



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 4, 2026

Licensee

Maplewood Homes of Faribault
428 Northwest 5th Street
Faribault, MN 55021

RE: Project Number(s) SL37568016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 4, 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.

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:

St - 0 - 0340 - 144g.30 Subd. 5 - Correction Orders - \$1,000.00

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$1,000.00

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$1,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. 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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD HOMES OF FARIBAULT			STREET ADDRESS, CITY, STATE, ZIP CODE 428 NORTHWEST 5TH STREET FARIBAULT, MN 55021		
(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: SL37568016-0 On August 3, 2026, through August 4, 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 ten resident(s); ten 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.		
0 340 SS=I	144G.30 Subd. 5 Correction orders (a) A correction order may be issued whenever	0 340			

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 340	Continued From page 1 the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, an agent of the facility, or staff of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction. (b) The commissioner shall mail or email copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically. (c) By the correction order date, the facility must: (1) document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed; 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 three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that	0 340			

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0 340	Continued From page 2 has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 4, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 340			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention	0 660			

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0 660	Continued From page 3 program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included an annual completion of a facility risk assessment. 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 of the residents). The findings include: During the entrance conference on August 3, 2026, at 10:00 a.m., the surveyor asked for the licensee's facility risk assessment and licensed assisted living director (LALD)-A provided it later during the survey. The licensee's last completed Facility Risk Assessment dated November 20, 2024, indicated the TB infection control risk level for the setting was low. The licensee failed to show evidence of a completed TB risk assessment annually. LALD-A completed a new TB risk assessment after the start of the survey. On August 4, 2026, at 2:30 p.m., LALD-A stated she was aware of the TB risk assessment requirement and monitors the website for updates and has not completed the annual risk assessment yet. The licensee's Tuberculosis Screening Policy dated June 2021, indicated the facility will maintain a current community TB risk assessment. The assessment will be updated	0 660			

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0 660	Continued From page 4 annually, using the data and form provided by the Minnesota Department of Health. The MN Department of Health Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for Health Care Setting Licensed by MDH updated June 5, 2026, indicated: Settings should perform a facility risk assessment on an annual basis. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 660			
0 775 SS=I	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 three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at 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).	0 775			

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0 775	Continued From page 5 The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 4, 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=I	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 buildings may be battery operated;	0 780			

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0 780	Continued From page 6 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 three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 4, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the	0 800			

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0 800	Continued From page 7 health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. 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 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, Physical Environment Inspection Report (PEIR) dated August 4, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800			
01530 SS=F	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De-	01530			

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01530	Continued From page 8 (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 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;	01530			

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01530	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one unlicensed personnel (ULP-C) received the required amount of annual mental health training. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: ULP-C was hired on June 19, 2023, to provide direct care services to the licensee's residents. On August 4, 2026, at 11:30 a.m., the surveyor observed ULP-C administering medications to R2, R3, and R4. ULP-C's record included required annual training for; -Reporting of maltreatment of vulnerable adults -Assisted living bill of rights -Dementia training ULP-C's record included a Mental Health sign-in sheet indicating ULP-C was trained on mental health on July 15, 2024, but failed to show evidence that annually mental illness and de-escalation training was completed in 2025 or 2026.	01530			

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01530	Continued From page 10 On August 4, 2026, at 1:00 p.m., licensed assisted living director (LALD)-A indicated ULP-C lacked the requirement of one-hour annual mental health training. LALD-A state she was unaware of the mental health requirement. The licensee's Annual Required Staff Training policy dated August 1, 2021, indicated direct-care staff will complete a minimum of 8 hours of initial training on dementia care topics and initial training for each 12 months of employment. The policy failed to mention the required annual training of mental health training. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530			
01880 SS=F	144G.71 Subd. 19 Storage of medications 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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all medications were securely locked in substantially constructed compartments and permit only authorized personnel had access. This had the potential to affect the licensee's current residents, staff, and visitors. This practice resulted in a level two violation (a	01880			

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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD HOMES OF FARIBAULT		STREET ADDRESS, CITY, STATE, ZIP CODE 428 NORTHWEST 5TH STREET FARIBAULT, MN 55021			
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01880	Continued From page 11 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 of the residents). The findings include: During the entrance conference on August 3, 2026, at 10:00 a.m., licensed assisted living director (LALD)-A indicated the licensee provided medication management to all residents, and medications were securely stored and locked in a medication cabinet on the main floor. On August 3, 2026, at 10:30 a.m. during the facility tour with LALD-A, the medication cabinet was found to be unlocked and the drawer marked "narcotics" was unlocked. LALD-A stated they should be locked at all times. LALD-A then locked both the narcotic drawer and the medication cabinet. The licensee's undated, Medications Storage policy indicated medications will be stored to prevent diversion of medications by residents or others who may have access to the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states:	03090			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD HOMES OF FARIBAULT			STREET ADDRESS, CITY, STATE, ZIP CODE 428 NORTHWEST 5TH STREET FARIBAULT, MN 55021		
(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
03090	Continued From page 12 "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure signage was posted at the main entry to display statutory language to disclose electronic monitoring activity, potentially affecting all residents, staff, and visitors of the licensee. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: On August 3, 2026, at 10:00 a.m. during the facility tour, the surveyor noted the electronic sign posted on a bulletin board in the common room; however, it was not posted by the entrance as required. On August 3, 2026, at 2:30 p.m., licensed assisted living director (LALD)-A stated she was aware of the requirement of the electronic sign requirement but was not aware it was required to be posted by the entrance. No further information was provided.	03090			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2026
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD HOMES OF FARIBAULT		STREET ADDRESS, CITY, STATE, ZIP CODE 428 NORTHWEST 5TH STREET FARIBAULT, MN 55021			
(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
03090	Continued From page 13 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	03090			



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

MAPLEWOOD HOMES OF FARIBAULT
428 NW 8th St
Faribault, MN 55021
Rice County
Parcel:

Phone:

License Info

License: HFID 37568

Risk:
License:
Expires on:
CFPM: Margaret Leigh Clendenin
CFPM #: 5482; Exp: 12/19/2028

Inspection Info

Report Number: F7990261018
Inspection Type: Full - Single
Date: 8/4/2026 Time: 10:13:43 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

No orders were issued for this inspection report.

Food & Beverage General Comment

WE DISCUSSED EMPLOYEE ILLNESS, COOLING, HANDWASHING, BAREHAND CONTACT PREVENTION AND NOROVIRUS. AN EMPLOYEE ILLNESS LOG WAS ONSITE.

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 Mankato District Office inspection report number F7990261018 from 8/4/2026

Margaret Leigh Clendenin

Ben Ische,
Public Health Sanitarian Supervisor
507-344-2710
ben.ische@state.mn.us



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Temperature Observations/Recordings

Page: 1

Establishment Info

MAPLEWOOD HOMES OF FARIBAULT
Faribault
County/Group: Rice County

Inspection Info

Report Number: F7990261018
Inspection Type: Full
Date: 8/4/2026
Time: 10:13:43 AM

Equipment Temperature: **Product/Item/Unit:** True Reach In Cooler Cheese; **Temperature Process:** Cold-Holding

Location: Reach-in Cooler at 41 Degrees F.

Comment:

Violation Issued?: No



Mankato District Office
Minnesota Department of Health
12 Civic Center Plaza, Suite 2105
Mankato, MN 56001

Sanitizer Observations/Recordings

Page: 1

Establishment Info

MAPLEWOOD HOMES OF FARIBAULT
Faribault
County/Group: Rice County

Inspection Info

Report Number: F7990261018
Inspection Type: Full
Date: 8/4/2026
Time: 10:13:43 AM

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 168 Degrees F.

Comment:

Violation Issued?: No

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Spray Bottle

Location: Dishwashing Area **Equal To** 200 PPM

Comment:

Violation Issued?: No

Minnesota (MDH) Version EH Manager; RPT: F7990261018		Food Establishment Inspection Report		Page 1 of 1	
 Mankato District Office Minnesota Department of Health 12 Civic Center Plaza, Suite 2105 Mankato, MN 56001		No. of Risk Factor/Intervention/Violations		0	Date: 8/4/2026
		No. of Repeat Risk Factor/Intervention/Violations			Time: 10:13:43 AM
		Score (optional)			Dur: min
Establishment: MAPLEWOOD HOMES OF FARIBAULT		Address: 428 NW 8th St		City/State: Faribault, MN	Zip: 55021
License/Permit #: HFID 37568		Permit Holder:		Purpose of Inspection: Full	Est. Type: Risk Category:
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	IN	Certified Food Protection Manager			
Employee Health					
3	IN	knowledge, responsibilities, 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	IN	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	N/A	Records available: shellstock tags, parasite dest.			
Protection From Contamination					
15	IN	Food separated and protected			
16	IN	Food-contact surfaces; cleaned & sanitized			
17	IN	Proper Disposition of returned, previously served, reconditioned, & unsafe food			
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					
Compliance Status				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			
Person in Charge (signature)					
Inspector (signature) Benjamin D. Ische					
Follow-up: Follow-up Date:					
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					
Time/Temperature Control for Safety					
18	N/O	Proper cooking time & temperatures			
19	N/O	Proper reheating procedures for hot holding			
20	N/O	Proper cooling time and temperature			
21	N/O	Proper hot holding temperatures			
22	IN	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	IN	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			

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL37568016	Date: 8/4/2026
Facility Name: Maplewood Homes of Faribault	
Facility Address: 428 NW 5 th St, Faribault, MN 55021	

☒ TAG IDENTIFICATION: 0340

SCOPE/ SEVERITY: Level 3; WidespreadTIME PERIOD OF CORRECTION: Seven (7) days

1. By the correction order date, the facility must document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed. [Minn. Stat. 144G.30 subd.5]

Comments: Smoke alarms were provided throughout the facility but did not interconnect when tested during the survey. During a previous survey conducted at the facility on April 3, 2024, the surveyor noted that the smoke alarms failed to interconnect at that time as well. No documentation of corrective actions was provided to the surveyor during the survey on August 4, 2026, to indicate that facility staff had addressed the failure of the smoke alarms to interconnect. No corrective actions were supplied to the surveyor and the facility failed to correct the tag from the previous survey and provide interconnect smoke alarms. The facility should remedy deficiencies noted during the survey and should retain documentation of the corrections.

☒ TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 3; WidespreadTIME 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 detection and alarm systems, emergency alarm systems, gas detection systems, fire-extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times and shall be replaced or repaired where defective. [Minn. Stat. 144G.45 subd. 2; MSFC 901.6]

Comments: The facility was equipped with a fire alarm system and devices including detector heads, pull stations, horns, and an alarm panel. These devices were installed throughout the facility but appeared to be in varying states of repair with some devices damaged and a pull station near the rear door attached to the wall with packing tape. Facility staff indicated that the system has not been inspected regularly and that they suspect most of the devices are no longer functional. Facility staff further indicated that they do change out the batteries on the fire alarm panel annually so that it maintains power but were unsure of the purpose of the alarm panel. The fire alarm system was not properly maintained, did not have annual inspections, and was not reliable to provide protection in an emergency. The fire alarm system should be reviewed to determine if the system is required and compliant. The fire alarm systems should be repaired and restored to operation with regular servicing and inspection, replaced with an approved system, or removed with proper review and approval. All devices should be maintained in proper state of repair.

3. Single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests or exceed ten years from the date of manufacture. Smoke alarms shall be replaced with smoke alarms having the same type of power supply. [Minn. Stat. 144G.45 subd. 2; MSFC 1103.8.1]

Comments: Several smoke alarms were installed in the facility that exceeded 10 years from the date of manufacture and were expired. These expired alarms should be removed or replaced where required and all alarms in the facility should be maintained within 10 years of manufacture and in a state of proper working order.

4. Listed single and multiple-station smoke alarms complying with UL 217 shall be installed. [Minn. Stat. 144G.45 subd. 2; MSFC 907.2.10]

Comments: The majority of the smoke alarms provided in the resident rooms throughout the facility lacked documentation of proper certification. The smoke alarms provided in resident rooms and throughout the facility did not display indication that they were tested or rated to underwriter laboratories (UL) standard 217. Facility staff could not provide documentation of proper listing for these devices and a review of the user manual failed to illustrate the required UL 217 certification to ensure smoke alarm durability and operability in an emergency situation. All smoke alarms should be properly listed to UL 217.

5. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

Comments:

The rear wooden staircase that connected to the hallway near resident room 8 was rotten and unstable. This staircase was a marked exit but was noticeably swaying and when utilized did not feel secure. Facility staff indicated that the staircase required repairs. All components in the path of egress including the staircase should be maintained in safe condition and a proper state of repair.

Many of the egress windows in resident rooms throughout the facility were difficult to open and required significant time and effort to dislodge. Egress windows should be maintained readily openable and in a proper state of repair for quick access in an emergency.

6. Multiplug adapters, such as cube adapters, unfused plug strips or any other device not complying with NFPA 70 shall be prohibited. [Minn. Stat. 144G.45 subd. 2; MSFC 604.4]

Comments: An unapproved multiplug adapter was in use in the upper-level restroom. Unapproved multiplug adapters should be removed from the facility.

7. Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material. [Minn. Stat. 144G.45 subd. 2; MSFC 310.7]

Comments:

Discarded cigarette butts and bonfire ashes were located on the ground in the rear yard. Improperly discarded materials may pose fire risk. Burning material should be properly discarded in approved receptacles.

Discarded cigarette butts were located in resident room 3 on the ground. No evidence of burn marks was observed, but cigarette butts should be disposed of in approved receptacles and should not be left on the floor of resident rooms.

8. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

Comments: An extension cord was in use and was mounted to the wall and the underside of cabinets in resident room 3. Extension cords should not be used in lieu of permanent wiring.

9. Egress doors shall be readily operable from the egress side without the use of a key or special knowledge. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9]

Comments:

Several hasp locks were installed on the exterior of resident room unit doors. Hasp locks were installed on resident room 2, resident room 6, and resident room 10. This type of lock is not permitted and could lead to the obstruction of an egress path from the room. The hasp locks are not operable from the egress side of the door, and if secured would prevent an occupant from leaving the room. Hasp type locks are not approved on the resident room doors and should be removed. Hasp hardware should be removed, and the doors should be equipped with only approved locking hardware.

An unapproved lock was installed on the front door of the facility. A chain lock was mounted roughly a foot off of the ground on the main entrance door and would require special knowledge or effort to open in an emergency. The unapproved lock should be removed, and the door should be maintained with only approved locking hardware.

10. In buildings that contain a fuel-burning appliance or fireplace, or attached private garage, carbon monoxide detection shall be installed in dwelling units within ten feet of bedrooms. Where a fuel burning appliance is located in a bedroom or its attached bathroom, carbon monoxide detection shall be installed within the bedroom. Carbon monoxide detection can be provided by carbon monoxide alarms installed in dwelling or sleeping units or a carbon monoxide detection system installed in the room or space that contains the fuel-burning appliance. [Minn. Stat. 144G.45 subd. 2; MSFC 915]

Comments: The facility did not have proper carbon monoxide detection installed. The only carbon monoxide detector was located in the basement, and no additional coverage was provided. Adequate carbon monoxide coverage should be installed and maintained.

☒ **TAG IDENTIFICATION: 0780**

SCOPE/ SEVERITY: Level 3; 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: The smoke alarms provided throughout the facility were not properly interconnected when tested. Facility staff tested multiple smoke alarms and there was no interconnection between alarms.

Smoke alarms should be interconnected such that when any alarm is actuated that all other alarms sound throughout the facility. Interconnection should be maintained to ensure proper notification during an emergency.

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

Comments:

The front steps to the property were cracked and deteriorated. The stairs should be repaired and maintained in a safe condition in a proper state of repair.

Resident room 8 had a significant amount of lint and dust buildup on surfaces throughout the room and under the bed. The room should be maintained in a clean and tidy manner.

The closet light in resident room 8 was damaged and hanging by its wires. The light fixture should be reattached and properly secured.

One of the windowpanes was broken and taped over in resident room 10. The window should be repaired or replaced and maintained in a state of good repair.

The windowpane on the front side of the facility was cracked in resident room 11. The window should be repaired or replaced and maintained in a state of good repair.

The rear porch was rotten and damaged. One of the attached benches was not properly attached and secured to the porch and could easily break off and cause injury. The porch should be maintained in proper condition and in a state of good repair.

The curtain rod over the egress windows in resident room 2 was broken in the middle. The curtain rod should be repaired or replaced and maintained in a state of good repair.