHELLS EGGS ON MIDDLE SHELF AND CONTAINER OF RAW BEEF ON BOTTOM SHELF STORED OVER READY TO EAT FOODS (POTATOES) AND BEVERAGES IN DOWNSTAIRS COOLER #2. ADVISED STAFF TO STORE ALL RAW FOOD AT BOTTOM. COMPLY WITH ABOVE RULE.
Comply By: 1/6/2026 Originally Issued On: 1/6/2026

! **New Order: 3-500D Microbial Control: disposition of food**
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: TWO OPENED PACKAGES OF DELI MEAT OBSERVED WITH A DATE MARK OF 12/20. IN KITCHEN COOLER. STAFF CONFIRMED DATE AND DISCARDED FOODS ONSITE. COMPLY WITH ABOVE RULE.
Comply By: 1/6/2026 Originally Issued On: 1/6/2026

Food & Beverage General Comment

Inspection was completed with Rhonda Makela as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, same day food service, cleaning, pest control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

TEMPERATURE (F)
KITCHEN COOLER: MILK 41, DELI MEAT 41, CHEESE 41
DOWNSTAIRS COOLER 1: AMBIENT 41
DOWNSTAIRS COOLER 2: DELI MEAT 35 (THAWING), MILK 41, CHEESE 41, HALF & HALF 41

UTENSIL SURFACE TEMPERATURE (F)
DISH MACHINE: FACILITY TESTS MACHINE DAILY. LAST RECORD WAS FROM 1/5/2026 AND WAS MEASURED AT 157.

This facility has a residential kitchen with residential equipment, wooden cabinetry, laminated flooring, smooth walls with tiled backsplash, and smooth wooden ceilings. NSF dish machine has a sani rinse option. Conditions of equipment and physical

facility will be monitored during future inspections – must be brought up to code if at such time they are found to be a concern or risk of contamination.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling, major equipment additions, or changes of equipment due to a menu change.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 F1043261005 from 1/6/2026

Felicia Wagner
Food Manager

Blia Lor,
Public Health Sanitarian 1
651-355-0641
blia.lor@state.mn.us

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL30590016-0	**Date:** January 8, 2026
Facility Name: ARTHUR'S SENIOR CARE	
Facility Address: 1854 Alta Vista Dr, Roseville, MN, 55113	

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. 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: Surveyor requested evacuation drill documentation from the director of housing and services (DHS)-A. Licensee provided documents showing that 3rd shift or (NOC) had not completed an evacuation drill since February 2025. Documents provided show drills didn't occurred twice per year, per shift. No other information or documentation was provided.