Electronically Delivered

October 28, 2026

Licensee
Lightcare Group Homes LLC
7539 16th Avenue South
Richfield, MN 55423

RE: Project Number(s) SL36020016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 14, 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.

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
	36020	A. BUILDING: _____ B. WING _____	10/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHTCARE GROUP HOMES LLC	7539 16TH AVENUE SOUTH RICHFIELD, MN 55423

(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 ORDERS 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: SL36020016-0 On October 12, 2026, through October 14, 2026, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four (4) residents; four residents receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous	0 910		

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0 910	Continued From page 1 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 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 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). The findings include: R1 R1 was admitted to the facility on June 13, 2025, and began receiving assisted living services under the licensee's assisted living license. R1's Service Plan dated April 26, 2026, indicated R1 received services including assistance with grooming, medication administration, blood glucose monitoring and recording, housekeeping, laundry, linen changes, deep room cleaning, meal	0 910		

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0 910	Continued From page 2 assistance, snack reminders, appointment reminders/assistance transportation, behavior management, shopping assistance, and socialization. R2 R2 was admitted to the facility on June 1, 2026, and began receiving assisted living services under the licensee's assisted living license. R2's Service Plan dated June 1, 2026, indicated R2 received services including assistance with grooming, medication administration, blood glucose monitoring and recording, housekeeping, laundry, linen changes, deep room cleaning, meal assistance, appointment reminders/assistance transportation, behavior management, shopping assistance, and socialization. R1 and R2's Resident Contract for Assisted Living dated June 13, 2025, and June 1, 2026, respectively, lacked the following required information: - health facility identification of the facility. On October 13, 2026, at 11:15 a.m., licensed assisted living director (LALD)-A stated licensee's contract was developed by licensee's lawyer and was unaware of all the content required to be included in the contract. LALD-A further stated the contract provided to surveyor was the same contract that would be used for all the residents of the facility. The licensee's Signing an Assisted Living Contract policy dated July 16, 2021, indicated 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.	0 910		

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0 910	Continued From page 3 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living	0 920		

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0 920	Continued From page 4 contract with the required content for two of two residents (R1, R2). 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 or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 R1 was admitted to the facility on June 13, 2025, and began receiving assisted living services under the licensee's assisted living license. R1's Service Plan dated April 26, 2026, indicated R1 received services including assistance with grooming, medication administration, blood glucose monitoring and recording, housekeeping, laundry, linen changes, deep room cleaning, meal assistance, snack reminders, appointment reminders/assistance transportation, behavior management, shopping assistance, and socialization. R2 R2 was admitted to the facility on June 1, 2026, and began receiving assisted living services under the licensee's assisted living license. R2's Service Plan dated June 1, 2026, indicated R2 received services including assistance with grooming, medication administration, blood glucose monitoring and recording, housekeeping, laundry, linen changes, deep room cleaning, meal assistance, appointment reminders/assistance	0 920		

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0 920	Continued From page 5 transportation, behavior management, shopping assistance, and socialization. R1 and R2's Resident Contract for Assisted Living dated June 13, 2025, and June 1, 2026, respectively, lacked the following required information: - disclosure of the facility's ability to provide specialized diets. On October 13, 2026, at 11:15 a.m., licensed assisted living director (LALD)-A stated licensee's contract was developed by licensee's lawyer and was unaware of all the content required to be included in the contract. LALD-A further stated the contract provided to surveyor was the same contract that would be used for all the residents of the facility. The licensee's Signing an Assisted Living Contract policy dated July 16, 2021, indicated 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. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 920		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (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:	0 950		

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0 950	Continued From page 6 "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. 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." (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. This MN Requirement is not met as evidenced by: 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, and a box to initial indicating the resident declined to identify a designated representative 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	0 950		

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0 950	Continued From page 7 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 to the facility on June 13, 2025, and began receiving assisted living services under the licensee's assisted living license. R1's Service Plan dated April 26, 2026, indicated R1 received services including assistance with grooming, medication administration, blood glucose monitoring and recording, housekeeping, laundry, linen changes, deep room cleaning, meal assistance, snack reminders, appointment reminders/assistance transportation, behavior management, shopping assistance, and socialization. R1's Resident Contract for Assisted Living dated June 13, 2025, included a space for R1 to decline or name a designated representative for certain purposes. R1's initials were entered on a line, indicating R1 declined to name designated representative. R2 R2 was admitted to the facility on June 1, 2026, and began receiving assisted living services under the licensee's assisted living license. R2's Service Plan dated June 1, 2026, indicated R2 received services including assistance with grooming, medication administration, blood glucose monitoring and recording, housekeeping, laundry, linen changes, deep room cleaning, meal assistance, appointment reminders/assistance transportation, behavior management, shopping	0 950		

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0 950	Continued From page 8 assistance, and socialization. R2's Resident Contract for Assisted Living dated June 1, 2026, included a space for R2 to decline or name a designated representative for certain purposes. R2's initials were entered on a line, indicating R2 declined to name designated representative. R1 and R2's medical records both lacked the verbatim language notifying the resident of their "right to designate a representative for certain purposes," on a document separate from the contract. The contract included a line to initial if the resident declined to name a designated representative, but lacked "a box the resident must initial" if the resident declined to name a designated representative, as specified in statute. On October 13, 2026, at 11:15 a.m., licensed assisted living director (LALD)-A stated licensee's contract was developed by the licensee's lawyer; therefore, was unaware the required verbatim notice was not provided to licensee, on a document separate from the contract when the contact was originally provided to the licensee. LALD-A further stated the contract provided to surveyor was the same contract that would be used for all the residents of the facility. The licensee's Designated Representative policy dated July 16, 2021, indicated that prior to, or at the time of execution of an assisted living contract [licensee] would offer residents the opportunity to identify a designated representative in writing. In addition, the Designated Representative form would provide the following verbatim notice:	0 950		

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0 950	Continued From page 9 "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. 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." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		

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

LIGHTCARE GROUP HOMES LLC
7539 16th Ave S
Richfield, MN 55423
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36020

Risk:
License:
Expires on:
CFPM: Maryam A. Mohamed
CFPM #: 107536; Exp: 7/29/2027

Inspection Info

Report Number: F1013261069
Inspection Type: Full - Single
Date: 10/12/2026 Time: 01:00 pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

The inspection was completed with the operator then reviewed with MDH Nurse Evaluator R. Makela.

The establishment has a residential kitchen and serves food prepared on the same day. The kitchen has wood cabinets, laminate floor, smooth painted walls, laminate counter top, and a smooth painted ceiling.

A two basin sink is located in the kitchen. One basin is designated for hand washing.

Residential dish machine is available to wash ware. The dish machine should be run on the sanitize/high temperature cycle.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, food source, cleaning, serving highly susceptible populations, food storage, and food handling procedures.

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 F1013261069 from 10/12/2026

Jerry Malloy

Maryam A. Mohamed
Operator

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@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

LIGHTCARE GROUP HOMES LLC
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1013261069
Inspection Type: Full
Date: 10/12/2026
Time: 01:00 pm

Food Temperature: Product/Item/Unit: Broccoli**; Temperature Process:** Cold-Holding
Location: Freezer at 20 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Cheese**; Temperature Process:** Cold-Holding
Location: Refrigerator at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Eggs**; 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

Establishment Info

LIGHTCARE GROUP HOMES LLC
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1013261069
Inspection Type: Full
Date: 10/12/2026
Time: 01:00 pm

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