Electronically Delivered

September 2, 2026

Licensee
Lifecare Assisted Living - Greenbush
19120 200th Street
Greenbush, MN 56726

RE: Project Number(s) SL27672016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 12, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	27672	A. BUILDING: _____ B. WING _____	08/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFECARE ASSISTED LIVING - GREENBUSH	19120 200TH STREET GREENBUSH, MN 56726

(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: SL27672016-0 On August 10, 2026, through August 12, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were four residents; four receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 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 (a) Except as provided in paragraph (b), food 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	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean 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 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 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;	0 730		

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0 730	Continued From page 4 (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident records included documentation of services 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 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: During the entrance conference on August 10, 2026, at 11:25 a.m., licensed assisted living director (LALD)-A stated the licensee was familiar with current minimum assisted living requirements. R1's diagnoses included cancer and congestive heart failure (CHF).	0 730		

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0 730	Continued From page 5 R1's Service Plan dated July 28, 2026, indicated R1's services included medication administration, housekeeping, laundry, and safety checks. On August 11, 2026, at 8:11 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R1's scheduled morning medication. MEDICATION ADMINISTRATION DOCUMENTATION R1's Medication Administration Record (MAR) dated July 2026, indicated on July 17, 2026, at 1900 (7:00 p.m.) the following medications were not documented as administered: -atorvastatin calcium 40 milligrams (mg) -gabapentin 100 mg- two capsules -calcium 500/D 500-400 mg -carbamazepine 100 mg -levetiracetam 500 mg -Pepcid 20 mg -potassium Gluconate Elixir 20 milliequivalents (mEq) per 15 milliliters (mL) The licensee's Shift to Shift Report Assisted Living Aide/Skilled Nursing dated July 17, 2026, indicated HS (night) medications were given to R1. R1's record lacked documentation of the medication administration for the medications noted above, or the reason why the medication was not administered to R1. DOCUMENTATION OF SERVICES R1's Schedule for June 2026, indicated the following: -June 3 indicated R1 did not have safety checks at 1930 (7:30 p.m.), and 2330 (11:30 p.m.); -June 5 indicated R1 did not have a safety check	0 730		

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0 730	Continued From page 6 at 0330 (3:30 a.m.); -June 6 indicated R1 did not have a safety check at 2330 (11:30 p.m.); -June 7 indicated R1 did not have a safety check at 0330 (3:30 a.m.); -June 8 indicated R1 did not have safety checks at 0330 (3:30 a.m.), and 1930 (7:30 p.m.); -June 9 indicated R1 did not have a safety check at 0330 (3:30 a.m.); and -June 10 indicated R1 did not have a safety check at 0330 (3:30 a.m.). R1's Schedule for July 2026, indicated the following: -July 5 indicated R1 did not have a safety check at 0330 (3:30 a.m.); -July 10 indicated R1 did not have a safety check at 1930 (7:30 p.m.); -July 17 indicated R1 did not have safety checks at 1530 (3:30 p.m.), and 1930 (7:30 p.m.); and -July 25 indicated R1 did not have safety checks at 0730 (7:30 a.m.), 1130 (11:30 a.m.), and 1530 (3:30 p.m.). R1's record lacked documentation of the services noted above, or the reason why the safety check was not provided to R1. On August 12, 2026, at 10:45 a.m., CNS-B stated R1 received all 7:00 p.m. medications on July 17, 2026, as noted on the shift-to-shift report, however, CNS-B stated the shift-to-shift report did not include individual medications. CNS-B further stated ULPs were expected to document medication administration on the electronic medication administration record (EMAR) right after medication administration was completed. On August 12, 2026, at 11:15 a.m., CNS-B stated services were provided to R1, however, staff did	0 730		

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0 730	Continued From page 7 not document the safety checks in R1's electronic medical record. CNS-B further stated ULPs were expected to review documentation at the end of each shift to ensure all documentation was completed. CNS-B stated CNS-B had confirmed with staff who worked July 17, 2026, all medications were administered at 7:00 p.m. The licensee's Content of Client [sic] Records dated March 21, 2021, indicated client (resident) records included documentation that services have been provided as identified in the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to 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.	01290		

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01290	Continued From page 8 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee's current background study clearance was affiliated with the correct health care facility identification number (HFID) for one of six employees (unlicensed personnel (ULP-F). This had the potential to affect all residents living within the facility. 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: During the entrance conference on August 10, 2026, at 11:48 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of required contents in an employee record. ULP-F was hired in August 2012, and effective August 1, 2021, began to provide direct care services to residents at the assisted living facility. ULP-F's employee record did not contain a clear background study with the licensee's HFID 27672. On August 11, 2026, at 12:55 p.m., LALD-A stated the licensee's human resources office was responsible for completing employee background studies upon hire. LALD-A further stated ULP-F	01290		

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01290	Continued From page 9 was a current employee and worked unsupervised. The surveyor reviewed the licensee's NETStudy 2.0 Roster with LALD-A, which indicated ULP-F was not affiliated with the licensee's HFID 27672. On August 12, 2026, at 7:58 a.m., LALD-A provided the surveyor with the licensee's skilled nursing facility NETStudy 2.0 Roster, which indicated ULP-F had a clear background study affiliated with the skilled nursing facility. LALD-A stated ULP-F was originally hired to work at the skilled nursing facility. The licensee's Background Screening/Fingerprinting/Reference Checks policy dated June 2012, indicated human resources will perform or ensure performance of background checks on all final applicants seeking employment. The policy did not address background study affiliation. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01350 SS=D	144G.60 Subd. 5 Temporary staff When a facility contracts with a temporary staffing agency, those individuals must meet the same requirements required by this section for personnel employed by the facility and shall be treated as if they are staff of the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted	01350		

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01350	Continued From page 10 living statutes included all the required content for one of three employees (registered nurse (RN)-E). 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: During the entrance conference on August 10, 2026, at 11:48 a.m., licensed assisted living director (LALD)-A stated the licensee was aware of required contents in an employee record. The licensee was approved by the Minnesota Department of Health for an innovation variance to allow skilled nursing facility staff to answer call lights during the overnight shift while no staff were on-site at the attached assisted living facility. The variance was approved on January 19, 2024, and had an open expiration date. RN-E was hired on May 18, 2026, as contract staff at the licensee's skilled nursing facility. RN-E was responsible for answering call lights during the overnight shift at the assisted living facility. RN-E's employee record contained a Relias (online training platform) transcript printed August 10, 2026; however, RN-E's employee record lacked the following required orientation: -an overview of 144G statutes; - an introduction and review of the facility's	01350		

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01350	Continued From page 11 policies and procedures related to the provision of assisted living services by the individual staff person; - handling of emergencies and use of emergency services; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On August 11, 2026, at 1:12 p.m., LALD-A stated LALD-A was aware of the required topics of orientation for assisted living. On August 11, 2026, at 1:28 p.m., LALD-A stated LALD-A was unsure of the training assigned to nursing home staff. Clinical nurse supervisor (CNS)-B stated there was no orientation checklist for contract staff. On August 12, 2026, at 11:00 a.m., LALD-A stated the licensee was unable to find any additional training records for RN-E. The licensee's undated Assisted Living and Assisted Living with Memory Care Orientation - All Staff policy indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents, which included topics noted above. No further information was provided.	01350		

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	27672	A. BUILDING: _____ B. WING _____	08/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFECARE ASSISTED LIVING - GREENBUSH	19120 200TH STREET GREENBUSH, MN 56726

(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
01350	Continued From page 12 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01350		

Bemidji District Office
Minnesota Department of Health
705 5th St NW, Suite A
Bemidji, MN 56601
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

LIFECARE ASSISTED LIVING - GRE
19120 200TH STREET
Greenbush, MN 56726
Roseau County
Parcel:

Phone:

License Info

License: HFID 27672

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

Inspection Info

Report Number: F8045261098
Inspection Type: Full - Single
Date: 8/11/2026 Time: 10:45 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery:

New Order: 4-200 Equipment Design and Construction

4-204.112A *Priority Level: Priority 3 CFP#: 36*

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

COMMENT: INTERNAL THERMOMETER NOT PROVIDED INSIDE OF UPRIGHT COOLER AT TIME OF INSPECTION.

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

New Order: 6-300 Physical Facility Numbers and Capacities

6-301.14A *Priority Level: Priority 3 CFP#: 10*

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands.

COMMENT: NOT PROVIDED AT TIME OF INSPECTION.

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

Food & Beverage General Comment

KITCHEN IS USUALLY STAFFED BY ONE EMPLOYEE. NO HAND WASHING OR GLOVE USE VIOLATIONS OBSERVED AT TIME OF INSPECTION, BUT DISCUSSED PROPER HAND WASHING AND GLOVE USE UPON ENTERING AND LEAVING THE KITCHEN TO TRANSPORT FOOD TO RESIDENTS. ENSURE THAT GLOVES ARE USED ONLY WHEN APPROPRIATE AND HAND WASHING OCCURS UPON ENTERING THE KITCHEN.

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 Bemidji District Office inspection report number F8045261098 from 8/11/2026

Adam J Bommersbach

Establishment Representative

Adam Bommersbach,
Public Health Sanitarian 3
218-308-2147
adam.bommersbach@state.mn.us

Bemidji District Office
Minnesota Department of Health
705 5th St NW, Suite A
Bemidji, MN 56601

Temperature Observations/Recordings

Establishment Info

LIFECARE ASSISTED LIVING - GRE
Greenbush
County/Group: Roseau County

Inspection Info

Report Number: F8045261098
Inspection Type: Full
Date: 8/11/2026
Time: 10:45 AM

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

Food Temperature: Product/Item/Unit: CHICKEN POT PIE FILLING**; Temperature Process:** Receiving
Location: Hot Holding Cabinet at 176 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: TACO MEAT**; Temperature Process:** Receiving
Location: Hot Holding Cabinet at 159 Degrees F.
Comment:
Violation Issued?: No

Bemidji District Office
Minnesota Department of Health
705 5th St NW, Suite A
Bemidji, MN 56601

Sanitizer Observations/Recordings

Establishment Info

LIFECARE ASSISTED LIVING - GRE
Greenbush
County/Group: Roseau County

Inspection Info

Report Number: F8045261098
Inspection Type: Full
Date: 8/11/2026
Time: 10:45 AM

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Pre-Soaked Towelettes
Location: Kitchen **Equal To** 700 PPM
Comment:
Violation Issued?: No

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