Electronically Delivered

October 14, 2026

Licensee
Champions Village LLC
7899 Alden Way Northeast
Coon Rapids, MN 55432

RE: Project Number(s) SL36231016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 22, 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 . . ."

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,

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
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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: SL36231016-0 On September 21, 2026, through September 22, 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 oMinnesota Department of Health is documenting the State Correction Orders using federal software. Tag ut 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
0 630	Continued From page 1	0 630		
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of three 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) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted on April 16, 2026, with diagnoses which included schizoaffective disorder, bipolar, borderline personality disorder, psychosis and type two diabetes.	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
0 630	Continued From page 2 R1's IAPP dated September 4, 2026, indicated the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. R1's IAPP lacked an individual review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. On September 22, 2026, at 1:10 p.m., clinical nurse supervisor (CNS)-B stated R1's risk for abuse is missing from his IAPP this is because he thought that due to living in a facility which is staffed 24/7 he thought R1 would not be at risk for abuse by others, but after talking it through he realizes that everyone living in an assisted living facility would be considered a vulnerable adult and would be at risk for abuse so he will make sure all the IAPP's are updated to reflect this. The licensee's Vulnerable Adult policy dated August 1, 2021, indicated an IAPP shall be established for each vulnerable minor or adult for whom assisted living services are provided. - the plan shall contain an individualized assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults. - the plan shall contain the residents' risk of abusing other vulnerable adults. - the plan shall contain statements of specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. - the plan will be implemented immediately and evaluated at each supervisory visit or more frequently, if necessary. - documentation will include results of the implementation.	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
0 630	Continued From page 3 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
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, record review, and interview, 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 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 22, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.	0 775		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
0 775	Continued From page 4 TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 810 SS=E	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
0 810	Continued From page 5 This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, 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 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 22, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
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.	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
01880	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 refrigerated medications were maintained at manufacturer recommended temperatures by failing to monitor medication refrigerator temperatures for one of one medication refrigerator. 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: On September 21, 2026, at 12:30 p.m., the surveyor observed a small refrigerator which contained a lock in the dining room. Clinical nurse supervisor (CNS)-B stated they have medication stored in the refrigerator and retrieved the key to unlock and open it. The medication refrigerator contained one (1) Ozempic pen (injectable diabetes medication) and four (4) Lantus pens (long-acting insulin). CNS-B stated they do not keep a temperature log of the medication refrigerator and this is because he forgot about it but is aware of the requirement and will work on getting a temperature log together for staff to monitor the temperature daily. The manufacturer's instructions for Ozempic dated June 2026, indicated to store your new, unused pens in the refrigerator between 36°F to	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
01880	Continued From page 7 46° Fahrenheit (F). The manufacturer's instructions for Lantus Solostar insulin pen dated August 2022, indicated before opening, store Lantus in the refrigerator at 36°F to 46°F. The licensee's Storage/Control of Medications policy, dated August 1, 2021, indicated Medications requiring refrigeration are clearly labeled and stored in an enclosed container or area separated from foods. Temperature is maintained at 35-40 degrees. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
02320 SS=F	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. 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 followed appropriate medication administration procedures. This practice resulted in a level two violation (a	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
02320	Continued From page 8 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: ULP-C began employment on May 1, 2026, to provide assisted living services. ULP-C's employee record contained completed medication administration training dated May 1, 2026, and medication competency evaluation completed by CNS-B dated July 18, 2026. On September 22, 2026, at 8:15 a.m., the surveyor observed ULP-C wash their hands in the kitchen sink, then proceeded to the computer located on a desk in the living room right beside the locked medication cart. ULP-C opened and reviewed the electronic charting system and, in the system, clicked verified for each of R5's medications in the medication administration record (MAR). ULP-C checked the MAR for the number of tablets R5 was to receive and stated R5 will get four oral medications and R5 also had a medication that is a drop which he will place under his tongue. ULP-C proceeded to unlock the medication cabinet, retrieved R5's medication box and opened Tuesday AM and placed the oral medications into a cup, counted them and confirmed there were four medications, then handed them to R5 to take. R5 took the medications. ULP-C then took the sublingual (under the tongue) medication out of the cabinet and handed it to R5 to administer a drop under	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
02320	Continued From page 9 his tongue. ULP-C placed the medication bottle back into the medication cabinet and R5 asked ULP-C for some nicotine gum. ULP-C retrieved R5's nicotine gum from the medication cabinet and gave R5 five pieces of nicotine gum. ULP-C returned to the computer and in the electronic charting system, clicked administered for all R5's medications on the MAR and clicked completed for the task in the electronic charting system. ULP-C stated R5 asks for the nicotine gum every morning so she always gives him five at a time so he can self-administer these throughout the day. ULP-C stated she does not chart the nicotine gum under the as needed (PRN) medications in the computer because it is not listed on there and proceeded to call over clinical nurse supervisor (CNS)-B. On September 22, 2026, at 8:20 a.m., CNS-B showed ULP-C where the nicotine gum was listed in the MAR for PRN medications. R5's MAR indicated to give one gum hourly as needed for nicotine craving. CNS-B stated he would expect staff to only give one gum at a time as directed in the MAR and chart it each time it was administered. ULP-C stated she was taught to always chart PRN medications and was nervous being watched and this is why the error was made. On September 22, 2026, at 9:00 a.m., the surveyor observed ULP-C administer medication to R1. ULP-C went to the kitchen and washed her hands, then proceeded to the computer located on a desk in the living room right beside the locked medication cart. ULP-C opened and reviewed the electronic charting system and, in the system, clicked verified for each of R1's medications in the MAR. ULP-C checked the MAR for the number of tablets R1 was to receive	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
02320	Continued From page 10 and stated R1 will get six oral medications but also had a medication patch and a film that dissolves in his mouth. ULP-C stated R1's pregabalin (for neuropathic pain) and suboxone film (for opioid use disorder) are both narcotics and so she has to enter the count into the MAR. ULP-C proceeded to look at the previous narcotic count, minus one from that number and enter that number into the MAR without counting any medication. ULP-C proceeded to unlock the medication cabinet, retrieved R1's medication patch, the suboxone film and the medication box, opened Tuesday AM and placed the oral medications into a cup, counted them and confirmed there were six medications then handed everything to R1. R1 asked for his PRN medications hydroxyzine (for anxiety) and ibuprofen (for pain). ULP-C took the medication cup back from R1 leaving the medication patch and suboxone film in R1 possession. ULP-C went back to the computer and in the electronic charting system went to R1's PRN MAR to chart the PRN medications and R1 walked into the kitchen area out of view. R1's PRN MAR listed hydroxyzine 50 mg (milligrams) for severe anxiety and hydroxyzine 25 mg for mild anxiety. ULP-C clicked verified on the hydroxyzine 25 mg and ibuprofen, indicated in the note section the hydroxyzine was for anxiety, and the ibuprofen was for pain. ULP-C went to the medication cabinet and retrieved both medications and added them to the medication cup. ULP-C then asked R1 to come back into the living room to take the medications, R1 returned and took the oral medications. ULP-C returned to the computer and in the electronic charting system, clicked administered for all R1's medications on his MAR and clicked completed for the task in the electronic charting system.	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
02320	Continued From page 11 On September 22, 2026, at 9:10 a.m., when asked about the narcotic count she documented in the MAR, ULP-C stated she did not actually count the narcotic medication because the nurse completes the medication set up, puts the count into the system and she just subtracts one from the previous count. ULP-C agreed she was just assuming the count was correct without counting the medications. When ULP-C was asked about how she knew R1 applied the medication patch and took the suboxone film, ULP-C called R1 back into the living room and asked R1 if he had applied the patch and taken the suboxone film. R1 stated he had taken the film but had not applied the patch yet and proceeded to open and apply the patch to his left shoulder. ULP-C agreed that she did not know if R1 had actually taken the suboxone film without actually seeing him put it in his mouth and was taking his word that he had taken it and she was taught to watch residents take their medications before charting that they were administered, however, it has become such a daily routine that she assumed he took it so charted the medication administered. When asked about the PRN medications, ULP-C confirmed that she did not ask R1 why he needed the PRN medications and did not inquire if R1 was experiencing mild or severe anxiety to determine which hydroxyzine dose to give. ULP-C stated R1 asks for the hydroxyzine and ibuprofen every morning, she always gives him the lower dose of the hydroxyzine, and the ibuprofen is for an abdominal hernia that R1 is waiting to have surgically removed. ULP-C stated she was taught to complete the six rights and three checks for medication administration but did not complete them because the medication administration had become routine. On September 22, 2026, at 10:00 a.m., CNS-B	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36231	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS VILLAGE LLC	7899 ALDEN WAY NE COON RAPIDS, MN 55432

(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
02320	Continued From page 12 stated staff should complete the six rights and three checks of medication administration every time before administering medications, staff should ask the resident why a PRN is needed and document their reason, narcotic medication count should be verified before documenting the number of remaining medications in the electronic charting system and staff should always watch and verify if the residents have taken medication before charting it as administered. CNS-B stated he would need to complete retraining for all staff on medication administration to make sure they are all providing this service appropriately and still competent to administer medications. The licensee's Medication Administration policy dated August 1, 2021, indicated residents of licensee are entitled to the safe administration of medications by qualified personnel according to a written medication management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

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

Food & Beverage Inspection Report

Establishment Info

CHAMPIONS VILLAGE LLC
7899 ALDEN WAY NE
Fridley, MN 55432
Anoka County
Parcel:

Phone:

License Info

License: HFID 36231

Risk:
License:
Expires on:
CFPM: Lali Yeshi Galan
CFPM #: 11175; Exp: 11/8/2028

Inspection Info

Report Number: F1018261165
Inspection Type: Full - Single
Date: 9/22/2026 Time: 8:52:40 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

Inspection conducted with Sarabeth Remker (MDH) present.

Establishment is a residential home with residential equipment. They currently have 4 residents.

Establishment does all same day service of foods, and no leftovers are saved and served.

Kitchen has a dishwasher with sanitize function available. Test strip indicated that appropriate temperature was achieved.

Kitchen has a two-basin sink with one side for hand washing and one side for food prep.

Floors are wood, ceiling is popcorn and walls are painted.

Counter tops are laminate and cabinets are wood.

Equipment was observed in good condition.

Kitchen has a thermometer for checking food temperatures.

Discussed pest control and employee illness policy. Viewed illness log.

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

I acknowledge receipt of the Metro District Office inspection report number F1018261165 from 9/22/2026

Lali Yeshi Galan
Manager

Rebecca Prestwood

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777

rebecca.prestwood@state.mn.us

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

Temperature Observations/Recordings

Establishment Info

CHAMPIONS VILLAGE LLC
Fridley
County/Group: Anoka County

Inspection Info

Report Number: F1018261165
Inspection Type: Full
Date: 9/22/2026
Time: 8:52:40 AM

Food Temperature: Product/Item/Unit: Hotdogs**; Temperature Process:** Cold-Holding
Location: Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

CHAMPIONS VILLAGE LLC
Fridley
County/Group: Anoka County

Inspection Info

Report Number: F1018261165
Inspection Type: Full
Date: 9/22/2026
Time: 8:52:40 AM

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

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL36231016-0	**Date:** September 22, 2026
Facility Name: Champions Village LLC	
Facility Address: 7899 Alden Way NE, Fridley, MN 55432	

☒ **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. Escape window openings shall have a maximum height from the floor to the windowsill opening shall not exceed 48 inches. Escape windows with openings up to 52 inches off of the floor may meet the height requirement for existing buildings by securing a step, platform or bed to the wall directly underneath the window. This step, platform or bed shall be no more than 44 inches below the opening and must be strong enough to support the weight of the person. The minimum acceptable width shall be the same as the window opening. The minimum acceptable depth away from the wall shall be 18 inches. [Minn. Stat. 144G.45 subd. 2; MSFC 1104.26.3, 1104.26.6.1]

   Comments: In occupied resident room four, the bottom windowsill of the egress window measured 56 inches above the floor.

3. Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. [Minn. Stat. 144G.45 subd. 2; MSFC 604.6]

   Comments: There was an uncovered electrical outlet box on the exterior side of the garage above the window.

4. Extension cords and flexible cords shall not be a substitute for permanent wiring. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

   Comments:
   - An extension cord was used in the office to supply power to the security camera system.
   - An extension cord was plugged into a power strip behind the television in the living room.
   - Extension cords were used for personal electronics in resident rooms one and four.

DEPARTMENT OF HEALTH

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Pattern

TIME PERIOD OF CORRECTION: Twenty One (21) days

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

   Comments:
   - Numbers were posted at the doors for each resident room. The emergency evacuation floor plans displayed in the building lacked these resident room number labels. Resident room numbers are required to be included on the evacuation floor plans and correspond with the numbers installed at the resident room doors to provide efficient communication for exiting in the event of a fire or similar emergency.
   - The storage room in the basement was inaccurately identified as the south bedroom on the floor plans displayed in the building. The licensee stated the resident capacity was recently decreased to four and this bedroom had been converted into a storage room.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

   Comments: The licensee failed to develop the fire safety and evacuation plan (FSEP) with site specific employee actions to take in the event of a fire or similar emergency relative to the assisted living building.
   - Third party RACE (Remove, Alarm, Confine, Extinguish/Evacuate) templates were used that inaccurately directed employees to use pull fire alarms.
   -The emergency evacuation floor plans inappropriately directed the building occupants to an exit route through the attached garage.
   - The exit doors were not labeled on the emergency evacuation floor plans displayed in the building.