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

Electronically Delivered

September 3, 2026

Licensee
Lifetime Home Care Corp
6748 101st Street South
Cottage Grove, MN  55016

RE:  Project Number(s) SL41920001

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on August 11, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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**
Per 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 residents/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 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 the Department of Health 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

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 41920 | A. BUILDING: _____ B. WING _____ | 08/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LIFETIME HOME CARE CORP | 6748 101ST ST S COTTAGE GROVE, MN 55016 |

| (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 |
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| 0 000 | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br><br>SL41920001-0<br><br>On August 10, 2026, through August 11, 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 three residents; three receiving services under the Provisional 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.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 0 480 SS=F | 144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services | 0 480 | | |

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

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| 0 480 | Continued From page 2<br><br>allowed provided the facility keeps them clean and in good condition;<br>(6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and<br>(7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 11, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. | 0 480 | | |

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| 0 480 | Continued From page 3<br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 01730 SS=D | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use | 01730 | | |

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| 01730 | Continued From page 4<br><br>to prevent possible complications or adverse reactions.<br>(b) The medication management record must be current and updated when there are any changes.<br>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop and maintain an accurate individualized medication management plan to include all required content for one of two residents (R1).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R1 was admitted on December 10, 2025, with diagnoses of schizophrenia (a mental health disease) and anorexia nervosa (an eating disorder).<br><br>R1's signed Service Plan Addendum to Contract - Waiver, dated December 14, 2025, indicated R1 received assistance with home management, meal preparation, behavior management, and | 01730 | | |

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| 01730 | Continued From page 5<br>medication administration.<br><br>R1's signed Provider Orders dated for the certification period December 10, 2025, through December 10, 2026, identified "[R1] may self administer fluticasone nasal spray (a steroid medicine to treat allergies), Tylenol (for pain), and Senna (a laxative medication) according to the dosage [and] route and timing as listed on his current medication list. D/C (discontinue) current fluticasone, Tylenol, [and] Senna as being administered by staff."<br><br>R1's Individualized Medication Management Plan (IMMP) dated June 23, 2026, identified under the Self-Administration of Medications (SAM) section that SAM was not applicable. Controlled medications and other medications were securely stored in a locked cabinet in a locked room. The Individualized Medication Management Plan lacked an accurate statement describing the medication management services that would be provided, and resident specific instructions on medications that were ordered to be self-administered.<br><br>On August 11, 2026, at 10:20 a.m., during an observation of R1's unlocked room with ULP-B, prescription bottles of fluticasone nasal spray, and Senna were in plain sight on R1's dresser. ULP-B stated R1 self-administered these medications and she would sometimes remind R1 to take his nasal spray. ULP-B stated she was not the one to update the IMMP and further questions should be deferred to the nurse.<br><br>On August 11, 2026, at 10:35 a.m., the clinical nurse supervisor (CNS)-A verbally agreed R1's IMMP should be accurately assessed to reflect R1's ability to self-administer certain medications | 01730 | | |

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| 01730 | Continued From page 6<br>in accordance with provider orders.<br><br>The licensee's undated Content of Resident's Medication Records policy, identified in the Policy section "All medications residents are receiving will be documented in the resident's record and updated as changes occur. When facility is responsible for managing and administering medications, all activities related to these functions will be documented." In the Special Instructions section "The resident's record must contain the following information about the resident's medications that the facility is managing:<br>1. A nursing assessment of the need for medication management services and all reassessments- of the resident's medication management services and, if applicable, documentation regarding the resident's refusal of this assessment<br>2. An individualized medication management plan for the resident that has been developed by the RN<br>3. Written or electronic prescriptions that are complete and current for any medications facility is managing for the resident<br>4. Documentation of any medication set up by the RN or LPN<br>5. Documentation of each medication administered by facility staff, or if the medication was not administered as prescribed the reason why the medication was not administered as prescribed and any follow up procedures that were provided<br>6. Documentation when staff give medications to the resident or the resident's representative when the resident will be away from home when medications are scheduled<br>7. Documentation of the disposition of any medications that facility is managing when the | 01730 | | |

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| 01730 | Continued From page 7<br><br>medications are discontinued, expired or when the resident's medication management services are terminated<br>8. Documentation of any loss or spillage of all controlled substances, including an explanation of the spillage and the actions taken<br>9. Documentation of any medication error, the follow up by the RN and any necessary follow up by the resident's physician and the outcome for the resident<br>10. Documentation when a nurse requests a refill or communicates with the prescriber, the pharmacy, the resident or the resident's representative about a medication.<br>11. Documentation of any education the RN provides the resident and/or the resident's representative about a medication."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01730 | | |
| 01760 SS=D | 144G.71 Subd. 8 Documentation of administration of medication<br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance | 01760 | | |

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| 01760 | Continued From page 8<br>with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications were transcribed correctly and documented when administered for one of two residents (R1).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R1 was admitted on December 10, 2025, with diagnoses of schizophrenia (a mental health disease) and anorexia nervosa (an eating disorder).<br><br>R1's signed Service Plan Addendum to Contract - Waiver, dated December 14, 2025, indicated R1 received assistance with home management, meal preparation, behavior management, and medication administration.<br><br>R1's Individualized Medication Management Plan dated June 23, 2026, identified under the Self-Administration of Medications section that self-administration was not applicable.<br><br>R1's signed Provider Orders dated December 10, 2025, through December 10, 2026, identified medications which included the following orders: | 01760 | | |

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| 01760 | Continued From page 9<br><br>- fluticasone propionate (Flonase - nasal spray for allergies) 50 micrograms (mcg), two sprays into each nostril daily;<br>- Senexon-S (senna - laxative) 8.6-50 milligrams (mg) one tablet by mouth once daily, five days per week; and<br>- acetaminophen (for pain, generic name for Tylenol) 1,000 mg, by mouth as needed every 6 hours<br><br>On August 11, 2026, at 10:20 a.m., during an observation of R1's bedroom with ULP-B, the surveyor observed the following medications in plain sight on R1's dresser:<br>- one box of fluticasone, 50 mcg;<br>- one bottle of opened senna-docusate sodium, 8.6-50 mg;<br>- two bottles of unopened senna-docusate sodium, 8.6-50 mg;<br>ULP-B stated R1 stored these medications in his room to self-administer, and she sometimes reminded R1 to take his Flonase.<br><br>R1's Medication Administration Record (MAR) dated August 1, 2026, through August 11, 2026, did not include the fluticasone, acetaminophen, Senexon-S.<br><br>The resident record lacked documentation to indicate whether the identified medications were administered as ordered.<br><br>On August 11, 2026, at 10:35 a.m., clinical nurse supervisor (CNS)-A stated the medications found in R1's room were supplements he wanted to keep in his room and take on his own.<br><br>The licensee's undated Medication Management Services policy indicated: "The RN will develop and update as needed specific procedures for the | 01760 | | |

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| 01760 | Continued From page 10<br><br>following medication management activities:<br>a. Requesting and receiving prescriptions for current and changing medications<br>b. Implementing new prescriptions and updating the resident's medication record and medication management plan, when necessary<br>c. Training and determining competency of staff who will provide medication administration or other medication management services<br>d. Documentation of communications with the prescriber, pharmacist, resident and resident's representative, if any, and education of residents about their medications<br>e. Documentation of medication set up<br>f. Preparation and administration of medications and documentation of these activities<br>g. Controlling and storing medications including controlled substances<br>h. Medication errors<br>i. Monitoring and evaluating medication use and reassessing resident's medication management services, including signs and symptoms of side effects, allergic reactions, or dose intolerance<br>j. Verifying that prescription drugs are administered as prescribed<br>k. Disposal of medications, including controlled substances when no longer needed."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |
| 01820 SS=D | 144G.71 Subd. 13 Prescriptions<br><br>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is | 01820 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LIFETIME HOME CARE CORP | 6748 101ST ST S COTTAGE GROVE, MN 55016 |

| (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 |
|---|---|---|---|---|
| 01820 | Continued From page 11<br>managing for the resident.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure there were current written or electronically recorded prescriptions as defined in section 151.01, subdivision 16 a, for all prescribed medications that the assisted living facility was managing for one of one resident (R1).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>On August 10, 2026, at 10:30 a.m., during the entrance conference, clinical nurse supervisor (CNS)-A stated medications provided to residents needed a signed prescription on record at the facility.<br><br>R1 was admitted on December 10, 2025, with diagnoses of schizophrenia (a mental health disease) and anorexia nervosa (an eating disorder).<br><br>R1's signed Service Plan Addendum to Contract - Waiver, dated December 14, 2025, indicated R1 received assistance with home management, meal preparation, behavior management, and medication administration. | 01820 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| 01820 | Continued From page 12<br><br>On August 11, 2026, at 8:05 a.m., the surveyor observed unlicensed personnel (ULP)-B assist R1 with medication administration.<br><br>R1's signed Provider Orders dated December 10, 2025, through December 10, 2026, identified the following orders:<br>- doxycycline (antibiotic) 100 milligrams (mg), by mouth twice daily;<br>- duloxetine (treats depression) 60 mg, by mouth once daily;<br>- eszopiclone (a sedative) 3 mg, by mouth at bedtime;<br>- fluticasone propionate (nasal spray for allergies) 50 micrograms (mcg), two sprays into each nostril daily;<br>- metformin hydrochloride (treats diabetes) 1,000 mg, by mouth once daily with meals;<br>- quetiapine fumarate (antipsychotic) give two 300 mg tablets (total of 600 mg) by mouth at bedtime;<br>- rosuvastatin calcium (treats high cholesterol) 10 mg, by mouth once daily with evening meal;<br>- Senexon-S (laxative) 8.6-50 mg one tablet by mouth once daily, five days per week; and<br>- acetaminophen (for pain) 1,000 mg, by mouth as needed every 6 hours.<br><br>Additionally, R1's signed provider orders dated April 14, 2026, identified an order for Olanzapine 15 mg by mouth at bedtime.<br><br>R1's Medication Administration Record (MAR) dated August 1, 2026, through August 11, 2026, identified the following medications:<br>- doxycycline (antibiotic) 100 milligrams (mg), by mouth twice daily;<br>- duloxetine (treats depression) 60 mg, by mouth once daily;<br>- eszopiclone (a sedative) 3 mg, by mouth at | 01820 | | |

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| | 41920 | A. BUILDING: _____ B. WING _____ | 08/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LIFETIME HOME CARE CORP | 6748 101ST ST S COTTAGE GROVE, MN 55016 |

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| 01820 | Continued From page 13<br><br>bedtime;<br>- metformin hydrochloride (treats diabetes) 1,000 mg, by mouth once daily with meals;<br>- olanzapine (antipsychotic for mental health) 20 mg, by mouth at bedtime;<br>- quetiapine fumarate (antipsychotic) 300 mg give two tablets by mouth at bedtime;<br>- rosuvastatin calcium (treats high cholesterol) 10 mg, by mouth once daily with evening meal;<br>- Ammonium Lactate (prescription and over the counter lotion treats dry, scaly, and rough skin) apply daily as needed for dry skin; and<br>- Mucinex 600 mg by mouth PRN (as needed).<br><br>When comparing R1's MAR, dated August 2026, and the signed provider orders dated December 10, 2025, through December 10, 2026, the following medications were included in R1's August 2026 MAR but did not have a signed provider order:<br>- Ammonium Lactate, apply daily as needed for dry skin; and<br>- Mucinex 600 mg, by mouth PRN (as needed).<br><br>In addition, the following signed provider orders were not included in R1's August 2026 MAR:<br>- Senexon-S (laxative) 8.6-50 mg, one tablet by mouth once daily, five days per week;<br>- acetaminophen (for pain) 1,000 mg, by mouth as needed every 6 hours; and<br>- fluticasone propionate (nasal spray for allergies) 50 micrograms (mcg), two sprays into each nostril daily.<br><br>On August 11, 2026, at 10:35 a.m., CNS-A stated he thought he had the signed orders on record.<br><br>The Office of the Revisor of Statutes defined 151.01 Subd. 16 a., "Prescription. "Prescription" means a prescription drug order that is written or | 01820 | | |

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| 01820 | Continued From page 14<br><br>printed on paper, an oral order reduced to writing by a pharmacist, or an electronic order. To be valid, a prescription must be issued for an individual patient by a practitioner within the scope and usual course of the practitioner's practice, and must contain the date of issue, name and address of the patient, name and quantity of the drug prescribed, directions for use, the name and address of the practitioner, and a telephone number at which the practitioner can be reached. A prescription written or printed on paper that is given to the patient or an agent of the patient or that is transmitted by fax must contain the practitioner's manual signature. An electronic prescription must contain the practitioner's electronic signature."<br><br>The licensee's undated Medication Prescriptions and Refills policy indicated, "When the facility is responsible for managing the resident's medications, this will be documented on the individualized medication management plan. The Facility RN (registered nurse) will develop procedures for requesting and receiving medication prescriptions. A current, written prescriber's prescription must be obtained for any medication, including an over-the-counter medication, whenever staff is responsible for setting up the medication, administering the medication or providing other medication management services for a resident."<br>In addition, the Special Instructions section of the above policy included:<br>1. "The RN is responsible for assuring that current, authorized prescriber prescriptions for medications, including over-the-counter medications and dietary supplements, are addressed in the resident's care plan, service plan and Medication Administration Record, and are communicated to all appropriate staff. | 01820 | | |

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|---|---|---|---|---|
| 01820 | Continued From page 15<br>2. When new medication prescriptions are sent directly to the pharmacy by the prescriber or resident, the RN or LPN (licensed practical nurse) will request a copy of the prescription from the prescriber or from the pharmacy.<br>3. When medication prescriptions are initiated by another health care provider (hospice/home care, etc.), the RN or LPN will request a copy of the prescription signed by a prescriber.<br>4. Upon receiving verbal orders, the RN or LPN will record and sign the verbal order and forward the order to the prescriber for a signature. The RN or LPN will continue to follow up with the prescriber's office or the pharmacy until a signed prescription/verbal order is received and will document all efforts to obtain a signature.<br>5. The RN or LPN will assure that the prescriber renews a medication order at least every 12 months, or more frequently if determined necessary based on the nursing assessment."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01820 | | |
| 01880 SS=D | 144G.71 Subd. 19 Storage of medications<br><br>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications | 01880 | | |

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|---|---|---|---|---|
| 01880 | Continued From page 16<br><br>were stored securely for one of two residents (R1) with medication management services.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R1 was admitted on December 10, 2025, with diagnoses of schizophrenia (a mental health disease) and anorexia nervosa (an eating disorder).<br><br>R1's signed Service Plan Addendum to Contract - Waiver, dated December 14, 2025, indicated R1 received services including assistance with home management, meal preparation, behavior management, and medication administration.<br><br>R1's Assessment dated June 23, 2026, indicated in the section titled Medications, that self-administration was not applicable, assisted living staff would administer all R1's medications, and medications were stored in a locked cabinet in a locked room.<br><br>R1's Individualized Medication Management Plan dated June 23, 2026, identified controlled medications and other medications were securely stored in a locked cabinet in a locked room. The Individualized Medication Management Plan lacked identification of any medication stored in R1's bedroom. | 01880 | | |

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|---|---|---|---|---|
| 01880 | Continued From page 17<br><br>On August 11, 2026, at 10:20 a.m., during an observation of R1's unlocked bedroom with ULP-B, the following medications were observed to be unsecured and in plain sight on R1's dresser:<br>- one box of fluticasone (steroid nasal spray for allergies), 50 micrograms (mcg);<br>- one bottle of opened senna-docusate sodium (for constipation), 8.6-50 milligrams (mg);<br>- two bottles of unopened senna-docusate sodium, 8.6-50 mg;<br>- two bottles of ammonium lactate (for dry skin), 12 percent (%) lotion; and<br>- one bottle of ciclopirox (treats fungal infections), topical solution 8% nail lacquer.<br>In addition, during the observation, ULP-B stated R1 stored these medications in his room to self-administer.<br><br>R1's signed Provider Orders dated for the certification period of December 10, 2025, through December 10, 2026, included the following prescribed medications found in R1's bedroom:<br>- fluticasone propionate, 50 mcg, both nostrils two sprays into each nostril once daily; and<br>- senexon-s, 8.6-50 mg, by mouth, once daily five days per week.<br><br>R1's Provider Orders lacked orders for ammonium lactate and ciclopirox, both medications found in R1's bedroom.<br><br>On August 11, 2026, at 10:35 a.m., clinical nurse supervisor (CNS)-A stated the medications found in R1's room should have been secured.<br><br>The Licensee's undated Medication Storage policy indicated in the section titled Nursing | 01880 | | |

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| 01880 | Continued From page 18<br><br>Assessment and Individualized Medication Management Plan: "1. A registered nurse will complete a comprehensive nursing assessment that includes the need for medication management services. This assessment will determine where and how medications will be stored and whether secured storage is required due to functional and/or cognitive impairments. Assessment will include presence of controlled substances or other medication that raise concerns about the potential for drug diversion. Based on this assessment, the RN will develop an individualized medication management plan for the client that will address storage of the client's medications."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01880 | | |

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

# Food & Beverage Inspection Report



**Establishment Info**

LIFETIME HOME CARE CORP
6748 101st St S
Cottage Grove, MN 55016
Washington County
Parcel:

Phone:
lifetimehomecarecorp@gmail.com

**License Info**

License: HFID 41920

Risk:
License:
Expires on:
CFPM: Hassin Ali
CFPM #: 61373; Exp: 7/18/2028

**Inspection Info**

Report Number: F1031261247
Inspection Type: Full - Single
Date: 8/11/2026 Time: 9:30am
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

! **New Order: 3-300B Protection from Contamination: cross-contamination, eggs**
3-302.13 *Priority Level: Priority 1 CFP#: 30*
*MN Rule 4626.0245* Discontinue use of unpasteurized eggs or egg products in the preparation of food such as Caesar salad, hollandaise or bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages, and other foods that are not cooked as specified in 4626.0340.
COMMENT:
RAW SHELL EGGS ARE BEING USED FOR UNDERCOOKED PREPARATIONS IN HIGHLY SUSCEPTIBLE POPULATION FACILITY.

DISCONTINUE USE OF REGULAR EGGS AND PURCHASE PASTEURIZED EGGS FOR UNDERCOOKED PREPARATIONS.

SEND PIC TO INSPECTOR OF PASTEURIZED EGGS.

*Comply By: 8/11/2026 Originally Issued On: 8/11/2026*

**New Order: 3-500A Microbial Control: cooling**
3-501.13ABC *Priority Level: Priority 3 CFP#: 35*
*MN Rule 4626.0380ABC* Thaw TCS food by one of the following methods: 1. under mechanical refrigeration that maintains the food temperature at 41 degrees F (4 degrees C) or less; 2. completely submerged under running water at 70 degrees F (21 degrees C) or less with a velocity to remove loose particles on an overflow and the food is maintained at 41 degrees F (5 degrees C) or less; 3. in a microwave oven or; 4. as part of the cooking process.
COMMENT:
FACILITY IS THAWING PRODUCTS ON COUNTER.
DISCONTINUE THAWING ON COUNTER.
USE ONE OF THE METHODS LISTED ABOVE.

*Comply By: 8/12/2026 Originally Issued On: 8/11/2026*

**New Order: 4-500 Equipment Maintenance and Operation**
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
*MN Rule 4626.0735AB* All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT:
MICROWAVE HANDLE COATING IS COMING OFF AND CREATING A PHYSICAL CONTAMINATION HAZARD. REMOVE HANDLE COATING AS DISCUSSED ON SITE.

*Comply By: 8/14/2026* *Originally Issued On: 8/11/2026*

# Food & Beverage General Comment

Nurse Evaluator on site: Dede H

All violations discussed with PIC during the inspection.

NOTES:
Facility has a residential kitchen with the following finishes:
Laminate wood flooring
Wood cabinetry
Stone countertops
Textured ceiling
2-comp sink with right basin designated for handwashing.

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

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

**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the Metro District Office inspection report number F1031261247 from 8/11/2026**

Mahad Adan
Person in Charge

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

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

# Temperature Observations/Recordings



## Establishment Info

LIFETIME HOME CARE CORP
Cottage Grove
County/Group: Washington County

## Inspection Info

Report Number: F1031261247
Inspection Type: Full
Date: 8/11/2026
Time: 9:30am

**Food Temperature: Product/Item/Unit:** Milk**; Temperature Process:** Cold-Holding
**Location:** Refrigerator at 38 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

LIFETIME HOME CARE CORP
Cottage Grove
County/Group: Washington County

## Inspection Info

Report Number: F1031261247
Inspection Type: Full
Date: 8/11/2026
Time: 9:30am

**Sanitizing Equipment**: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
**Location:** Kitchen **Equal To** 163.6 Degrees F.
Comment:
*Violation Issued?: No*

**Sanitizing Chemical**: **Product:** Chlorine**; Sanitizing Process:** Wiping Cloth Bucket
**Location:** Kitchen **Equal To** 100 PPM
Comment:
*Violation Issued?: No*