Electronically Delivered

October 22, 2026

Licensee
Holistic Home Care LLC
2325 Cascade Plaza South
Woodbury, MN 55125

RE: Project Number(s) SL34265016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 1, 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.

**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:

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

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

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

The correction order documentation should include the following:

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

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

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

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

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

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

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.

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34265 | A. BUILDING: _____ B. WING _____ | 10/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HOLISTIC HOME CARE LLC | 2325 CASCADE PLAZA SOUTH WOODBURY, MN 55125 |

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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br>SL#34265016-0<br><br>On September 28, 2026, through October 1, 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 four (4) residents; 4 receiving services under the Assisted Living 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 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.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 0 480 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<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 | | |

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| 0 480 | Continued From page 2<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 28, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee via email within 24 hours of the inspection. | 0 480 | | |

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| 0 480 | Continued From page 3<br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 485 SS=C | 144G.41 Subdivision 1.a (a) Minimum requirements; required food services<br><br>(a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as part of their assisted living monthly base fee for four of four residents (R1, R2, R3, R4).<br><br>This practice resulted in a level one violation (a violation that has no 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 | 0 485 | | |

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| 0 485 | Continued From page 4<br><br>or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>On September 28, 2026, at approximately 1:45 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided R1's assisted living contract and stated the same contract was used by the licensee for all residents who lived in or would live in the facility.<br><br>R1's current contract dated November 5, 2025, on page three (3), indicated the monthly base fee included food service with 3 meals daily and snacks available weekly.<br><br>On September 28, 2026, at approximately 3:15 p.m., LALD/CNS-A acknowledged the licensee's assisted living contract required residents to pay for meals as part of their base fee and stated they were unaware of the requirement to allow a resident the opportunity to opt out of a meal plan.<br><br>The licensee's 12.01 Food Service & Menu Planning policy dated August 1, 2021, indicated the licensee would offer to make available 3 meals daily with snacks to the residents.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 485 | | |
| 0 630 SS=D | 144G.42 Subd. 6 (b) Compliance with requirements for reporting ma<br><br>(b) The facility must develop and implement an | 0 630 | | |

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| 0 630 | Continued From page 5<br><br>individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to develop an individual abuse prevention plan (IAPP) with the required content for one of two residents (R1).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).<br><br>The findings include:<br><br>The licensee was licensed for a bed capacity of four (4) residents and had a current census of 4 residents.<br><br>R1 was admitted on September 7, 2025.<br><br>On September 28, 2026, at approximately 10:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they | 0 630 | | |

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| 0 630 | Continued From page 6<br>completed the IAPPs for the residents.<br><br>R1's IAPP dated January 8, 2025, indicated R1 was at risk of being abused and did not include:<br>- the resident's susceptibility to abuse by another individual, including other vulnerable adults;<br>-the resident's risk of abusing other vulnerable adults; and<br>- statements of specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.<br><br>On September 28, 2026, at approximately 3:45 p.m., LALD/CNS-A confirmed R1's IAPP did not address the above noted areas of risk or include statements of specific measures to be taken to minimize risks. LALD/CNS-A stated they completed all the required content of the IAPPs for R2, R3, and R4, but did not know why R1's IAPP lacked the required content.<br><br>The licensee's 6.05 individual Abuse Prevention Plan policy dated August 1, 2021, indicated the licensee would develop and implement IAPPs that included the resident's susceptibility to be abused by another individual, including other vulnerable adults, the resident's risk of abusing other vulnerable adults, and specific measures to minimize the risk of abuse to that person and other vulnerable adults.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 630 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness | 0 680 | | |

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| 0 680 | Continued From page 7<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.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents receiving services under the assisted living license.<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 | 0 680 | | |

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| 0 680 | Continued From page 8<br><br>was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>The licensee's EPP dated August 2, 2024, lacked the following required content:<br>-maintain and annual EPP updates;<br>-missing resident plan reviewed quarterly;<br>-process for emergency preparedness collaboration;<br>-policies and procedures for subsistence needs for staff and residents;<br>-policies and procedures for tracking staff and residents;<br>-policies and procedures including evacuation;<br>-policies and procedures for sheltering in place;<br>-policies and procedures for medical documents;<br>-policies and procedures for volunteers;<br>-policies and procedures for arrangements with other facilities;<br>-policies and procedures for roles under a waiver declared by secretary;<br>-primary and alternate means for communication;<br>-methods for sharing information;<br>-procedure for sharing information on occupancy and or needs;<br>-long term care family notifications; and<br>-emergency prep testing requirements.<br><br>On September 28, 2026, at approximately 3:45 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was still working on updating their EPP to be compliant with state requirements. LALD/CNS-A verified the licensee's EPP lacked the above listed required content. | 0 680 | | |

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| 0 680 | Continued From page 9<br><br>The licensee's Emergency Preparedness policy dated July 29, 2021, indicated the licensee would have an identified EPP in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services.<br><br>The licensee's Missing Resident policy dated July 29, 2021, indicated the licensee would review and document the missing resident procedure at least quarterly.<br><br>Minnesota Administrative Rule 4659.0100 dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations title 42, section 483.72, or successor requirements. This part referenced documents, specifications, methods, and standards in State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types: Interpretive Guidance.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680 | | |
| 0 775 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, interview, and record | 0 775 | | |

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| 0 775 | Continued From page 10<br><br>review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 29 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 SS=D | 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; | 0 780 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34265 | A. BUILDING: _____ B. WING _____ | 10/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOLISTIC HOME CARE LLC | 2325 CASCADE PLAZA SOUTH WOODBURY, MN 55125 |

| (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 |
|---|---|---|---|---|
| 0 780 | Continued From page 11<br><br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).<br><br>The findings include:<br><br>Please refer to the document titled, Physical | 0 780 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34265 | A. BUILDING: _____ B. WING _____ | 10/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| 0 780 | Continued From page 12<br>Environment Inspection Report (PEIR) dated September 29 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 780 | | |
| 0 800 SS=A | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<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:<br>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.<br><br>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).<br><br>The findings include: | 0 800 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34265 | A. BUILDING: _____ B. WING _____ | 10/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOLISTIC HOME CARE LLC | 2325 CASCADE PLAZA SOUTH WOODBURY, MN 55125 |

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|---|---|---|---|---|
| 0 800 | Continued From page 13<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 29 2026, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Twenty one (21) days. | 0 800 | | |
| 0 970 SS=C | 144G.50 Subd. 5 Waivers of liability prohibited<br><br>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.<br><br>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). | 0 970 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34265 | A. BUILDING: _____ B. WING _____ | 10/01/2026 |

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|---|---|---|---|---|
| 0 970 | Continued From page 14<br>The findings include:<br><br>On September 28, 2026, at approximately 2:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided R1's assisted living contract and stated the contract was used by the licensee for all residents who lived in or would live in the facility.<br><br>R1's current contract dated November 5, 2025, on page 11, included a section titled Miscellaneous Provisions, and read, "The resident agrees that [licensee] will not be liable to the resident for any personal injury or property damage ..." and also in the section read "The resident hereby releases [licensee] from liability for any personal injury or property damage suffered by the resident ...".<br><br>On September 28, 2026, at approximately 3:40 p.m., LALD/CNS-A acknowledged the licensee's assisted living contract included waivers of liability for health, safety, and personal property of a resident. LALD/CNS-A stated they were not aware that the licensee's assisted living contract had waivers of liability and the liability waiver would need to be removed from the licensee's contracts.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 970 | | |
| 01880 SS=F | 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 | 01880 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34265 | A. BUILDING: _____ B. WING _____ | 10/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| 01880 | Continued From page 15<br><br>according to the manufacturer's directions and permit only authorized personnel to have access.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for four of four residents (R1, R2, R3, R4) with medication management services.<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>On September 28, 2026, at approximately 10:15 a.m., during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management to all the residents.<br><br>On September 28, 2026, at approximately 10:45 a.m., during a tour of the facility, in the lower-level community room, next to R4's bedroom, the surveyor observed a lockable metal cabinet with multiple drawers. The drawers were labeled that indicated drawers one (1) through four (4) stored resident medications and drawer five (5) stored first aid supplies.<br><br>On September 28, 2026, at approximately 12:20 p.m., the surveyor reviewed the residents' | 01880 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| 01880 | Continued From page 16<br><br>medications stored in the licensee's medication storage cabinet with unlicensed personnel (ULP)-C. After the review, the surveyor observed ULP-C had left the medication storage cabinet unlocked and proceeded upstairs to the upper level of the facility. The surveyor pulled on the metal cabinet drawers and confirmed the drawers were unlocked.<br><br>On September 28, 2026, at approximately 12:25 p.m., R4 exited her bedroom and walked past the unlocked medication storage cabinet on her way to the lower-level bathroom. There were no licensee staff in the lower-level community room area. There were licensee staff in the upper level of the facility which is out of view of the medication storage cabinet.<br><br>On September 28, 2026, at approximately 12:30 p.m., ULP-C returned to the medication storage cabinet and restocked drawer 5 with first aid supplies. ULP-C then proceeded upstairs to the upper level of the facility. The surveyor pulled on the metal cabinet drawers and observed the drawers were still unlocked.<br><br>On September 28, 2026, at approximately 12:45 p.m., LALD/CNS-A acknowledged the medication storage cabinet was unlocked and stated the cabinet should be always locked when not attended by the licensee staff. LALD/CNS-A also stated the medication cabinet was unlocked by ULP-C presumably because LALD/CNS-A told ULP-C they were going to review the resident medications that afternoon.<br><br>The licensee's 7.11 Medication Storage policy dated August 1, 2021, indicated the licensee would ensure that resident medications would be stored in a secured locked compartment. | 01880 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34265 | A. BUILDING: _____ B. WING _____ | 10/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HOLISTIC HOME CARE LLC | 2325 CASCADE PLAZA SOUTH WOODBURY, MN 55125 |

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|---|---|---|---|---|
| 01880 | Continued From page 17<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 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



**Establishment Info**

Holistic Home Care
2325 Cascade Plaza South
Woodbury, MN 55125
Washington County
Parcel:

Phone:
Info@holistichomecare.net

**License Info**

License: HFID 34265

Risk:
License:
Expires on:
CFPM: Lynda Abagi
CFPM #: 124229; Exp: 7/18/2027

**Inspection Info**

Report Number: F1031261321
Inspection Type: Full - Single
Date: 9/28/2026 Time: 11am
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 2
Total Priority 3 Orders: 1
Delivery: Emailed

**New Order: 4-300 Equipment Numbers and Capacities**
4-302.14 *Priority Level: Priority 2 CFP#: 48*
*MN Rule 4626.0715* Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT:
ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE.
PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT) ON REGULAR BASIS.

*Comply By: Complied On Site* *Originally Issued On: 9/28/2026*

**New Order: 4-500 Equipment Maintenance and Operation**
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
*MN Rule 4626.0735AB* All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT:
STOVE LIGHT NOT WORKING.
STAFF REPLACED BULB.

*Comply By: Complied On Site* *Originally Issued On: 9/28/2026*

**New Order: 6-300 Physical Facility Numbers and Capacities**
6-301.11 *Priority Level: Priority 2 CFP#: 10*
*MN Rule 4626.1440* Provide an adequate supply of hand soap at each handwashing sink or group of 2 adjacent handwashing sinks.
COMMENT:
NO SOAP AT HANDWASH SINK.
STAFF STOCKED SINK WITH SOAP.

*Comply By: Complied On Site* *Originally Issued On: 9/28/2026*

# Food & Beverage General Comment

Nurse Evaluator on site: Carl S

All violations discussed with PIC during the inspection.

NOTES:

Facility has a residential kitchen with the following finishes:
Tile flooring
Wood cabinetry
Stone countertops
Textured ceiling
Designated basin in 2-comp sink for handwashing.

Since establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.

Discussed the following with pic:
Hand washing
Ware washing and dish machine temp (160F or greater)
Illness and illness log
No undercooked foods and cooking temps
Pasteurized egg use

**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 F1031261321 from 9/28/2026**

Lynda A
Kitchen Manager

Chris Foster, REHS/RS
Public Health Sanitarian 3
651-201-4728
chris.j.foster@state.mn.us

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

# Temperature Observations/Recordings



## Establishment Info

Holistic Home Care
Woodbury
County/Group: Washington County

## Inspection Info

Report Number: F1031261321
Inspection Type: Full
Date: 9/28/2026
Time: 11am

**Food Temperature: Product/Item/Unit:** Milk**; Temperature Process:** Cold-Holding
**Location:** Refrigerator at 45.5 Degrees F.
Comment:
*Violation Issued?: Yes*

**Food Temperature: Product/Item/Unit:** Water**; Temperature Process:** Cold-Holding
**Location:** Refrigerator at 39.5 Degrees F.
Comment: Temp verification from cup of water in refrigerator overnight.
*Violation Issued?: No*

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

# Sanitizer Observations/Recordings



## Establishment Info

Holistic Home Care
Woodbury
County/Group: Washington County

## Inspection Info

Report Number: F1031261321
Inspection Type: Full
Date: 9/28/2026
Time: 11am

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

**Sanitizing Chemical: Product: ; Sanitizing Process:**
**Location: Equal To** PPM
Comment:
*Violation Issued?: No*

DEPARTMENT OF HEALTH

# Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

| | |
|---|---|
| **Project No:** SL34265016-0 | **Date:** 9/29/2026 |
| **Facility Name:** Holistic Home Care LLC | |
| **Facility Address:** 2325 Cascade Plaza S, Woodbury, MN 55125 | |

☒ **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. Single- and multiple-station smoke alarms shall be installed in existing Group I-1 and R occupancies in accordance with Table 1103.8. In hallways outside sleeping rooms. On each level and in basements. On ceiling or wall (less than 12 inches below ceiling). [Minn. Stat. 144G.45 subd. 2 MSFC 1103.8]

   *Comments: In the hallway and resident rooms on the main level the smoke alarms were installed 17 inches from the ceiling.*

☒ **TAG IDENTIFICATION: 0780**

**SCOPE/ SEVERITY:** Level 2; Isolated **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Smoke Alarm power supply complies with MN State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated. [Minn. Stat. 144G.45 subd.2]

   *Comments: On the main level the hardwired smoke alarm was removed, and a battery powered smoke alarm was installed. A hardwired smoke alarm shall be reinstalled on the mail level in the hallway.*

2. Smoke alarms shall be 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: The hardwired smoke alarm that was missing in the hallway on the main level shall be interconnected with all other smoke alarms in the facility.*

☒ **TAG IDENTIFICATION: 0800**

**SCOPE/ SEVERITY:** Level 1; Isolated **TIME PERIOD OF CORRECTION:** Twenty One (21) days

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: The main level bathroom vent fan cover was clogged with dust.*