Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

April 15, 2026

Licensee
First Light Residential Care
6338 Girard Avenue South
Richfield, MN 55423

RE: Provisional Conditional License Number 421859
Health Facility Identification Number (HFID) 42165
Project Number(s) SL42165015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 20, 2026, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 60-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **June 14, 2026**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $1,000.00. **MDH is not imposing these fines against your provisional license at this time.**

St - 0 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements S-S= G - 1,000.00

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 provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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 MDH 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.

CONDITIONAL LICENSE ISSUED:
MDH will issue First Light Residential Care a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if First Light Residential Care is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.

b. **No new admissions:** First Light Residential Care will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the "no new admissions" condition. First Light Residential Care must provide the Department:

   i. A list of the names and birthdates of any individuals First Light Residential Care is currently in the process of admitting. These individuals will be able to continue the admittance process.

   ii. A list of all current residents including:
      1. Name and birthdate of each resident
      2. Current payment source for services
      3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
      4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:
MDH will determine if First Light Residential Care is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines First Light Residential Care is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to First Light Residential Care. If MDH determines First Light Residential Care is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

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

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 Casey DeVries directly at: 651-201-5917 or email at: Casey.DeVries@state.mn.us.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42165	A. BUILDING: _____ B. WING _____	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST LIGHT RESIDENTIAL CARE	6338 GIRARD AVENUE S 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 ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL42165016-0 On February 17, 2026, through February 20, 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 two residents: both of whom received services under the Provisional Assisted Living license. An immediate correction order was identified on February 19, 2026, issued for SL42165016-0, tag identification 0470. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged. Tag identification 0470 was amended to update the date of the assessment in the following	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. 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 subd. 1, 2, and 3.	

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0 000	Continued From page 1 paragraph: On February 19, 2026, at 10:18 a.m., the surveyor inquired about a note related to a fall on R1's October 13, 2026, assessment. LALD/CNS-C stated the assessment was transferred from a sister facility.	0 000		
0 470 SS=G	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by:	0 470		

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0 470	Continued From page 2 Based on observation, interview, and record review, the licensee failed to ensure sufficient staffing to meet the needs of one of two residents (R1) who required two-person assistance with transfers, mobility, and activities of daily living. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), and was issued at 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). The findings include: R1 was admitted to the licensee on October 13, 2025. R1's diagnoses included multiple sclerosis and high blood pressure. R1 moved from another facility under the same ownership umbrella as the licensee. R1's Minnesota Department of Human Services Customized Living Rates Worksheet dated June 16, 2025, for service dates of October 10, 2025, through June 30, 2026, page four under ADL (activities of daily living) Assistance - Assistance with transferring indicated, "[R1] requires extensive physical assistance with transfers from the bed, toilet, shower, and chair due to significant right leg weakness, fatigue, and impaired balance caused by Multiple Sclerosis (MS). He is unable to safely transfer independently and requires two staff to assist, particularly when recovering from a fall or standing from the floor. Consistent two-person support is essential to ensure his safety and prevent injury during all transfers."	0 470		

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0 470	Continued From page 3 R1's Assessment dated October 13, 2025, electronically signed by licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C on October 13, 2025, at 3:55 p.m., under the Mobility- Ambulation section indicated, "The resident uses a cane for mobility; however, this nurse observed that he has difficulty with ambulation, particularly over longer distances. Staff will provide standby assistance as needed and ensure the resident is using his cane consistently to promote safety and reduce fall risk. Resident has fallen recently." Under Mobility - Transfer section the assessment indicated, "The resident has difficulty rising from a seated position. Staff will provide assistance with transfers as needed and offer standby assistance to ensure safety and stability." R1's service plan, with effective date October 13, 2025, indicated R1 required assistance with ambulation, bathing, dressing, grooming, housekeeping, incontinence care, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and transfer assistance. R1's resident note authored by LALD/CNS-C dated January 27, 2026, at 9:06 p.m., indicated, "Resident's mobility has continued to decline due to progression of Multiple Sclerosis and edema in both legs. He now requires two staff members for all transfers and mobility, needing full hand [sic] assistance to ensure safety and prevent falls. A male staff member is required for assistance with showers. Resident is incontinent of stool, defecating in his room. He requires two staff members for safe and hygienic cleaning to maintain skin integrity and comfort. The presence of bilateral leg edema further limits his mobility and increases the risk of skin breakdown, making	0 470		

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0 470	Continued From page 4 careful positioning and monitoring during transfers essential. Staff continue to monitor skin integrity, mobility tolerance, and overall comfort, providing support as needed for all activities of daily living." R1's 90-day nursing reassessment form, electronically signed by LALD/CNS-C on January 27, 2026, at 8:55 p.m., the same day as the resident note, under the Mobility- Ambulation section indicated, "The resident uses a cane for mobility; however, this nurse observed that he has difficulty with ambulation, particularly over longer distances. Staff will provide standby assistance as needed and ensure the resident is using his cane consistently to promote safety and reduce fall risk. Resident has fallen recently." Under Mobility - Transfer section the assessment indicated, "The resident has difficulty rising from a seated position. Staff will provide assistance with transfers as needed and offer standby assistance to ensure safety and stability." The comments related to R1's ambulation and mobility were exactly replicated those from the assessment dated October 13, 2025. Neither R1's service plan nor assessments indicated how many staff were required to assist R1 with transfers, mobility, or activities of daily living. R1's assessment dated January 27, 2026, did not accurately reflect R1's needs as evidenced by the nursing note written the same day. The licensee's undated staffing plan indicated the licensee had one unlicensed personnel (ULP) scheduled for day shift (7:00 a.m. to 3:00 p.m.), night shift (3:00 p.m. to 11:00 p.m.) and overnight shift (11:00 p.m. to 7:00 a.m.).	0 470		

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0 470	Continued From page 5 On February 18, 2026, at approximately 10:45 a.m., R1 stated sometimes they are not able to make it to the bathroom and staff are not enthusiastic about helping to clean it. On February 18, 2026, at 12:45 p.m., LALD/CNS-C stated the case manager might have made a mistake on the customized living worksheet, and that R1 only required one-person assist. LALD/CNS-C stated R1 required two-person assist on January 27, 2026, only for that day, and they did not require two-person assist after that day. LALD/CNS-C stated they made a two-person assist happen for just that day. On February 19, 2026, at approximately 8:50 a.m., R1 stated they never had two people assist them. R1 stated they used a walker to walk and transfer. On February 19, 2026, at approximately 9:00 a.m., ULP-A stated they do not help R1 transfer. R1 uses a walker to and walks themself to the bathroom. ULP-A stated they did stay in the bathroom with R1 as R1 was unable to stand for a long time. ULP-A stated they stay in the bathroom in case they have to help R1 sit on the walker. On February 19, 2026, at 10:18 a.m., the surveyor inquired about a note related to a fall on R1's October 13, 2025, assessment. LALD/CNS-C stated the assessment was transferred from a sister facility. On February 19, 2026, at 12:17 p.m., via telephone, R1's case manager (CM)-F stated R1 requires a two-person assist for transfers. CM-F stated the facility is being paid for a two-person	0 470		

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0 470	Continued From page 6 assist for R1. On February 19, 2026, at 1:31 p.m., LALD/CNS-C stated the note they wrote on January 27, 2026, was a mistake, "It is typo or something". LALD/CNS-C stated on that day R1 was not able to make it to the toilet for a bowel movement, and they had to call in another person to help them. LALD/CNS-C stated if R1 needed a two-person assist, then they would have called the case manager and had them change the level of care to a two-person assist. The surveyor asked LALD/CNS-C if they were aware that the customized living worksheet already indicated two-person assist. LALD/CNS-C disagreed and stated no, it did not. On February 19, 2026, at 2:12 p.m., the surveyor requested LALD/CNS-C review page 4 of the Customized Living Rates Worksheet where it indicated two-person assist for R1's transfer. LALD/CNS-C reviewed the document and stated, "All I can say right now is that he needs one-person assist, and that is what we are doing." Minnesota Administrative Rule 4659.0180 Subp. 5., read. "Direct-care staff availability. A minimum of two direct-care staff must be scheduled and available to assist at all times whenever a resident requires the assistance of two direct-care staff for scheduled reasonably foreseeable and unscheduled needs, as reflected in the resident's assessments and service plan." The licensee's staffing policy revised August 1, 2021, read, "At least two (2) home health aides will be scheduled and available for residents requiring the assistance of two home health aides for scheduled and reasonably foreseeable unscheduled needs as reflected in the	0 470		

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0 470	Continued From page 7 assessment and service plan." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 470		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for two of two residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 630		

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0 630	Continued From page 8 The findings include: R1 R1 was admitted to the licensee on October 13, 2025. R1's diagnoses included multiple sclerosis and high blood pressure. R1's service plan, with effective date October 13, 2025, indicated R1 required assistance with ambulation, bathing, dressing, grooming, housekeeping, incontinence care, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and transfer assistance. R1's IAPP completed on January 27, 2026, indicated R1 was not at risk to abuse other vulnerable adults. R1's IAPP did not contain an individualized review or assessment of R1's susceptibility to abuse by other individuals. R2 R2 was admitted to the licensee on December 15, 2025, with diagnoses that included prostatic hyperplasia and depression. R2's signed Service Plan with effective date of January 27, 2026, indicated R2 received services for bathing assistance, dressing, grooming, housekeeping, medication administration, safety checks, manage behavior, and manage symptoms. R2's IAPP completed on February 14, 2026, indicated R2 was at risk of being abused and indicated a specific measure to be taken to minimize the risk. R2's IAPP did not contain an individualized review or assessment of R2's risk of abusing other vulnerable adults or minors.	0 630		

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0 630	Continued From page 9 On February 18, 2026, at 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated the missing content for the above two residents was an oversight. LALD/CNS-C stated, "Since we are doing all of this in one sitting, it is easy to miss stuff". The Licensee's Vulnerable Adult policy dated August 1, 2021, indicated an individual abuse prevention plan shall be established for each vulnerable minor or adult for whom assisted living services are provided. The policy indicated the plan would include the following: - an individualized assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults - the resident's risk of abusing other vulnerable adults; - statements of specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults; - the plan will be implemented immediately and evaluated at each supervisory visit or more frequently, if necessary; and - documentation will include results of the implementation. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 650 SS=F	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The	0 650		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST LIGHT RESIDENTIAL CARE	6338 GIRARD AVENUE S RICHFIELD, MN 55423

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0 650	Continued From page 10 records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included evidence for a competency for appropriate and safe techniques in personal hygiene and grooming for one of two employees (unlicensed personnel (ULP)-A). The licensee also failed to ensure employee records included evidence for unplanned time away medication training for one of two employees (ULP-B). 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	0 650		

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0 650	Continued From page 11 failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-A ULP-A was hired on September 27, 2025, to provide direct care and services to residents. On February 18, 2026, at 1:10 p.m., the surveyor observed ULP-A administer medication to R1. ULP-A's employee record included a personal care training completed on Educare (electronic software for education) on September 25, 2025. ULP-A's employee record did not include evidence of demonstrated competency in appropriate and safe techniques in personal hygiene and grooming. ULP-B ULP-B was hired on September 29, 2025, to provide direct care and services to residents. R1's Medication Administration Record (MAR) for the Month of February 2026, indicated ULP-B administered 8:00 p.m., medication to R1. ULP-B's record lacked evidence to demonstrate ULP-B had received training on preparing medication for unplanned times away for a resident who was going on an unplanned leave of absence. On February 18, 2026, at 10:15 a.m., ULP-A stated licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C trained them how to do personal care and watched them demonstrate the skills.	0 650		

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0 650	Continued From page 12 On February 18, 2026, at 12:30 p.m., LALD/CNS-C stated they did train and competency test ULP-A on how to perform personal care. LALD/CNS-C stated they might have misplaced the documentation for personal care competency. LALD/CNS-C stated the ULPs did perform medication administration for residents who go on unplanned times away. LALD/CNS-C stated the documentation for ULP-B's unplanned times away medication preparation training was misplaced, but the training was given to ULP-B. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 810 SS=C	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	0 810		

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0 810	Continued From page 13 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. 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 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 2-19-26, for the specific violations related the physical environment under Minnesota Statute 144G.	0 810		

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0 810	Continued From page 14 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training was completed in all required areas for two of two employees (unlicensed personnel (ULP)-A, ULP-B). 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	01330		

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01330	Continued From page 15 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-A ULP-A was hired on September 27, 2025, to provide direct care and services to residents. On February 18, 2026, at 1:10 p.m., the surveyor observed ULP-A administer medication to R1. ULP-B ULP-B was hired on September 29, 2025, to provide direct care and services to residents. R1's Medication Administration Record (MAR) for the Month of February 2026, indicated ULP-B administered 8:00 p.m., medication to R1. ULP-A and ULP-B's employee training record lacked evidence to demonstrate the ULPs received the following competency evaluations: - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; and - recognizing physical, emotional, cognitive, and developmental needs of the residents. On February 18, 2026, at 12:41 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they had not trained ULPs on the above-mentioned training. LALD/CNS-C stated it was an oversight. The licensee's Staff Competency Training Evaluations policy dated August 1, 2021, read "4. Home Health Aides (HHA) providing assisted	01330		

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01330	Continued From page 16 living services and who have not completed a state-approved formal training and competency evaluation program will demonstrate competency through the following process: a. Satisfactory completion of an oral or written test on the tasks the HHA will perform. Refer to the Competency Manual for criteria. b. Home Health Aides may not work for First Light Residential Care until they have successfully passed the written and demonstration competency evaluation, including satisfactory completion of the following: i. Observation, reporting and documenting of resident status ii. Basic knowledge of body functioning and changes in body function, injuries or other reportable changes iii. Recognizing physical, emotional, cognitive and development needs of the resident iv. Basic infection control, including blood-borne pathogens v. Maintenance of a clean and safe environment vi. Falls prevention vii. Safe transfer techniques and ambulation viii. Range of motion and positioning ix. Administering medications or treatments as required x. Basic nutrition, meal preparation, food safety and assistance with eating xi. Preparation of modified diets xii. Communication skills and barriers xiii. Cultural diversity xiv. Confidentiality/privacy xv. Professional boundaries xvi. Handling of emergencies xvii. Commonly used health technology equipment and assistive devices." No further information was provided.	01330		

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01330	Continued From page 17 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision	01620		

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01620	Continued From page 18 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a 14-day assessment and ongoing resident assessment and reassessment, not to exceed 14 calendar days from the date of admission and 90 calendar days from the last date of the assessment for two of two residents (R1, R2). The licensee also failed to ensure the resident assessment was accurate for one of one resident (R1). 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:	01620		

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01620	Continued From page 19 Late Assessment R1 R1 was admitted to the licensee on October 13, 2025. R1's diagnoses included multiple sclerosis and high blood pressure. R1's service plan, with effective date October 13, 2025, indicated R1 required assistance with ambulation, bathing, dressing, grooming, housekeeping, incontinence care, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and transfer assistance. R1's record included a Residex (electronic medical record software) admission assessment completed on October 13, 2025, and 90-day assessment completed on January 27, 2026. R1's record also included a 14-day assessment completed manually on paper dated October 25, 2025. The 90-day assessment completed on January 27, 2026, was late by 4 days. R2 R2 was admitted to the licensee on December 15, 2025. R2's diagnoses included prostatic hyperplasia and depression. R2's signed Service Plan with effective date of January 27, 2026, indicated R2 received services for bathing, dressing, grooming, housekeeping, medication administration, safety checks, manage behavior, and manage symptoms. R2's record included a Residex admission assessment completed on January 27, 2026, and 14-day assessment completed on February 14, 2026. The 14-day assessment was completed	01620		

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01620	Continued From page 20 late by 4 days. On February 18, 2026, at approximately 9:45 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS-C) stated most of the time, they used the electronic system, Residex, to complete assessments. LALD/CNS-C stated they only used the paper format when they did not have a lot of updates on the resident. LALD/CNS-C further stated, "I only put 14-day assessments on paper, nothing else". LALD/CNS-C stated R2 only had the above-mentioned two assessments completed on Residex; there was no other assessment completed on paper for R2. LALD/CNS-C stated, "I noticed it was late, I put the reminder on my phone, but I think I put the wrong date for whatever reason." Assessment Accuracy R1's Minnesota Department of Human Services Customized Living Rates Worksheet dated June 16, 2025, for service dates of October 10, 2025, through June 30, 2026, page four under ADL (activities of daily living) Assistance - Assistance with transferring indicated, "[R1] requires extensive physical assistance with transfers from the bed, toilet, shower, and chair due to significant right leg weakness, fatigue, and impaired balance caused by Multiple Sclerosis (MS). He is unable to safely transfer independently and requires two staff to assist, particularly when recovering from a fall or standing from the floor. Consistent two-person support is essential to ensure his safety and prevent injury during all transfers." R1's Assessment dated October 13, 2025, electronically signed by LALD/CNS-C on October	01620		

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01620	Continued From page 21 13, 2025, at 3:55 p.m., under the Mobility-Ambulation section indicated, "The resident uses a cane for mobility; however, this nurse observed that he has difficulty with ambulation, particularly over longer distances. Staff will provide standby assistance as needed and ensure the resident is using his cane consistently to promote safety and reduce fall risk. Resident has fallen recently." Under Mobility - Transfer section the assessment indicated, "The resident has difficulty rising from a seated position. Staff will provide assistance with transfers as needed and offer standby assistance to ensure safety and stability." R1's service plan, with effective date October 13, 2025, indicated R1 required assistance with ambulation, bathing, dressing, grooming, housekeeping, incontinence care, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and transfer assistance. R1's resident note authored by LALD/CNS-C dated January 27, 2026, at 9:06 p.m., indicated, "Resident's mobility has continued to decline due to progression of Multiple Sclerosis and edema in both legs. He now requires two staff members for all transfers and mobility, needing full hand [sic] assistance to ensure safety and prevent falls. A male staff member is required for assistance with showers. Resident is incontinent of stool, defecating in his room. He requires two staff members for safe and hygienic cleaning to maintain skin integrity and comfort. The presence of bilateral leg edema further limits his mobility and increases the risk of skin breakdown, making careful positioning and monitoring during transfers essential. Staff continue to monitor skin integrity, mobility tolerance, and overall comfort,	01620		

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01620	Continued From page 22 providing support as needed for all activities of daily living." R1's 90-day nursing reassessment form, electronically signed by LALD/CNS-C on January 27, 2026, at 8:55 p.m., the same day as the resident note, under the Mobility- Ambulation section indicated, "The resident uses a cane for mobility; however, this nurse observed that he has difficulty with ambulation, particularly over longer distances. Staff will provide standby assistance as needed and ensure the resident is using his cane consistently to promote safety and reduce fall risk. Resident has fallen recently." Under Mobility - Transfer section the assessment indicated, "The resident has difficulty rising from a seated position. Staff will provide assistance with transfers as needed and offer standby assistance to ensure safety and stability." The comments related to R1's ambulation and mobility were exactly replicated from the assessment dated October 13, 2025. Neither R1's service plan nor assessments indicated how many staff were required to assist R1 with transfers, mobility, or activities of daily living. R1's assessment dated January 27, 2026, did not accurately reflect R1's needs as evidenced by the nursing note written the same day. On February 19, 2026, at 10:18 a.m., the surveyor inquired about a note related to a fall on R1's October 13, 2025, assessment. LALD/CNS-C stated the assessment was "transferred" from a sister facility. On February 19, 2026, at 12:17 p.m., via telephone, R1's case manager (CM)-F stated R1 requires a two-person assist for transfers. CM-F	01620		

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01620	Continued From page 23 stated the facility is being paid for a two-person assist for R1. On February 19, 2026, at 1:31 p.m., LALD/CNS-C stated the note they wrote on January 27, 2026, was a mistake, "It is typo or something". LALD/CNS-C stated on that day R1 was not able to make it to the toilet for a bowel movement, and they had to call in another person to help them. LALD/CNS-C stated if R1 needed a two-person assist, then they would have called the case manager and had them change the level of care to a two-person assist. The surveyor asked LALD/CNS-C if they were aware that the customized living worksheet already indicated two-person assist. LALD/CNS-C disagreed and stated no, it did not. On February 19, 2026, at 2:12 p.m., the surveyor requested LALD/CNS-C review page 4 of the Customized Living Rates Worksheet where it indicated two-person assist for R1's transfer. LALD/CNS-C reviewed the document and stated, "All I can say right now is that he needs one-person assist, and that is what we are doing." Although requested, the licensee did not provide a policy and procedure related to assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided,	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42165	A. BUILDING: _____ B. WING _____	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST LIGHT RESIDENTIAL CARE	6338 GIRARD AVENUE S RICHFIELD, MN 55423

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01650	Continued From page 24 the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to revise the service plan to ensure it included all services to be provided for one of two residents (R1). 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	01650		

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01650	Continued From page 25 limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on October 13, 2025. R1's diagnoses included multiple sclerosis and high blood pressure. R1's service plan, with effective date of October 13, 2025, indicated R1 required assistance with ambulation, bathing, dressing, grooming, housekeeping, incontinence care, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and transfer assistance. R1's record included a provider's order for compression socks, extra-large for diagnosis of bilateral foot and leg pain, dated October 23, 2025. R1's service plan did not include the treatment of compression socks. On February 18, 2026, at 11:30a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they bought the compression socks around the time they were ordered and R1 wore them for a couple of days. The surveyor asked LALD/CNS-C if they had added the compression socks order to the service plan and treatment records. LALD/CNS-C stated they might have forgotten to add it to R1's orders and stated they would double check and let the surveyor know. On February 18, 2026, at 11:55 a.m., LALD/CNS-C stated they forgot to add the	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01650	Continued From page 26 compression socks order to Residex (Electronic Medical Record Software). LALD/CNS-C further stated R1 did not want to use the compression socks. The compression socks were ordered on October 23, 2025; R1's service recap summary for the months of October, November, and December 2025, and January and February 2026, did not include an order for compression socks. There was no direction provided to unlicensed personnel (ULP) to apply the compression stockings and no opportunity made available for ULP to document whether the application of the compression stockings took place, nor to document whether R1 refused the compression stockings. R1's record contained no order to discontinue the compression stockings. The licensee's Service Plan policy dated August 1, 2021, indicated beginning with the date assisted living services are first provided, a service plan is developed for the resident based on an agreement with the resident/responsible party and on the assessed needs identified in the comprehensive assessment. The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated the licensee will use treatment and therapy protocols consistent with current evidence-based practice standards and guidelines. The Registered Nurse or licensed health professional is responsible for assessing and developing the treatment and/or therapy service plan for residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01650		

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01650	Continued From page 27 days	01650		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01940		

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01940	Continued From page 28 review, the licensee failed to develop and implement a current treatment or therapy management plan to include all required content for one of two residents (R1) with a treatment ordered. 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). The findings include: R1 was admitted to the licensee on October 13, 2025. R1's diagnoses included multiple sclerosis and high blood pressure. R1's service plan, with effective date October of 13, 2025, indicated R1 required assistance with ambulation, bathing, dressing, grooming, housekeeping, incontinence care, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and transfer assistance. R1's record included a provider's order for compression socks, extra-large for diagnosis of bilateral foot and leg pain, dated October 23, 2025. R1's Individualized Treatment and Therapy Plan as of February 18, 2026, was blank and did not indicate a plan for R1's compression socks. R1's service plan, Medication Administration	01940		

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01940	Continued From page 29 Summary, Service Recap Summary and Individualized Treatment and Therapy Plan did not include the compression socks order for R1. On February 18, 2026, at approximately 10:15 a.m., unlicensed personnel (ULP)-A stated they did help R1 with putting on regular socks. ULP-A stated they did not help R1 with compression socks. On February 18, 2026, at approximately 10:45 a.m., R1 stated, "I have not had the opportunity to put it [referring to compression socks] on because my feet are swollen." The surveyor observed bilateral edema of R1's lower extremities. R1 was not wearing compression socks or regular socks at the time of the observation. On February 18, 2026, at 11:30a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they bought the compression socks around the time they were ordered and R1 wore them for a couple of days. The surveyor asked LALD/CNS-C if they had added the compression socks order to the service plan and treatment records. LALD/CNS-C stated they might have forgotten to add it to R1's orders and stated they would double check and let the surveyor know. On February 18, 2026, at 11:55 a.m., LALD/CNS-C stated they forgot to add the compression socks order to Residex (Electronic Medical Record Software). LALD/CNS-C further stated R1 did not want to use the compression socks. LALD/CNS-C stated they did not know why they did not do the Individualized Treatment and Therapy plan for R1's compression socks.	01940		

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01940	Continued From page 30 The compression socks were ordered on October 23, 2025; R1's service recap summary for the months of October, November, and December 2025, and January and February 2026, did not include an order for compression socks. There was no direction provided to ULP to apply the compression stockings and no opportunity made available for ULP to document whether the application of the compression stockings took place, nor to document whether R1 refused the compression stockings. R1's record contained no order to discontinue the compression stockings. The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated the licensee will use treatment and therapy protocols consistent with current evidence-based practice standards and guidelines. The Registered Nurse or licensed health professional is responsible for assessing and developing the treatment and/or therapy service plan for residents. The policy read, "1. A Registered Nurse (RN) or other licensed professional will complete an assessment of all residents receiving treatment or therapy services prior to the initiation of those services. 2. The RN or licensed health professional will obtain orders or prescriptions for all treatments and therapies. The order will include the following elements: a. Resident Name b. Description of the treatment or therapy to be provided c. Frequency d. Other pertinent information 3. If the RN or licensed professional delegates* treatments or therapies, the professional will monitor and evaluate its effectiveness on a regular basis as specified in the service plan. 4. The RN or licensed professional will provide	01940		

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01940	Continued From page 31 education to the resident, the resident's designated representative and/or the resident's legal representative regarding the treatment or therapy and may, as appropriate, instruct other team members, including paraprofessionals, to provide on-going teaching based on the written resident education instructions prepared by the RN or licensed professional. 5. The RN or licensed professional will, as appropriate, provide coordination of care related to the treatment or therapy activities with the following. a. Resident b. Resident's Representative(s) c. Prescriber d. Primary care provider e. Other health care providers 6. The RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services, which addresses: a. Type of service to be provided b. Procedures for documenting treatments or therapies c. Procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions d. Identification of treatment or therapy tasks delegated to unlicensed personnel e. Procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service 7. Each staff member who administers a treatment or therapy is responsible for documenting this in the clinical record.** 8. When a treatment or therapy is not administered as ordered or prescribed, staff will document the reason why it was not administered and any follow-up procedures provided to meet	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 32 the resident's needs as documented in the care plan or treatment plan or as ordered by the authorized prescriber." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatments were performed as ordered for one of two residents (R1). 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	01960		

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01960	Continued From page 33 situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on October 13, 2025. R1's diagnoses included multiple sclerosis and high blood pressure. R1's service plan, with effective date October of 13, 2025, indicated R1 required assistance with ambulation, bathing, dressing, grooming, housekeeping, incontinence care, laundry, manage behavior, manage symptoms, meal assistance, medication administration, and transfer assistance. R1's record included a provider's order for compression socks, extra-large for diagnosis of bilateral foot and leg pain, dated October 23, 2025. R1's service plan, Medication Administration Summary, Service Recap Summary and Individualized Treatment and Therapy Plan did not include the compression socks order for R1. On February 18, 2026, at approximately 10:15 a.m., unlicensed personnel (ULP)-A stated they did help R1 with putting the regular socks. ULP-A stated they did not help R1 with compression socks. On February 18, 2026, at approximately 10:45 a.m., R1 stated, "I have not had the opportunity to put it [referring to compression socks] on because my feet are swollen." The surveyor observed bilateral edema of R1's lower extremities. R1 was not wearing compression socks or regular socks during this observation.	01960		

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01960	Continued From page 34 On February 18, 2026, at 11:30a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they bought the compression socks around the time they were ordered and R1 wore them for a couple of days. The surveyor asked LALD/CNS-C if they had added the compression socks order to the service plan and treatment records. LALD/CNS-C stated they might have forgotten to add it to R1's orders and stated they would double check and let the surveyor know. On February 18, 2026, at 11:55 a.m., LALD/CNS-C stated they forgot to add the compression socks order to Residex (Electronic Medical Record Software). LALD/CNS-C further stated R1 did not want to use the compression socks. The compression socks were ordered on October 23, 2025; R1's service recap summary for the months of October, November, and December 2025, and January and February 2026, did not include an order for compression socks. There was no direction provided to ULP to apply the compression stockings and no opportunity made available for ULP to document whether the application of the compression stockings took place, nor to document whether R1 refused the compression stockings. R1's record contained no order to discontinue the compression stockings. The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated the licensee will use treatment and therapy protocols consistent with current evidence-based practice standards and guidelines. The Registered Nurse or licensed health professional is responsible for assessing and developing the treatment and/or therapy	01960		

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01960	Continued From page 35 service plan for residents. The policy read, "1. A Registered Nurse (RN) or other licensed professional will complete an assessment of all residents receiving treatment or therapy services prior to the initiation of those services. 2. The RN or licensed health professional will obtain orders or prescriptions for all treatments and therapies. The order will include the following elements: a. Resident Name b. Description of the treatment or therapy to be provided c. Frequency d. Other pertinent information 3. If the RN or licensed professional delegates* treatments or therapies, the professional will monitor and evaluate its effectiveness on a regular basis as specified in the service plan. 4. The RN or licensed professional will provide education to the resident, the resident's designated representative and/or the resident's legal representative regarding the treatment or therapy and may, as appropriate, instruct other team members, including paraprofessionals, to provide on-going teaching based on the written resident education instructions prepared by the RN or licensed professional. 5. The RN or licensed professional will, as appropriate, provide coordination of care related to the treatment or therapy activities with the following. a. Resident b. Resident's Representative(s) c. Prescriber d. Primary care provider e. Other health care providers 6. The RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy	01960		

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01960	Continued From page 36 services, which addresses: a. Type of service to be provided b. Procedures for documenting treatments or therapies c. Procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions d. Identification of treatment or therapy tasks delegated to unlicensed personnel e. Procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service 7. Each staff member who administers a treatment or therapy is responsible for documenting this in the clinical record.** 8. When a treatment or therapy is not administered as ordered or prescribed, staff will document the reason why it was not administered and any follow-up procedures provided to meet the resident's needs as documented in the care plan or treatment plan or as ordered by the authorized prescriber." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

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

First Light Residential Care
6338 Giraard Avenue S
Richfield, MN 55423
Hennepin County
Parcel:

Phone:

License Info

License: HFID 42165

Risk:
License:
Expires on:
CFPM: Shamso M Hassan
CFPM #: 111609; Exp: 08/20/2027

Inspection Info

Report Number: F1013261010
Inspection Type: Full - Single
Date: 2/17/2026 Time: 01:20 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 MDH L. Yang and the operator then reviewed with MDH Nurse Evaluator D. Mosissa.

The establishment has a residential kitchen and serves food prepared on the same day. The kitchen has wood cabinets, vinyl plank floor, smooth painted walls, sealed solid 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, 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 F1013261010 from 2/17/2026

Jerry Malloy

Sofia 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

First Light Residential Care
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1013261010
Inspection Type: Full
Date: 2/17/2026
Time: 01:20 pm

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

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

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Sanitizer Observations/Recordings

Establishment Info

First Light Residential Care
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1013261010
Inspection Type: Full
Date: 2/17/2026
Time: 01:20 pm

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

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL42165015-0	**Date:** 2/19/2026
Facility Name: FIRST LIGHT RESIDENTIAL CARE LLC	
Facility Address: 6338 GIRARD AVENUE S, RICHFIELD MN 55423	

☒ **TAG IDENTIFICATION: 0810**

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

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

   Comments: The posted evacuation floor plans did not include the path of egress within the facility to the designated exits.