Electronically Delivered

October 12, 2026

Licensee
The Gardens At Foley AL LLC
120 Norman Avenue South
Foley, MN 56329

RE: Project Number(s) SL34338016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 10, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

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

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

The correction order documentation should include the following:

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

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

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

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

factor.

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34338	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT FOLEY AL LLC	120 NORMAN AVENUE SOUTH FOLEY, MN 56329

(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: SL34338016 On Septembr 8, 2026, through September 10, 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 38 resident(s); 36 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food	0 480		

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

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0 480	Continued From page 2 and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 8, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control and current recommendations for hand hygiene. This had the potential to affect all the licensee's residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include:	0 510		

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0 510	Continued From page 4 On September 9, 2026, from 11:25 a.m. to 11:50 a.m. the surveyor observed licensed practical nurse (LPN)-C administer medications and perform blood glucose checks for four residents. LPN-C failed to perform hand hygiene between medication administration for different residents and before donning gloves. On September 9, 2026, at 11:25 a.m. the surveyor observed LPN-C administer medications to R4. LPN-C checked the oral medication against the electronic medication administration record (EMAR), punched the medication into the medication cup, gave the oral medication with fluids without issue, and documented the medication administration. Hand hygiene was not performed throughout this medication administration. On September 9, 2026, at 11:30 a.m. the surveyor observed LPN-C perform blood glucose monitoring to R3. LPN-C donned gloves, cleansed R3's finger, used a lancet to obtain a drop of blood, used the glucometer to obtain the blood glucose reading, doffed gloves, performed hand hygiene, and documented the findings. LPN-C did not perform hand hygiene before donning gloves. On September 9, 2026, at 11:35 a.m. the surveyor observed LPN-C with oral medication administration and with insulin administration. LPN-C obtained R10's blood glucose reading via electronic methods, checked the insulin dose, donned gloves without first performing hand hygiene, cleansed the hub of the insulin pen, primed 2 units, dialed the ordered units, doffed gloves, performed hand hygiene, followed the process to prepare oral medications, gave the	0 510		

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0 510	Continued From page 5 oral medications with fluids, gave R10 the insulin pen, R10 administered her own insulin without issue. On September 9, 2026, at 11:45 a.m. the surveyor observed LPN-C perform oral medication administration and insulin administration for R11. LPN-C obtained R11's blood glucose reading via electronic methods, followed the correct process to prepare the oral medications, donned gloves without first performing hand hygiene, prepared the insulin pen, administered the oral medications with fluid, administered the insulin, disposed of the insulin needle, doffed gloves, and performed hand hygiene. On September 9, 2026, at 11:50 a.m. LPN-C stated she should perform hand hygiene in between each resident medication pass and before donning gloves and after doffing gloves. The Center of Disease Control (CDC) Core Infection Prevention and Control Practices regarding hand hygiene dated November 29, 2022, recommends healthcare personnel should use an alcohol-based rub or wash with soap and water for the following clinical indications: immediately before touching a patient, before performing aseptic task or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated services, and immediately after glove removal. The licensee's Medication Administration by Unlicensed Personnel policy dated August 2021, indicated the procedure for medication	0 510		

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0 510	Continued From page 6 administration by Unlicensed Personnel included 1. Review medication service schedule/MAR for any instructions for resident for administration. 2. Perform hand hygiene. 3. Explain to resident what you are going to be doing. 4. Assemble medications and necessary supplies along with written instruction outlined on the service schedule. 5. Check the rights for safely giving medication. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 775 SS=E	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the	0 775		

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0 775	Continued From page 7 situation has occurred repeatedly; but is not found to be pervasive). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated September 9, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 780 SS=C	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing	0 780		

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0 780	Continued From page 8 buildings may be battery operated; 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 September 9, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to	01290		

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01290	Continued From page 9 the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was affiliated with the current health facility identification (HFID) number for two of two employees on the facility provided employee roster (clinical nurse supervisor (CNS)-B and (unlicensed personnel (ULP)-F). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: On September 8, 2026, at 1:00 p.m., the surveyor reviewed the facility's NETStudy 2.0 roster (background study) and compared it to the	01290		

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01290	Continued From page 10 facility's staff roster and discovered two employees were not affiliated with the licensee's HFID #34338. On September 9, 2026, at 8:30 a.m. licensed assisted living director (LALD)-A stated CNS-B was affiliated to a sister facility which is her home campus and ULP-F was affiliated to the attached sister skilled nursing facility. LALD-A further stated she was not sure why they were not affiliated correctly, but they are now. The licensee's Background Study policy dated December 2016 indicated it shall be the policy of [management company] to complete criminal background studies on all employees. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of	01530		

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01530	Continued From page 11 employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct care staff received the required 2 hours of initial training on mental illness and de-escalation topics and failed to ensure employees received eight hours of initial dementia care training within the first 160 hours worked for two of two employees (unlicensed personnel (ULP)-E and ULP-F). This had the potential to affect all residents and staff. This practice resulted in a level two violation (a	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34338	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT FOLEY AL LLC	120 NORMAN AVENUE SOUTH FOLEY, MN 56329

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01530	Continued From page 12 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: ULP-E began employment on June 10, 2025, to provide direct care services to the licensee's residents. ULP-E's employee record showed documentation of 3 hours and 10 minutes of initial dementia training completed, 2 hours and 5 minutes of annual dementia training 0 hours of mental illness- de-escalation techniques and communication training completed within the required time frame, and 2 hours of annual mental illness- deescalation training. Dementia training: Initiatives to Address the Psychosocial Needs of Older Adults- completed 6/17/25- 20 minutes Person Centered Care for the Person with Dementia- completed 6/18/25- 20 minutes Considerations for Management and Care of Persons with Alzheimer's and Dementia- completed 6/18/25- 60 minutes Considerations for Management and Care of Persons with Alzheimer's and Dementia- completed 11/11/25- 60 minutes Effective Problem Solving with Challenging Behavior- completed 12/16/25- 45 minutes Person Centered Care for the Person with	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34338	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01530	Continued From page 13 Dementia- completed 3/29/26- 20 minutes Provisions for Residents with Dementia- completed 6/5/26- 45 minutes Initiatives to Address the Psychosocial Needs of Older Adults-completed 9/3/26- 20 minutes Considerations for Management and Care of Persons with Alzheimer's and Dementia- completed 9/3/26- 60 minutes Mental Illness Deescalation training: Older Adult Mental Health Training 2- Mental Health Crisis Prevention and De Escalation- completed 5/31/26- 30 minutes Older Adult Mental Health Training 1 Older Adult Mental Health Basics- completed 5/31/26- 60 minutes Older Adult Mental Health Training 3 Person-Centered Care and Collaboration- completed 5/31/26- 30 minutes ULP-F began employment on July 21, 2025, to provide direct care services to the licensee's residents. ULP-F's employee record showed documentation of 3.5 hours of dementia training and 2 hours of mental illness- deescalation training. Dementia training: Initiatives to Address the Psychosocial Needs of Older Adults- completed 7/28/25- 20 minutes Person Centered Care for the Person with Dementia- completed 7/28/25- 20 minutes Considerations for Management and Care of Persons with Alzheimer's and Dementia- completed 7/23/25- 60 minutes Effective Problem Solving with Challenging Behavior- completed 11/11/25- 45 minutes Person Centered Care for the Person with Dementia- completed 3/12/26- 20 minutes Provisions for Residents with Dementia- completed 6/4/26- 45 minutes	01530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34338	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01530	Continued From page 14 Mental Illness De-escalation training: Older Adult Mental Health Training 2- Mental Health Crisis Prevention and De Escalation- completed 6/4/26- 30 minutes Older Adult Mental Health Training 1 Older Adult Mental Health Basics- completed 6/3/26- 60 minutes Older Adult Mental Health Training 3 Person-Centered Care and Collaboration- completed 6/4/26- 30 minutes On September 10, 2026, at 2:20 p.m., via email regional director of operations (RDO)-H stated the initial dementia completion is lacking. On September 10, 2026, at 2:45 p.m. licensed assisted living director (LALD)-A stated dementia training should be assigned and completed on time. The licensee's undated Dementia Training Disclosure indicated dementia training is provided as outlined below in eLearning courses for all staff hired to work in Assisted Living locations. All staff receive 8 hours of training initially within their first 160 hours worked. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription	01890		

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	34338	A. BUILDING: _____ B. WING _____	09/10/2026

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01890	Continued From page 15 label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to monitor for expired medications for one of one resident (R5). 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: On September 9, 2026, at 3:00 p.m., the surveyor observed medication carts with LPN-C. The bottle of ocuvite gel capsules for R5 expired July 2026. R5's medication administration records for August and September 2026, indicated R5 had been receiving this medication daily. On September 9, 2026, at 3:05 p.m. LPN-C stated R5's ocuvite is a scheduled medication and is given daily. The overnight staff should be checking the medication carts for expired medications and the resident services coordinator does a weekly medication cart audit for expired medications, this was just missed. The licensee's Medication Administration- Oral Meds training document indicated to check the	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01890	Continued From page 16 expiration date on the medication container and the handwritten date indicating the open date of the medication, if applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=F	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	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34338	A. BUILDING: _____ B. WING _____	09/10/2026

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01940	Continued From page 17 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 interview and record review, the licensee failed to include a written statement of a treatment service on the resident's service plan for one of one resident (R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R3 was admitted on June 1, 2026. R3's Service Received document for September 2026, indicated R3 received oxygen management services. R3's Service Plan dated June 12, 2026, lacked identification of treatment services related to R3's oxygen. On September 10, 2026, at 9:55 a.m. licensed assisted living director (LALD)-A stated R3's oxygen management is not on the service plan. The service plan was signed on June 12, 2026, and the oxygen service was added on June 16, 2026, and we failed to have a new service plan signed with the addition of oxygen management services.	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 18 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01940		

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

The Gardens at Folley Assisted Living
120 Norman Ave S Foley
Foley, MN 56329
Benton County
Parcel:

Phone:

License Info

License: HFID 34338

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F1037261265
Inspection Type: Full - Single
Date: 9/8/2026 Time: 11:14:22 AM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 2
Total Priority 2 Orders: 1
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 2-100 Supervision
2-102.12AMN *Priority Level: Priority 3 CFP#: 2*
MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
COMMENT: ALEX STATED HIS STATE CERTIFIED FOOD PROTECTION MANAGER (CFPM) CERTIFICATE IS POSTED IN THE SKILLED NURSING KITCHEN. UPON REVIEW, ALEX'S NAME WAS NOT IN THE STATE DATABASE AS A STATE CFPM.
UPON TAKING AN APPROVED FOOD MANAGER SAFETY COURSE, SUBMIT THE EXAM RESULTS WITHIN 6 MONTHS WITH THE STATE CFPM APPLICATION AND APPLICABLE FEE TO RECEIVE THE STATE CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE. POST THE STATE CFPM CERTIFICATE IN THE KITCHEN.
https://www.health.state.mn.us/communities/environment/food/cfpm/howto.html
Comply By: 10/8/2026 Originally Issued On: 9/8/2026

! **New Order: 3-500B Microbial Control: hot and cold holding**
3-501.16A2 *Priority Level: Priority 1 CFP#: 22*
MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: MILK BEING STORED ON ICE MEASURED 41 DEG F AT THE TIME OF ARRIVAL. EMPLOYEE STATED THAT IT IS STORED ON ICE THROUGHOUT MEAL SERVICE AND THEN PLACED BACK IN THE UPRIGHT COOLER FOLLOWING MEAL SERVICE.
DISCONTINUE SAVING THE MILK STORED ON ICE. DISCARD MILK FOLLOWING SERVICE IF STORED ON ICE OR STORE THE MILK IN THE MECHANICAL COOLER AT ALL TIMES.
IF TCS BEVERAGES OR FOODS ARE NEEDED TO BE STORED FOR A DURATION ON THE SERVING LINE, PROVIDE A COUNTERTOP MECHANICAL REFRIGERATOR ON THE SERVING LINE IN PLACE OF THE ICE BATH. AN ICE BATH DOES NOT REPLACE MECHANICAL REFRIGERATION.
Comply By: 9/8/2026 Originally Issued On: 9/8/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: PROVIDE A TEST KIT IN THE ASSISTED LIVING KITCHEN FOR EMPLOYEE'S TO USE ON THE SANITIZING SOLUTION WIPING CLOTH BUCKETS.
Comply By: 9/9/2026 Originally Issued On: 9/8/2026

! New Order: 4-500 Equipment Maintenance and Operation

4-501.114C3 *Priority Level: Priority 1 CFP#: 16*

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

COMMENT: QUATERNARY AMMONIUM WIPING CLOTH BUCKET MEASURED 50 PPM. MAINTAIN THE QUATERNARY AMMONIUM SANITIZING SOLUTION AT A CONCENTRATION OF 200-400 PPM.

Comply By: 9/8/2026 Originally Issued On: 9/8/2026

Food & Beverage General Comment

DISCUSSED ORDERS, MENU, EMPLOYEE ILLNESS RECORDING, BARE HAND CONTACT, DISHWASHING, AND WIPING CLOTHS.

FOODS ARE PREPARED IN THE SKILLED NURSING KITCHEN AND SENT OVER FOR IMMEDIATE SERVICE. NO TCS FOOD LEFTOVERS ARE SAVED, NO ONSITE COOLING, AND NO ONSITE REHEATING.

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 St Cloud District Office inspection report number F1037261265 from 9/8/2026

ALEX MINOTTE

Michelle Hovanes,
Public Health Sanitarian 2
320-223-7307
michelle.hovanes@state.mn.us

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Establishment Info

The Gardens at Folley Assisted Living
Foley
County/Group: Benton County

Inspection Info

Report Number: F1037261265
Inspection Type: Full
Date: 9/8/2026
Time: 11:14:22 AM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Ambient Air
Location: Ice at 41 Degrees F.
Comment:
Violation Issued?: Yes

Food Temperature: Product/Item/Unit: CHICKEN STRIP**; Temperature Process:** Hot-Holding
Location: Heat Lamp at 127 Degrees F.
Comment: 30 MINUTES SINCE DELIVERY; TEMPERATURES DOCUMENTED
Violation Issued?: No

Food Temperature: Product/Item/Unit: CHCKEN PATTY**; Temperature Process:** Hot-Holding
Location: Heat Lamp at 145 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: ORANGE CHICKEN**; Temperature Process:** Hot-Holding
Location: Steam Table at 167 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MIXED VEGETABLES**; Temperature Process:** Hot-Holding
Location: Steam Table at 161 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: FRIED RICE**; Temperature Process:** Hot-Holding
Location: Steam Table at 184 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: HARD BOILED EGG ON SALAD**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 40 Degrees F.
Comment:
Violation Issued?: No

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Establishment Info

The Gardens at Folley Assisted Living
Foley
County/Group: Benton County

Inspection Info

Report Number: F1037261265
Inspection Type: Full
Date: 9/8/2026
Time: 11:14:22 AM

Sanitizing Chemical: **Product:** Quaternary Ammonia**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **Equal To** 50 PPM
Comment:
Violation Issued?: Yes

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area **Equal To** 163.4 Degrees F.
Comment:
Violation Issued?: No

Minnesota (MDH) Version
EH Manager; RPT: F1037261265

Food Establishment Inspection Report

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

No. of Risk Factor/Intervention/Violations	3	Date: 9/8/2026
No. of Repeat Risk Factor/Intervention/Violations		Time: 11:14:22 AM
Score (optional)		Dur: min

Establishment:	Address:	City/State:	Zip:	Phone:
The Gardens at Folley Assisted Living	120 Norman Ave S Foley	Foley, MN	56329	
License/Permit #:	**Permit Holder:**	**Purpose of Inspection:**	**Est. Type:**	**Risk Category:**
HFID 34338		Full		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection **R**=repeat violation

	Compliance Status		COS	R
	Supervision			
1	IN	Person in charge present, demonstrate knowledge and performs duties		
2	OUT	Certified Food Protection Manager		
	Employee Health			
3	IN	knowledge, responsibiities, and reporting		
4	IN	Proper use of restriction and exclusion		
5	IN	Response to vomiting, diarrheal events		
	Good Hygienic Practices			
6	IN	Proper eating, tasting, drinking, tobacco use		
7	IN	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
8	IN	Hands clean and properly washed		
9	N/O	No bare hand contact with RTE foods, alternatives		
10	IN	Adequate handwashing sinks supplied and access		
	Approved Source			
11	IN	Food obtained from approved source		
12	N/O	Food Received at proper temperature		
13	IN	Food in good condition, safe & unadulterated		
14	IN	Records available: shellstock tags, parasite dest.		
	Protection From Contamination			
15	N/A	Food separated and protected		
16	OUT	Food-contact surfaces; cleaned & sanitized		
17	IN	Proper Disposition of returned, previously served, reconditioned,& unsafe food		

	Compliance Status		COS	R
	Time/Temperature Control for Safety			
18	N/O	Proper cooking time & temperatures		
19	N/A	Proper reheating procedures for hot holding		
20	N/A	Proper cooling time and temperature		
21	IN	Proper hot holding temperatures		
22	OUT	Proper cold holding temperatures		
23	IN	Proper date marking & disposition		
24	N/A	Time as public health control;procedures & record		
	Consumer Advisory			
25	N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
26	IN	Pasteurized foods used; prohibited foods not offered		
	Food/Color Additives and Toxic Substances			
27	N/A	Food additives; approved & properly used		
28	IN	Toxic substances properly identified;stored;used		
	Conformance with Approved Procedures			
29	N/A	Compliance with variance, specialized processes & HACCP plan		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" or OUT in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

			COS	R
		Safe Food and Water		
30	IN	Pasteurized eggs used where required		
31		Water & ice from approved source		
32	N/A	Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		
34	N/O	Plant food properly cooked for hot holding		
35	N/O	Approved thawing methods used		
36		Thermometers provided & accurate		
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, & animals not present; no unauthorized person		
39		Contamination prevented during food prep, storage, & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
		Proper Use of Utensils		
43		In-use utensils; Properly stored		
44		Utensils, equipment & linens; properly stored, dried, handled		
45		Single-use & single-service articles, properly stored and used		
46		Gloves used properly		
		Utensils, Equipment and Vending		
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, used; test strips		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities; properly constructed, supplied & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing and plan review		

Person in Charge (signature)

Inspector (signature) Michele L Hanson

Follow-up: Follow-up Date:

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL34338016-0	**Date:** September 9, 2026
Facility Name: The Gardens at Foley	
Facility Address: 120 Norman Ave S, Foley, MN 56329	

☒ **TAG IDENTIFICATION: 0775**

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

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]

   Comments: The fire rated door to unit 114 would not close and latch on its own.

   The fire rated door to the first floor laundry room would not close and latch on its own.

☒ **TAG IDENTIFICATION: 0780**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Smoke alarms shall be interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

   Comments: During entrance conference maintenance (M)-D stated that the smoke alarms in the units were not interconnected with each other when more than one smoke alarm was installed. M-D stated that they were not aware of the requirement. The surveyor confirmed that the smoke alarms in the units are not interconnected and only sounded locally on the tour.