Electronically Delivered

October 21, 2026

Licensee
Vaimar Suites LLC
2116 73rd Court North
Brooklyn Park, MN 55444

RE: Project Number(s) SL37325016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 23, 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 - $500.00
St - 0 - 0810 - 144g.45 Subd. 2 (b-F) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

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

factor.

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

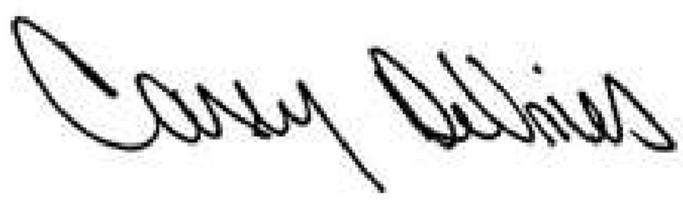
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms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

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

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37325	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIMAR SUITES LLC	2116 73RD COURT NORTH BROOKLYN PARK, MN 55444

(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: SL37325016-0 On September 21, 2026, through September 23, 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 all of whom received 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.	

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0 480	Continued From page 1	0 480		
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 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;	0 480		

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0 480	Continued From page 2 (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 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 21, 2026, for the specific Minnesota Food Code violations. The	0 480		

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0 480	Continued From page 3 Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the	0 730		

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0 730	Continued From page 4 needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document services provided for three of three residents (R1, R2, R3). 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: R1 R1 was admitted to the licensee on May 2, 2026, and began receiving assisted living services. R1's diagnoses included schizophrenia (a severe mental disorder that affects how a person thinks,	0 730		

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0 730	Continued From page 5 feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking). R1's service plan signed on May 5, 2026, indicated R1 received cueing assistance for dressing, grooming, emptying of ileostomy bag, and bathing. In addition, R1 received assistance with ileostomy bag changes, meals, medication administration, blood glucose monitoring, and behavior management. R1's Support Plan effective November 1, 2025, through September 20, 2026, indicated the licensee was receiving reimbursement for providing R1 assistance with shopping, arranging non-medical transportation, and driver with mileage non-medical transportation. R2 R2 was admitted to the licensee on April 15, 2026, and began receiving assisted living services. R2's diagnoses included agitation, alcohol abuse, anxiety, cocaine abuse, dementia, hypertension, opioid abuse, stimulant abuse, and psychosis. R2's service plan signed April 29, 2026, indicated staff encouraged R2 to dress appropriately, shower, and groom self. In addition, R2 received assistance with housekeeping, laundry, nail care, safety checks, transportation, meals, medication administration, and vital sign monitoring. R2's Support Plan effective February 19, 2026, through January 21, 2027, indicated the licensee was receiving reimbursement for providing R2 assistance with shopping and driver and mileage for non-medical transportation.	0 730		

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0 730	Continued From page 6 R4 R4 was admitted to the licensee on July 8, 2022, and began receiving assisted living services. R4's diagnoses included cerebral infarction (stroke), adjustment disorder with depressed mood, antisocial personality disorder, anxiety disorder, chronic pain syndrome, malignant neoplasm of the colon, insomnia, and hemiplegia affecting left non dominate side. R4's service plan signed February 2, 2026, indicated R4 received assistance with dressing, grooming, bathing, toileting, wheelchair mobility, bed mobility, toileting, transfers, ambulation, meals, medication administration, and vital sign monitoring. R4's Support Plan effective March 1, 2026, to February 28, 2027, indicated the licensee was receiving reimbursement for providing R4 assistance with shopping and transportation including driver and mileage. R1, R2, and R4's medical records lacked documentation for the following services: - shopping; and - transportation. On September 22, 2026, at 9:49 a.m., unlicensed personnel (ULP)-B stated they did not take R2 shopping because the food and everything the resident needed was present at the facility. On September 23, 2026, at 7:41 a.m., R1 stated the licensee assisted them with transportation and shopped for clothing for them. On September 23, 2026, at approximately 8:20	0 730		

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0 730	Continued From page 7 a.m., licensed assisted living director (LALD)-D stated they did not document shopping or transportation when the service was completed. LALD-D stated two of the residents did not have a guardian, so the licensee just built it into their routine to take them places and shop with them. The surveyor inquired if a service was provided if it should be documented within the resident chart. LALD-D stated services provided were supposed to be documented within the licensee's electronic documentation system. The licensee's 2.37 Resident Record - Documentation policy dated November 28, 2023, indicated employees of the licensee authorized to document in a resident record will do so for all medications, services, treatment, and therapies for each resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
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.	0 775		

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0 775	Continued From page 8 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 September 22, 2026 for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 810 SS=F	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	0 810		

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0 810	Continued From page 9 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. 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	0 810		

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0 810	Continued From page 10 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		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the	0 900		

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0 900	Continued From page 11 facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract prior to providing housing or services 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, 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: R1 was admitted to the licensee on May 2, 2026, and began receiving assisted living services. R1 previously resided at the licensee's sister facility since January 16, 2025. R1's diagnoses included schizophrenia (a severe mental disorder that affects how a person thinks, feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking). R1's record included an assisted living contract dated January 16, 2025. The contract was completed by a different licensee, the sister facility. On September 22, 2026, at approximately 2:00 p.m., licensed assisted living director (LALD)-D	0 900		

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0 900	Continued From page 12 stated they were not aware that they had to complete a new contract when R1 transferred from the sister facility to their facility since they were both operated by the same parent company. LALD-D stated they spoke to R1's case worker prior to the transfer, and they were not aware that R1 needed to complete a new contract when they moved. The licensee's 1.05 Signing an Assisted Living Contract policy dated November 28, 2023, indicated that when a prospective resident decides to move into the licensee's facility, an assisted living contract would be signed and received by the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal	0 970		

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0 970	Continued From page 13 property of a resident for two of three residents (R1, R2). 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 potential to affect a large portion or all of the residents). The findings include: R1 was admitted to the licensee on May 2, 2026, and began receiving assisted living services. R2 was admitted to the licensee on April 15, 2026, and began receiving assisted living services. R1 and R2's records included an assisted living contract signed January 16, 2025, and April 15, 2026, respectively. R1, R2, and the licensee's blank assisted living contract included the following language waving the licensee's liability for health, safety, or personal property of a resident: "Indemnification: [the licensee] shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [the licensee] harmless from any claims or damages unless caused solely by negligence of [the licensee]." On September 22, 2026, at approximately 2:00 p.m., licensed assisted living director (LALD)-D stated the blank contract provided to the surveyor	0 970		

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0 970	Continued From page 14 was the same contract used for all residents. The surveyor observed during R4's record review an addendum to the contract that was completed in the year 2023 that removed the language of waving the facility's liability for health safety, and personal property. The surveyor inquired why R1 and R2 did not receive the addendum to the contract. LALD-D stated R1 and R2 admitted after the licensee sent out the addendum. The surveyor inquired why they had not removed the language from their contract after they sent out the addendum. LALD-D stated they "did not know" why they did not remove the language from the contract. LALD-D stated they were still using the contract provided to the surveyor. On September 23, 2026, at 9:04 a.m., LALD-D stated they did not send out any additional addendums to the contract since the year 2023. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01290 SS=E	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith	01290		

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01290	Continued From page 15 reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of 11 employees (unlicensed personnel (ULP)-B, ULP-E) were affiliated with the licensee's current health facility identification number (HFID) 37325. 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: ULP-B ULP-B was hired on May 4, 2026, to provide assisted living services. On September 23, 2026, at 7:23 a.m., the surveyor observed ULP-B complete blood glucose monitoring on R1. ULP-B's employee record included a Background Study Clearance letter completed May 4, 2026. The background study was affiliated with HFID 36335.	01290		

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01290	Continued From page 16 ULP-E ULP-E was hired on August 25, 2025, to provide assisted living services. R1's medication administration record (MAR) indicated ULP-E administered medications to R1 on September 8, 2026. On September 21, 2026, at 11:11 a.m., the surveyor compared the licensee's staff list to the licensee's provided NETStudy 2.0 roster (web-based system used by the Minnesota Department of Human Services (DHS) to submit and process background study requests). The surveyor observed the parent company's NETStudy 2.0 roster and observed the following: - ULP-B was affiliated to HFID 36335 on May 4, 2026; and - ULP-E was affiliated to HFID 36789 on August 25, 2025. On September 22, 2026, at approximately 2:00 p.m., licensed assisted living director (LALD)-D stated before an employee began employment with the licensee, they completed a background study and once the licensee received clearance for the employee, the employee could start to work. LALD-D stated ULP-B and ULP-E were affiliated with a different HFID because they began their employment at a different facility of the parent company. LALD-D stated as long as the employee was in the NetStudy 2.0 system they did not affiliate the employees to the new facility's HFID if they moved locations. On September 23, 2026, at 8:53 a.m., LALD-D provided the surveyor with two documents that indicated ULP-B and ULP-E were affiliated with the licensee's HFID 37325 on September 22, 2026, during the survey.	01290		

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01290	Continued From page 17 The licensee's 4.02 Background Studies policy dated November 28, 2023, indicated no employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received. The policy did not address affiliating the background studies to the licensee's HFID. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation	01620		

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01620	Continued From page 18 of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a resident reassessment no more than 14 calendar days after initiation of services 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, but was not likely to	01620		

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01620	Continued From page 19 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: R1 was admitted to the licensee on May 2, 2026, and began receiving assisted living services. R1 previously resided at the licensee's sister facility since January 16, 2025. R1's diagnoses included schizophrenia (a severe mental disorder that affects how a person thinks, feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking). R1's service plan signed on May 5, 2026, indicated R1 received cueing assistance for dressing, grooming, emptying of ileostomy bag and bathing. In addition, R1 received assistance with ileostomy bag changes, meals, medication administration, blood glucose monitoring, and behavior management. R1's medical record included an ongoing 90-day routine assessment completed at R1's previous facility, a different licensee under the same umbrella corporation, completed by clinical nurse supervisor (CNS)-C, on April 11, 2026. The licensee used this assessment to determine R1's needs at their facility. R1's assessment titled Quarterly Nursing Re-Assessment for [R1], dated July 10, 2026, was the first assessment completed with the licensee, which indicated the 14-day assessment was completed 69 days after R1 admitted to the	01620		

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01620	Continued From page 20 facility. On September 22, 2026, at 1:50 p.m., CNS-C stated if a resident or the guardian of a resident wanted the resident to move to a different facility within the corporation, they would hold a meeting with the resident, resident's guardian, and case manager. When all parties were in agreement to move, they would coordinate the move to the new facility within the corporation. CNS-C stated they reviewed the assessments from the previous facility (in the same corporation) and if needed would complete a new assessment if there was a change in condition. CNS-C stated the assessment they completed would address if there was an interruption of service that differed from the previous uniform assessment tool. CNS-C stated they have had no other residents transfer into their facility from another licensee under the same corporation. CNS-C stated, "Unless there is anything that changes, we don't do it (re-assessment) because there is not a need for it." The licensee's 6.01 Assessments, Reviews & Monitoring policy dated November 28, 2023, indicated resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date	01640		

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01640	Continued From page 21 that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided for three of three residents (R1, R2, R4). 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).	01640		

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01640	Continued From page 22 The findings include: R1 R1 was admitted to the licensee on May 2, 2026, and began receiving assisted living services. R1's diagnoses included schizophrenia (a severe mental disorder that affects how a person thinks, feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking). On September 22, 2026, the surveyor observed unlicensed personnel (ULP)-B administer medications to R1. R1's Support Plan effective November 1, 2025, through September 20, 2026, indicated the licensee was receiving reimbursement for the following services for R1: - laundry; - shopping; - assistance making appointments; - arranging non-medical transportation; - three meals and two snacks; - socialization individual staff ration 1:1; - driver with mileage non-medical transportation; - dressing; - grooming; - bathing; - medication assistance which included verbal or visual reminders, delegated clinical monitoring, medication set ups, and administration; and - behavior management for orientation issues, agitation, and meeting other cognitive/mental health needs. R1's service plan signed on May 5, 2026, indicated R1 received cueing assistance for	01640		

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01640	Continued From page 23 dressing, grooming, emptying of ileostomy bag, and bathing. In addition, R1 received assistance with ileostomy bag changes, meals, medication administration, blood glucose monitoring, and behavior management. R1's service plan did not include following support plan services: - homemaking; - shopping; - appointment making; - transportation; - socialization; and - behavioral management. R2 R2 was admitted to the licensee on April 15, 2026, and began receiving assisted living services. R2's diagnoses included agitation, alcohol abuse, anxiety, cocaine abuse, dementia, hypertension, opioid abuse, stimulant abuse, and psychosis. On September 22, 2026, at 8:48 a.m., the surveyor observed ULP-B set up and offer R2's morning medications. R2 refused to take the medications set up by ULP-B. R2's Support Plan effective February 19, 2026, through January 21, 2027, indicated the licensee was receiving reimbursement for the following services for R2: - homemaking - shopping - assistance making appointments; - three meals and two snacks; - socialization individual staff ratio 1:1; - driver and mileage for non-medical transportation; - dressing; - grooming;	01640		

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01640	Continued From page 24 - bathing; - medication assistance including, verbal or visual medication reminders, medication set ups, and administration; and - behavior management including wandering, orientation issues, orientation, verbal aggression, and physical aggression. R2's service plan signed April 29, 2026, indicated staff encouraged R2 to dress appropriately, shower, and groom self. In addition, R2 received assistance with housekeeping, laundry, nail care, safety checks, transportation, meals, medication administration, and vital sign monitoring. R2's service plan did not include following support plan services: - shopping; - socialization; and - behavior management. R4 R4 was admitted to the licensee on July 8, 2022, and began receiving assisted living services. R4's diagnoses included cerebral infarction (stroke), adjustment disorder with depressed mood, antisocial personality disorder, anxiety disorder, chronic pain syndrome, malignant neoplasm of the colon, insomnia, and hemiplegia affecting left non dominate side. On September 22, 2026, at 8:57 a.m., the surveyor observed ULP-B administer medication to R4. R4's Support Plan effective March 1, 2026, to February 28, 2027, indicated the licensee was receiving reimbursement for the following services for R4: - homemaking;	01640		

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01640	Continued From page 25 - shopping; - assistance making appointments; - three meals and two snacks per day; - socialization individual staff ratio 1:1 and 1:2 to 5; - transportation including driver and mileage; - dressing; - grooming; - bathing; - continence care; - positioning; - assistance with eating; - ambulation; - assistance with wheeling; - transfers; and - medication assistance including verbal or visual medication reminders; delegated clinical monitoring, medication set ups, and medication administration. R4's service plan signed February 2, 2026, indicated R4 received assistance with dressing, grooming, bathing, toileting, wheelchair mobility, bed mobility, transfers, ambulation, meals, medication administration, and vital sign monitoring. R4's service plan did not include the following support plan services: - homemaking; - shopping; - appointment; - socialization; - transportation; - bathing; and - behavior management. On September 22, 2026, at 9:18 a.m., ULP-B stated they assisted R1 to pick appropriate clothing, reminders to groom self, meals, vital signs, blood glucose monitoring, medication administration, and ostomy pouch emptying.	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37325	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIMAR SUITES LLC	2116 73RD COURT NORTH BROOKLYN PARK, MN 55444

(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
01640	Continued From page 26 ULP-B stated they assisted R2 with medication, meals, and reminders for activities of daily living (ADLs). ULP-B stated R4 needed physical assistance with all ADLs, transfers, medication administration, toileting, feeding, and meals. On September 22, 2026, at 9:49 a.m., ULP-B stated R2 had behaviors. ULP-B stated they did not complete socialization with R2, and they did not take R2 shopping because food and everything R2 needed was present at the facility. On September 23, 2026, at 7:41 a.m., R1 stated the licensee assisted them with meals, obtaining cigarettes, transportation, housekeeping, blood glucose monitoring, and appointments. R1 stated they dressed themselves, were able to complete a majority of their ostomy care independently and take their own showers. R1 stated the licensee shopped for clothing for them and brought it back to the facility and played cards with them. On September 23, 2026, 8:00 a.m., clinical nurse supervisor (CNS)-C stated R1 required cueing for ADLs and emptying of ostomy bag. CNS-C stated R1 received assistance with shaving, changing of ostomy bag, meal prep, transportation to and from appointments, medication administration, shopping, laundry, and behavior management for verbally cursing, restlessness, and pacing. CNS-C stated R2 received assistance with meal preparation, medication administration, room cleaning, laundry, transportation to medical appointment, shopping, and behavior management for verbally abusive behaviors, slamming of doors, and agitation. At 8:15 a.m., licensed assisted living director (LALD)-D joined the interview. CNS-C stated R4 was assist of one with all ADLs including change of incontinence products, shaving, amd teeth care. CNS-C stated	01640		

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01640	Continued From page 27 R4 also required assistance with positioning, meals, showers, room arrangement, cleaning, laundry, appointments, transportation, and ambulation. CNS-C stated for socialization the residents played cards, watched a movie, or had a barbeque. At 8:21 a.m., administrator (A)-F joined the interview. LALD-D stated they did not document shopping or transportation when the service was completed. LALD-D stated two of the residents did not have a guardian, so the licensee just built it into their routine to take them places and shop with them. LALD-D stated the licensee documented services in the resident assessment. CNS-C stated R1, R2, R4's behavior management services and R1 and R4's appointment service were documented in Adaptive (a documentation software). The surveyor inquired why the services were not listed on the resident's service plans. CNS-C stated the missing items listed above were documented in other sections of the resident's electronic chart and "maybe that was something they needed to pull all together." The licensee's 6.08 Service Plan policy dated November 28, 2023, indicated all residents who received assisted living services would have a service plan in place. Service plans were based on the outcomes of initial and subsequent assessments, reassessments, monitoring, and individual reviews of the resident's needs and preferences. A Service plan was the written plan between a resident or a resident's designated representative and the facility about the services that would be provided to the resident. The service plan and any revisions shall include a signature or other authentication by the licensee and by the residents or resident's representative documenting agreement on the services to be provided. In addition, the service plan would	01640		

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	37325	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIMAR SUITES LLC	2116 73RD COURT NORTH BROOKLYN PARK, MN 55444

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01640	Continued From page 28 include a description of the services that were to be provided based on the most recent assessment and resident preference and would include the frequency of the service, and the fee for service. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned	01650		

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01650	Continued From page 29 consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included all required content for four of four residents (R1, R2, R3, R4). 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: R1 R1 was admitted to the licensee on May 2, 2026, and began receiving assisted living services. R1's diagnoses included schizophrenia (a severe mental disorder that affects how a person thinks, feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking). R1's service plan signed on May 5, 2026, indicated R1 received cueing assistance for dressing, grooming, emptying of ileostomy bag and bathing. In addition, R1 received assistance with ileostomy bag changes, meals, medication administration, blood glucose monitoring, and behavior management. R1's service plan lacked	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37325	A. BUILDING: _____ B. WING _____	09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIMAR SUITES LLC	2116 73RD COURT NORTH BROOKLYN PARK, MN 55444

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01650	Continued From page 30 the following required content: - frequency of dressing, grooming, vital sign monitoring, and behavior management; and - identification of staff or categories of staff who would provide services with the exception of medication management, ileostomy care, and blood glucose monitoring. On September 22, 2026, the surveyor observed unlicensed personnel (ULP)-B administer medications to R1. R2 R2 was admitted to the licensee on April 15, 2026, and began receiving assisted living services. R2 diagnoses included agitation, alcohol abuse, anxiety, cocaine abuse, dementia, hypertension, opioid abuse, stimulant abuse, and psychosis. R2's service plan signed April 29, 2026, indicated staff encouraged R2 to dress appropriately, shower, and groom self. In addition, R2 received assistance with housekeeping, laundry, nail care, safety checks, transportation, meals, medication administration, and vital sign monitoring. R2's service plan lacked the following required content: - frequency of dressing and nail care; and - identification of staff or categories of staff who would provide services with the exception of medication management. On September 22, 2026, at 8:48 a.m., the surveyor observed ULP-B set up and offer R2's morning medications. R2 refused to take the medications set up by ULP-B. R3	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01650	Continued From page 31 R3 was admitted to the licensee on August 15, 2023, and began receiving assisted living services. R3's diagnoses included autism disorder and major depressive disorder. R3's service plan signed April 29, 2024, indicated R3 received reminders to dress appropriately and groom self and received as needed (PRN) assistance for grooming, and cooking. In addition, R3 received assistance with medication administration and vital sign monitoring. R3's service plan lacked the following required content: - identification of staff or categories of staff who would provide services with the exception of medication management. R4 R4 was admitted to the licensee on July 8, 2022, and began receiving assisted living services. R4's diagnoses included cerebral infarction (stroke), adjustment disorder with depressed mood, antisocial personality disorder, anxiety disorder, chronic pain syndrome, malignant neoplasm of the colon, insomnia, and hemiplegia affecting left non dominate side. R4's service plan signed February 2, 2026, indicated R4 received assistance with dressing, grooming, bathing, toileting, wheelchair mobility, bed mobility, transfers, ambulation, meals, medication administration, and vital sign monitoring. R4's service plan lacked the following required content: - frequency of dressing, grooming, bathing, toileting, wheelchair mobility, bed mobility, transfers, ambulation, and vital sign monitoring;	01650		

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01650	Continued From page 32 and - identification of staff or categories of staff who would provide services with the exception of medication management. On September 22, 2026, at 8:57 a.m., the surveyor observed ULP-B administer medication to R4. On September 23, 2026, at approximately 8:00 a.m., clinical nurse supervisor (CNS)-C stated they did not know the service frequency was supposed to be included in the service plan. CNS-C stated they placed the frequency of the service in the electronic charting system. The surveyor inquired if residents were able to view the frequency of services within the electronic system. CNS-C stated residents were unable to view the services unless requested. CNS-C stated they did not know the specific staff type needed to be listed in the service plan for who completed the service. The licensee's 6.08 Service Plan dated November 28, 2023, indicated a service plan would include: - a description of the services that were to be provided based on the most recent assessment and residents' preference; - fees for services to be provided; - the frequency of each service to be provided based on the most recent assessment and resident preference; - an identification of staff categories of staff who would be providing services (registered nurse (RN), licensed practical nurse (LPN), ULP); - a schedule and method for the next planned assessment or monitoring; - a schedule and method for the next planned monitoring of staff providing services; and	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01650	Continued From page 33 - a contingency plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document each medication administered by the assisted living facility staff or failed to document on why the medication administration was not completed as prescribed for two of three residents (R1, R2). 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	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37325	A. BUILDING: _____ B. WING _____	09/23/2026

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01760	Continued From page 34 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: R1 R1 was admitted to the licensee on May 2, 2026, and began receiving assisted living services. R1 previously resided at the licensee's sister facility since January 16, 2025. R1's diagnoses included schizophrenia (a severe mental disorder that affects how a person thinks, feels, and behaves, often leading to hallucinations, delusions, and disorganized thinking. On September 22, 2026, the surveyor observed unlicensed personnel (ULP)-B administer medications to R1. R1's service plan signed on May 5, 2026, indicated R1 received cueing assistance for dressing, grooming, emptying of ileostomy bag and bathing. In addition, R1 received assistance with ileostomy bag changes, meals, medication administration, blood glucose monitoring, and behavior management. R1's medication administration record (MAR) dated September 2026 lacked documentation on the following medications: -Austedo 6 milligrams (mg) was placed into the MAR on September 19, 2026, and lacked documentation on September 21, 2026, at 8:00 p.m., and September 22, 2026, at 8:00 a.m., and 8:00 p.m.	01760		

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01760	Continued From page 35 R2 R2 was admitted to the licensee on April 15, 2026, and began receiving assisted living services. R2 diagnoses included agitation, alcohol abuse, anxiety, cocaine abuse, dementia, hypertension, opioid abuse, stimulant abuse, and psychosis. On September 22, 2026, at 8:48 a.m., the surveyor observed ULP-B set up and offer R2's morning medications. R2 refused to take the medications set up by ULP-B. R2's service plan signed April 29, 2026, indicated staff encouraged the R2 to dress appropriately, shower, and groom self. In addition, R2 received assistance with housekeeping, laundry, safety checks, transportation, meals, medication administration, and vital sign monitoring. R2's MAR dated September 2026 lacked documentation on the following medications: - Crestor 10 mg, Depakote 250 mg, Senna-S 50 mg-8.6 mg, Seroquel 50 mg, Zoloft 25 mg, and Zoloft 50 mg, on September 6, 2026, at 6:00 p.m.; and - ferrous sulfate 325 mg, Flonase 0.05 mg nasal spray, hydrochlorothiazide 25 mg, lisinopril 40 mg, Norvasc 5 mg, and oyster shell calcium 500 mg on September 6, 2026, at 8:00 a.m. On September 22, 2026, at approximately 2:00 p.m., during an interview with licensed assisted living director (LALD)-D, clinical nurse supervisor (CNS)-C, and registered nurse (RN)-A, LALD-D stated their electronic charting system (Adaptive) took residents out of the system when they were on a leave of absence from the facility and staff	01760		

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01760	Continued From page 36 were unable to document on the residents. RN-A stated the system does not alert staff to chart on the times when residents were on their leave of absence. RN-A stated ULP were trained in the electronic system and the electronic system prompted ULP to enter information for documentation on medications. On September 23, 2026, at 8:00 a.m., CNS-C stated staff were trained on the six rights of medication including documentation. CNS-C stated staff were trained to document if medications were administered, refused, or not administered within their system. The licensee's 7.08 Medication Management - Administration & Setup dated November 28, 2023, indicated ULP would chart in each resident's MAR any problems with medication administration, including refusals. ULP would also document any reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

VAIMAR SUITES LLC
2116 73RD COURT NORTH
Brooklyn Park, MN 55444
Hennepin County
Parcel:

Phone:

License Info

License: HFID 37325

Risk:
License:
Expires on:
CFPM: Boyd Mumbuwa
CFPM #: 56909; Exp: 03/18/2028

Inspection Info

Report Number: F1051261261
Inspection Type: Full - Single
Date: 9/21/2026 Time: 10:30:00 AM
Duration: 30 minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery: Emailed

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT:
AT THE TIME OF INSPECTION, THERE ARE NO CHLORINE TEST STRIPS TO TEST THE SANITIZER SOLUTION IN THE KITCHEN SPRAY BOTTLE.
Comply By: 9/25/2026 Originally Issued On: 9/21/2026

Food & Beverage General Comment

MET WITH THE NURSE EVALUATOR, ASHLEY CREWS.

DISCUSSED THE FOLLOWING WITH THE PERSON IN CHARGE, BOYD:

EMPLOYEE ILLNESS LOG
VOMIT CLEAN-UP PROCEDURES
HANDWASHING & GLOVE USE/DISPOSAL
NOROVIRUS

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 St Cloud District Office inspection report number F1051261261 from 9/21/2026

Boyd Mumbuwa
Person in Charge

Kai Yang,
Public Health Sanitarian 1
320-640-3532
kai.yang@state.mn.us

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Temperature Observations/Recordings

Establishment Info

VAIMAR SUITES LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1051261261
Inspection Type: Full
Date: 9/21/2026
Time: 10:30:00 AM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Upright Cooler at 39 Degrees F.
Comment:
Violation Issued?: No

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

St Cloud District Office
Minnesota Department of Health
4140 Thielman Lane, Suite 101
St Cloud, MN 56301

Sanitizer Observations/Recordings

Establishment Info

VAIMAR SUITES LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1051261261
Inspection Type: Full
Date: 9/21/2026
Time: 10:30:00 AM

Sanitizing Chemical: **Product:** Chlorine**; Sanitizing Process:** Spray Bottle
Location: Kitchen **Equal To** 100 PPM
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL37325016-0	**Date:** September 22, 2026
Facility Name: VAIMAR SUITES LLC	
Facility Address: 2116 73rd Ct N, Minneapolis, Minnesota 55444	

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

   Comments: Resident room 2 contained excessive clutter, including numerous boxes, bags, papers, containers, and miscellaneous items stored on the floor, bed, and surrounding furniture. The volume and placement of these materials obstructed clear egress pathways and created a significant fire load within the room. This condition presents an increased risk for fire ignitions, hindered evacuation, and delayed emergency response.

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

   Comments: It was observed there were not any carbon monoxide alarms installed outside and within 10 feet of all sleeping rooms. Facility was equipped with a water heater, furnace and stove that all have the potential risk to produce carbon monoxide.

DEPARTMENT OF HEALTH

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. 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 FSEP failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine and Extinguish or Evacuate) but failed to include procedures for how staff are to complete each step.