Electronically Delivered

September 3, 2026

Licensee
New Perspective Eagan
3810 Alder Lane
Eagan, MN 55122

RE: Project Number(s) SL23505016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 5, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

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

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

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment S-S= F

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

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

The correction order documentation should include the following:

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

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

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

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

factor.

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23505	A. BUILDING: _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE EAGAN	3810 ALDER LANE EAGAN, MN 55122

(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: SL23505016-0 On August 3, 2026, through August 5, 2026, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider and the following correction orders are issued. At the time of the survey, there were 151 residents; 110 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 4, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a 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 5 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7)days.	0 775		

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0 800	Continued From page 4	0 800		
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 5 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty One (21) days.	0 800		

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01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure competency training and evaluations were completed for two of two employees (unlicensed personnel (ULP)-E, ULP-F) prior to providing direct care. 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:	01380		

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01380	Continued From page 6 ULP-E ULP-E had a hire date of June 3, 2025, to provide personal care to the licensee's residents. On August 3, 2026, at 11:16 a.m., the surveyor observed ULP-E set up and administer medications to the residents. ULP-E's training record lacked the required training and competency for range of motion prior to providing services for the residents. ULP-F ULP-F had a hire date of February 16, 2026, to provide personal care to the licensee's residents. On August 4, 2026, at 7:30 a.m. the surveyor observed ULP-F set up and administer medications and complete treatments for the facility's residents. ULP-F's employee record included training for range of motion to the knee and ankle. ULP-F's record lacked training for range of motion to other parts of the body and lacked any competency testing for range of motion as required. On August 5, 2026, at 3:30 p.m., licensed assisted living director (LALD)-A stated range of motion is not a service they provided and therefore staff had not been assigned for training other than the knee and foot module and staff were not competency tested for range of motion. The licensee's Team Member Orientation and Training policy dated January 1, 2026, indicated training and competency evaluations prior to providing services would include range of motion	01380		

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01380	Continued From page 7 No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01820 SS=E	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have physician's orders which included all the required content for four of four residents (R4, R7, R6, R2) receiving diclofenac (topical pain relief gel). 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: R4 On August 4, 2026, at at 8:15 a.m., the surveyor observed unlicensed personnel (ULP)-F administering diclofenac to R4. ULP-F opened the tube and measured out 2 grams on the	01820		

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01820	Continued From page 8 manufacturer's measuring strip. ULP-F then placed the measured dose in a measuring cup. ULP-F lifted R4's pant leg and applied the diclofenac to the knee and front of lower leg. R4's pharmacy label on the diclofenac indicated apply a small amount to affected areas four times a day. The dosage of diclofenac gel was not included on the pharmacy label. R4's physician orders dated July 21, 2026, included - diclofenac gel 1% four times a day "0" gm (gram) apply a small amount to affected area topically four times daily for hand and joint pain (max 16 gm per lower joint, 8 per upper joint, or 32 grams per day) behind right knee and right ankle. The dosage of diclofenac gel was not included in the order. R4's medication administration record (MAR) dated August 2026, included "diclofenac gel 1% apply a small amount to affected area topically four times daily for hand and joint pain (max 16 gm per lower joint, 8 per upper joint, or 32 grams per day) behind right knee and right ankle." The dosage of diclofenac gel was not included on the MAR. R7 On August 4, 2026, at 9:06 a.m., the surveyor observed ULP-G administering diclofenac gel to R7. ULP-G opened the tube, put some diclofenac gel on her gloved hand and applied it to R7's hip and then put some more on her gloved hand and applied it to the backs of R7's hand and finger joints. ULP-G did not use the manufacturer's measuring strip to measure the dosage. R7's physician orders dated January 27, 2026,	01820		

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01820	Continued From page 9 included "diclofenac 1 % topical gel - Apply 1 a small amount to affected area three times a day for pain for 30 days Apply to left hip". The dosage of diclofenac gel was not included in the order. R7's MAR dated August 2026, included diclofenac gel 1% apply topically to left hip and hands twice daily. The dosage of diclofenac gel was not included on the MAR. R6 On August 3, 2026, at approximately 12:00 p.m., the surveyor observed ULP-E attempting to administer diclofenac gel to R6. ULP-E removed the tube of diclofenac and the measuring strip and met R6 in the hallway. R6 refused the diclofenac and ULP-E returned it to the cart. R6's physician orders dated August 4, 2026, included diclofenac gel 1% - 0 grams - apply topically to entire back, bilateral shoulders, and both ankles four times a day (max 16 gm per lower joint, 8 gm per upper joint, or 32 grams total per day). R6's MAR dated August 2026, included diclofenac gel 1% apply topically to entire back, bilateral shoulders and both ankles four times a day (max 16 gm per lower joint, 8 gm per upper joint, or 32 grams total per day). R2 R2's physician orders dated August 3, 2026, included diclofenac gel 1% "0 gm" apply to affected area topically twice daily to bilateral knee, left hip, and lower back (max 16 gm per lower joint, 8 gm per upper joint, or 32 grams total per day). R2's MAR dated August 2026, included	01820		

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01820	Continued From page 10 diclofenac gel 1% apply to affected area topically twice daily to bilateral knee, left hip, and lower back (max 16 gm per lower joint, 8 gm per upper joint, or 32 grams total per day). On August 4, 2026, at 12:41 p.m., clinical nurse supervisor stated the diclofenac prescriptions should include the dosage but she has had a hard time getting that from the providers. In addition, CNS-B staff had been trained to utilize the manufacturer's measuring strip, but since it was not in the order they would not know how much to measure. Diclofenac's prescribing information dated July 2009, included "Total dose should not exceed 32 g per day, overall affected joints. (2.3) Voltaren Gel should be measured onto the enclosed dosing card to the appropriate 2 g or 4 g designation. (2) Lower extremities: Apply the gel (4 g) to the affected area 4 times daily. Do not apply more than 16 g daily to any one affected joint of the lower extremities. (2.2) Upper extremities: Apply the gel (2 g) to the affected area 4 times daily. Do not apply more than 8 g daily to any one affected joint of the upper extremities" - "The proper amount of Voltaren® Gel should be measured using the dosing card supplied in the drug product carton. The dosing card is made of polypropylene, like the tube cap containing Voltaren® Gel, but without the white colorant. The dosing card should be used for each application of drug product. The gel should be applied within the oblong area of the dosing card up to the 2 gram or 4 gram line (2 g for each elbow, wrist, or hand, and 4 g for each knee, ankle, or foot)." No further information provided.	01820		

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01820	Continued From page 11 TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time sensitive medications were labeled with open and/or expiration dates in two of three medication carts (MC1, MC2) 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: On August 3, 2026, at 11:02 a.m., the surveyor observed unlicensed personnel (ULP)-D administering Humalog insulin to R1. Neither the Humalog or glargine insulin pens stored in MC1	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23505	A. BUILDING: _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE EAGAN	3810 ALDER LANE EAGAN, MN 55122

(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
01890	Continued From page 12 were observed to have an open date. On August 4, 2026, at 8:12 a.m., the surveyor reviewed MC1 and MC2 with ULP-F and observed the following: MC1 R1 had an albuterol inhaler, Trelegy Ellipta inhaler, humalog insulin and glargine insulin, all open and in use, but none had open dates. MC2 R3 had a budesonide/formoterol inhaler open and in use but without an open date; R4 had an albuterol inhaler and a glargine insulin pen, both open and in use but without an open date; and R8 had an albuterol inhaler open and in use but without an open date. On August 4, 2026, at 12:41 p.m. clinical nurse supervisor (CNS)-B stated all time sensitive medications should have an open date when they are opened. The licensee's Medication Storage policy dated April 4, 2026, indicated medication will be stored in accordance with pharmacy label instructions. Glargine prescribing information dated May 2019, included open and in use insulin pens were good for 28 days. Humalog prescribing information dated March 2013, included "In-use HUMALOG vials, cartridges, pens, and HUMALOG KwikPen should be stored at room temperature, below 86°F (30°C) and must be used within 28 days or be discarded, even if they still contain HUMALOG."	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23505	A. BUILDING: _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE EAGAN	3810 ALDER LANE EAGAN, MN 55122

(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
01890	Continued From page 13 Trelegy Ellipta prescribing information dated January 7, 2019, included "TRELEGY ELLIPTA should be stored inside the unopened moisture-protective foil tray and only removed from the tray immediately before initial use. Discard TRELEGY ELLIPTA 6 weeks after opening the foil tray or when the counter reads "0" (after all blisters have been used), whichever comes first." Budesonide/formoterol prescribing information dated January 2017, included "The inhaler should be discarded when the labeled number of inhalations have been used or within 3 months after removal from the foil pouch." Albuterol inhaler prescribing information dated March 2008, included "should be discarded when the counter reads 000 (after 200 sprays have been used) or 6 months after removal from the moisture-protective foil pouch, whichever comes first." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01900 SS=D	144G.71 Subd. 21 Prohibitions No prescription drug supply for one resident may be used or saved for use by anyone other than the resident. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure a prescription for insulin pen needles for one resident was not being used for	01900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23505	A. BUILDING: _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE EAGAN	3810 ALDER LANE EAGAN, MN 55122

(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
01900	Continued From page 14 another resident with insulin administration. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On August 4, 2026, at 7:30 a.m., unlicensed personnel (ULP)-F was setting up R1's insulin pen for administration. ULP-F looked through the medication cart drawers and could not find a box of pen needles with R1's name. ULP-F then took an insulin pen needle from R5's box and placed it on R1's insulin pen. ULP-F stated R1 was out of pen needles and so she used one of R5's and would let the nurse know R1 was out. ULP-F then administered the insulin to R1. On August 5, 2026, at 2:31 p.m., clinical nurse supervisor (CNS)-B stated staff should not use one resident's medication or medical supplies for another resident. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01900		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23505	A. BUILDING: _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE EAGAN	3810 ALDER LANE EAGAN, MN 55122

(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 15 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 two of two unlicensed personnel (ULP-D, ULP-F) administered medications according to policy and accepted standards of practice during insulin and inhaler administration. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: Insulin On August 3, 2026, at 11:02 a.m., the surveyor observed ULP-D administering Humalog insulin to R1. ULP-D removed the pen cap and applied a pen needle. ULP-C did not clean the rubber stopper prior to attaching the pen needle. ULP-D then dialed the pen to the correct dose and administered the insulin. Additionally, ULP-D did not prime the pen with two units as required. On August 5, 2026, at 2:31 p.m., clinical nurse supervisor (CNS)-B stated staff should clean the	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23505	A. BUILDING: _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE EAGAN	3810 ALDER LANE EAGAN, MN 55122

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02320	Continued From page 16 rubber seal with an alcohol swab prior to putting on the pen needle and staff should prime the insulin pens. Humalog's prescribing information dated March 2013, included: - "Pull the Pen Cap straight off. Wipe the Rubber Seal with an alcohol swab." - "Turn the Dose Knob to select 2 units. Hold your Pen with the Needle pointing up. Tap the Cartridge Holder gently to collect air bubbles at the top. Hold your Pen with Needle pointing up. Push the Dose Knob in until it stops, and "0" is seen in the Dose Window. Hold the Dose Knob in and count to 5 slowly. A stream of insulin should be seen from the needle. -If you do not see a stream of insulin, repeat steps" The licensee's Medication Administration | Insulin and Insulin Derivatives (GLP-1 Receptor Agonists) policy dated February 16, 2026, included: - "Remove cap from the insulin pen and place cap on a clean surface with the interior side of cap facing up or to the side; b. Sanitize the rubber seal located at the top of the pen with an alcohol wipe"; and - "Press the injection button to prime needle with two (2) units of insulin". Inhaler On August 4, 2026, at 7:30 a.m., the surveyor observed ULP-F administering Trelegy Ellipta to R1. ULP-F prepared the inhaler for R1 and then handed it to R1 and instructed her to inhale the dose. After administration, ULP-F did not offer R1 any water to rinse her mouth and spit, and did not cue R1 to do so.	02320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	23505	A. BUILDING: _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE EAGAN	3810 ALDER LANE EAGAN, MN 55122

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02320	Continued From page 17 On August 5, 2026, at 2:31 p.m., CNS-B stated staff should have assisted R1 in rinsing her mouth after using the inhaler. The licensee's Medication Administration | Inhalants policy dated February 16, 2026, included "Provide the resident with water and instruct resident to rinse their mouth, as the medication can irritate the mucosal membrane of the mouth and cause a burning sensation" Trelegy Ellipta's prescribing information dated January 7, 2019, included "Rinse your mouth with water after you have used the inhaler and spit the water out. Do not swallow the water." No further information 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

New Perspective Eagan
3810 ALDER LANE
Eagan, MN 55122
Dakota County
Parcel:

Phone:

License Info

License: HFID 23505

Risk:
License:
Expires on:
CFPM: GREGORY S. JUNGE
CFPM #: CFPM-2695; Exp: 06/15/2029

Inspection Info

Report Number: F1005261189
Inspection Type: Full - Single
Date: 8/4/2026 Time: 10:15 AM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 2
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers
3-304.14B *Priority Level: Priority 3 CFP#: 41*
MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.
COMMENT: WIPING CLOTHS OBSERVED STORED IN SOAPY WATER. STORE WIPING CLOTHS IN SANITIZER WHEN NOT IN USE.
Comply By: 8/4/2026 Originally Issued On: 8/4/2026

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: QUARRY TILE IS CRACKED THROUGHOUT THE KITCHEN AND TILES ARE MISSING AROUND THE FLOOR DRAIN NEAR THE WALK-IN COOLER. MANAGER STATES THEY ARE CURRENTLY GETTING BIDS TO HAVE THE FLOOR REDONE.
Comply By: 2/4/2027 Originally Issued On: 8/4/2026

Food & Beverage General Comment

INSPECTION COMPLETED WITH KITCHEN MANAGER AND REVIEWED WITH HRD NURSING EVALUATOR STACY HAAG.

DISCUSSED ALL ORDERS ON REPORT.

REVIEWED SYMPTOMS OF FOODBORNE ILLNESSES AND THE REQUIREMENT TO MAINTAIN AN EMPLOYEE ILLNESS LOG OF THOSE INSTANCES WHEN EMPLOYEES ARE ILL WITH VOMITING OR DIARRHEA "AND" IMMEDIATELY EXCLUDE FROM THE FOOD ESTABLISHMENT ANY FOOD EMPLOYEE ILL WITH VOMITING OR DIARRHEA. EMPLOYEES MUST BE EXCLUDED FOR AT LEAST 24 HOURS AFTER LAST SYMPTOM.

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 F1005261189 from 8/4/2026

GREG JUNGE
KITCHEN MANAGER

Jessica Davis, REHS
Public Health Sanitarian 3
651-201-3961
jessica.davis@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

New Perspective Eagan
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1005261189
Inspection Type: Full
Date: 8/4/2026
Time: 10:15 AM

Food Temperature: Product/Item/Unit: HOT DOG**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: HAMBURGER**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: COLESLAW**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: HARD BOILED EGG**; Temperature Process:** Cold-Holding
Location: Walk-in Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: CORN**; Temperature Process:** Hot-Holding
Location: Steam Table at 171 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: GRAVY**; Temperature Process:** Hot-Holding
Location: Steam Table at 140 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: MASHED POTATOES**; Temperature Process:** Hot-Holding
Location: Steam Table at 152 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: SOUP**; Temperature Process:** Hot-Holding
Location: Soup Well at 150 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

New Perspective Eagan
Eagan
County/Group: Dakota County

Inspection Info

Report Number: F1005261189
Inspection Type: Full
Date: 8/4/2026
Time: 10:15 AM

Sanitizing Chemical: Product: Quaternary Ammonia**; Sanitizing Process:** Dispenser
Location: Equal To 150 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: Product: Chlorine**; Sanitizing Process:** Dish Machine
Location: Greater Than 50 PPM
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL23505016-0	**Date:** 8/5/2026
Facility Name: New Perspective Eagan	
Facility Address: 3810 Alder Lane, Eagan, MN 55122	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **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. 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: The smoke alarms in unit 427 exceeded the ten year replacement requirement.

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

   Comments: The 3rd floor elevator lobby doors did not latch during testing.

   Unit 222, the exit door did not self-close after exiting the unit.

   On the 1st floor, the center stairwell door did not latch.

   The trash chute doors in the parking garage trash rooms were not operational. In the event of a fire these doors would not self-close.

4. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used. [Minn. Stat. 144G.45 subd. 2; MSFC 604.1]

   Comments: In the parking garage on the left post near the boiler room there was a damaged outlet.

5. 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: In the 1st floor electrical room on the left as entering there were two outlets missing covers.

   In the tub room attached to the laundry room located within memory care there were multiple outlets missing covers.

   The housekeeping office located in the parking garage was missing a junction box cover on the ceiling.

6. Controlled egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center, a nursing station, or other approved location. Building occupants shall not be required to pass through more than one controlled egress locked door before entering an exit. The procedures for operation of the unlocking system shall be described as part of the fire safety and evacuation plan. All clinical staff shall have the keys, codes, or other means necessary to operate the locking device. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.7]

   Comments: The facility did not have the capability to be unlocked from the fire command center, a nursing station, or other approved location.

☒ **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: At the time of survey, the facilities exhaust ventilation was not operational.

   The bathroom ceiling texture was releasing in unit 103.

   In the boiler room located in the parking garage the 3rd boiler from the left was leaking.

   In the tub room attached to the laundry room located within memory care a sink was removed leaving open and dry waste traps, the toilet waste trap was also dry.

   The 2nd floor data room had a hole in the right wall as entering.

   The 2nd floor conference room had a hole in the wall on the left as entering.