Electronically Delivered

September 8, 2026

Licensee
Blaine Health Services LLC
13250 Nassau Court Northeast
Blaine, MN 55449

RE: Project Number(s) SL41949001

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on August 14, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

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

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

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the

correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Kelly Thorson

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41949	A. BUILDING: _____ B. WING _____	08/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLAINE HEALTH SERVICES LLC	13250 NASSAU CT NE BLAINE, MN 55449

(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: SL41949001-0 On August 10, 2026, through August 11, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were 2 resident(s); 2 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food	0 480		

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

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0 480	Continued From page 2 and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 10, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 800 SS=C	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 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 one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 11, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.	0 800		

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0 800	Continued From page 4 TIME PERIOD FOR CORRECTION: Twenty One (21) Days	0 800		

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

BLAINE HEALTH SERVICES LLC
13250 Nassau Ct NE
Blaine, MN
Anoka County
Parcel:

Phone:
bhservicesmn@outlook.com

License Info

License: HFID 41949

Risk:
License:
Expires on:
CFPM: MAUREEN K OBWOGI
CFPM #: 60561; Exp: 7/2/2028

Inspection Info

Report Number: F1029261254
Inspection Type: Full - Single
Date: 8/10/2026 Time: 1:00:53 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 3
Total Priority 2 Orders: 2
Total Priority 3 Orders: 4
Delivery:

! New Order: 3-100 Food Characteristics: unadulterated
3-101.11 *Priority Level: Priority 1 CFP#: 13*
MN Rule 4626.0125 Remove all unsafe and adulterated foods from the premises.
COMMENT: DARK SUBSTANCE-GROWTH ON CHEESE. PIC INSTRUCTED TO DISCARD AND TO BE WATCHFUL FOR SIGNS OF SPOILAGE AND/OR CONTAMINATION.
Comply By: 8/10/2026 Originally Issued On: 8/10/2026

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs
3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.
COMMENT: UNPASTEURIZED SHELL EGGS ABOVE READY TO EAT ITEMS IN BOTH REFRIGERATORS. PIC INSTRUCTED TO STORE LOWER THAN RTE ITEMS AND/OR IN A LEAKPROOF CONTAINER WITH HIGH SIDEWALLS.
Comply By: 8/10/2026 Originally Issued On: 8/10/2026

New Order: 3-500C Microbial Control: date marking
3-501.17A *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.
COMMENT: DATE MARK ABSENT ON CHOPPED CABBAGE. ITEM KNOWN TO HAVE BEEN PREPARED THE PREVIOUS DAY. PIC INSTRUCTED TO DATE MARK REQUIRED ITEMS AND TO DISCARD AFTER 7 DAYS IF NOT USED.

https://www.health.state.mn.us/communities/environment/food/docs/fs/datemarkingfs.pdf

Comply By: 8/10/2026 Originally Issued On: 8/10/2026

New Order: 3-500C Microbial Control: date marking
3-501.17B *Priority Level: Priority 2 CFP#: 23*
MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.
COMMENT: NO DATE MARK ON OPENED DELI MEAT. ITEM KNOWN TO HAVE BEEN OPENED IN THE MORNING. PIC INSTRUCTED TO DATE MARK ALL REQUIRED ITEMS AND TO DISCARD AFTER 7 DAYS IF NOT USED.

https://www.health.state.mn.us/communities/environment/food/docs/fs/datemarkingfs.pdf

https://www.health.state.mn.us/diseases/listeriosis/listeria.pdf

Comply By: 8/10/2026 Originally Issued On: 8/10/2026

New Order: 4-100 Equipment Construction Materials
4-101.19 *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0495 Remove non-food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling, or that require frequent cleaning, that are not constructed of a corrosion-resistant, non-absorbent, and smooth material.
COMMENT: AREAS OF COUNTER LAMINATE NOT FULLY SEALED, PROVIDING ACCESS TO UNDERLYING MDF. PIC INSTRUCTED TO ENSURE MDF IS FULLY SEALED TO PRECLUDE MOISTURE INTRUSION. HORIZONTAL SURFACES IN CABINETS AND DRAWERS WITHOUT SMOOTH, FULLY NON-ABSORBENT FINISHES. PIC INSTRUCTED TO ENSURE HORIZONTAL FINISHES ARE SMOOTH AND CAN WITHSTAND REPEATED CLEANINGS - THICK HIGH PRESSURE LAMINATE (HPL) IS A VIABLE OPTION BUT THIN CONTACT PAPER WOULD NOT BE.
Comply By: 9/11/2026 Originally Issued On: 8/10/2026

! **New Order: 4-500 Equipment Maintenance and Operation**
4-501.114C3 *Priority Level: Priority 1 CFP#: 16*
MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.
COMMENT: QUAT IN KITCHEN SPRAY BOTTLE >400 PPM. PIC INSTRUCTED TO DILUTE TO 200-400 FOR USE ON FOOD CONTACT SURFACES. MANUFACTURED SINGLE USE FOOD CONTACT SURFACE WIPES DISCUSSED AS AN ALTERNATIVE.
Comply By: 8/10/2026 Originally Issued On: 8/10/2026

New Order: 4-600 Cleaning Equipment and Utensils
4-601.11C *Priority Level: Priority 3 CFP#: 49*
MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.
COMMENT: FOOD DEBRIS AND RESIDUES IN CABINETRY AND DRAWERS. PIC INSTRUCTED TO CLEAN AND MAINTAIN CLEAN.
Comply By: 8/10/2026 Originally Issued On: 8/10/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11 *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1515 Maintain the physical facilities in good repair.
COMMENT: KITCHEN AREA TOO DIM AND WITH 3 OUT OF 5 LIGHT BULBS NOT WORKING IN OVERHEAD LAMP. PIC INSTRUCTED TO ENSURE ALL LIGHT BULBS ARE WORKING TO PROVIDE SUFFICIENT LIGHTING TO SAFELY OPERATE.
Comply By: 9/11/2026 Originally Issued On: 8/10/2026

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: TEXTURED CEILING NOT MAINTAINED CLEAN AND IN GOOD CONDITION. GREASE, FOOD DEBRIS, AND RESIDUES BUILT UP. PIC INSTRUCTED TO MAKE CEILING SMOOTH AND ABLE TO WITHSTAND REPEATED CLEANINGS AND TO SUBSEQUENTLY ENSURE CEILING IS MAINTAINED CLEAN AND IN GOOD CONDITION.
Comply By: 9/11/2026 Originally Issued On: 8/10/2026

Food & Beverage General Comment

Food and beverage inspection of ALF conducted as part of HRD survey.

HRD Surveyor(s): Wendy Robarge MSN, RN, PHN, HFE-Nursing Evaluator II; Julianna Kuhn, Nursing Evaluator.

Establishment residential in nature: laminate floor, wood/composite wood drawers and cabinetry, laminate covered MDF counters, smooth painted walls, textured ceiling, 2-compartment sink, and high heat sanitizing dishwasher.

Food safety and foodborne illness risk factors reviewed with Person in Charge (PIC).

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 F1029261254 from 8/10/2026

Trevor McCliment

MAUREEN OBWOGI
PERSON IN CHARGE

Trevor McCliment,
Public Health Sanitarian 3
651-201-3957
trevor.mccliment@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

BLAINE HEALTH SERVICES LLC
Blaine
County/Group: Anoka County

Inspection Info

Report Number: F1029261254
Inspection Type: Full
Date: 8/10/2026
Time: 1:00:53 PM

New Record: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: UPSTAIRS FRIDGE at 35 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: DELI MEAT**; Temperature Process:** Cold-Holding
Location: UPSTAIRS FRIDGE at 40 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: DOWNSTAIRS FRIDGE at 37 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

BLAINE HEALTH SERVICES LLC
Blaine
County/Group: Anoka County

Inspection Info

Report Number: F1029261254
Inspection Type: Full
Date: 8/10/2026
Time: 1:00:53 PM

Sanitizing Chemical: **Product:** QAC**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Greater Than** 400 PPM
Comment:
Violation Issued?: Yes

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

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL41949001-0	**Date:** 8/11/2026
Facility Name: BLAINE HEALTH SERVICES LLC	
Facility Address: 13250 Nassau Ct NE Blaine	

☒ **TAG IDENTIFICATION: 0800**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

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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 guardrails on the deck were loose and wobbly. There were signs of significant deterioration and possible decay in multiple locations.