Electronically Delivered

July 1, 2026

Licensee
Sakinah Homes LLC
120 East Frost Street
S. St Paul, MN 55075

RE: Project Number(s) SL37193016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 11, 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:

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00
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,

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37193	A. BUILDING: _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAKINAH HOMES LLC	120 EAST FROST STREET S ST PAUL, MN 55075

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0 000	Initial Comments *****ATTNTION***** 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: SL37193016-0 On June 9, 2026, through June 11, 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 four residents; four receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute 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.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 1 (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with the required content. This had the potential to affect all current residents, staff, and visitors. 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	0 680		

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0 680	Continued From page 2 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: The licensee's emergency preparedness plan last reviewed February 23, 2026, lacked the following required content: - Emergency prep testing requirements - Roles under a waiver declared by the Secretary in accordance with section 1135 of the Act On June 10, 2026, at 12:27 p.m., house manager (HM)-C stated they conducted fire drills with staff. However, they had not been conducting full-scale exercises, mock disaster drills or table top exercises. HM-C reviewed the EPP and could not locate evidence related to an 1135 waiver. The licensee's Emergency Preparedness policy effective August 1, 2021, indicated: 15. A disaster drill is conducted at the residence at least annually. Results of the drill will be documented. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
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	0 775		

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0 775	Continued From page 3 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 June 9 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775		
0 790 SS=C	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire	0 790		

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0 790	Continued From page 4 Code; 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 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 June 9 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21)days.	0 790		
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	0 810		

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0 810	Continued From page 5 rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. 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	0 810		

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0 810	Continued From page 6 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 June 9 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	0 810		
01650 SS=D	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	01650		

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01650	Continued From page 7 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 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 interview and record review, the licensee failed to ensure the service plan included the correct required content for one of one resident (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's diagnoses included bipolar disorder and generalized anxiety disorder. R1's Service Plan effective June 4, 2026, indicated R1 received assistance with medication administration, blood glucose monitoring, behavior management, transportation, meals, laundry, and housekeeping. The service plan indicated a RN assessment would be completed	01650		

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01650	Continued From page 8 within five days after initiation of home care services. The service plan identified an incorrect schedule, license type, and method of monitoring assessments of the resident. On June 10, 2026, at 9:18 a.m., clinical nurse supervisor (CNS)-B reviewed R1's service plan and stated the wrong format had been printed for R1 to sign and was reflective of previous home care statutes. The licensee's Service Plan policy dated August 1, 2021, indicated: 8. The service plan includes the following: d. The schedule and methods of monitoring reviews or assessments of the resident No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01650		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced	01750		

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01750	Continued From page 9 by: Based on observation, interview, and record review, the licensee failed to ensure delegated procedures were instructed and followed for one of one resident (R2) observed during medication administration. In addition, the licensee failed to ensure the registered nurse (RN) documented resident-specific instructions for as needed (PRN) medications for one of one resident (R1) whose medication administration was delegated to unlicensed personnel (ULP). 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: R2 R2's diagnoses included schizophrenia and type II diabetes. R2's Service Plan effective January 20, 2026, indicated R2 received medication administration services provided by ULPs four times daily. R2's provider orders signed February 6, 2026, included Symbicort 160-4.5 Aer Inhale two puffs by mouth daily. On June 10, 2026, at 7:38 a.m., the surveyor observed ULP-D administering medications to R2 in the lower level of the residence. After R2 took his scheduled oral medications, ULP-D handed	01750		

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01750	Continued From page 10 the resident his Symbicort inhaler. R2 took the inhaler and independently administered two puffs, waiting several seconds between each puff. When finished, R2 handed the inhaler back to ULP-D. R2 made no attempt to rinse his mouth after inhaling the medication nor did ULP-D prompt the resident to rinse his mouth afterwards. On June 10, 2026, at 10:08 a.m., clinical nurse supervisor (CNS)-B stated residents who utilize a Symbicort inhaler should rinse their mouth after use to avoid the risk of thrush (a fungal infection caused by an overgrowth of Candida yeast). CNS-B stated he had not trained the ULPs to prompt residents who utilized a Symbicort inhaler to rinse their mouth after use. The manufacturer Patient Information insert for Symbicort revised December 2017, and printed from the website on June 11, 2026, indicated: Rinse your mouth with water and spit the water out after each dose (2 puffs) of SYMBICORT. Do not swallow the water. This will help to lessen the change of getting a fungus infection (thrush) in the mouth and throat. R1 R1's diagnoses included bipolar disorder and generalized anxiety disorder. R1's Service Plan effective June 4, 2026, indicated R1 received medication administration services provided by ULPs four times daily. R1's provider orders dated April 29, 2026, included: - IBU (ibuprofen) 200 mg (milligrams). Take 200-400 mg 2-3 times a day PRN - methocarbam 750 mg. Take 1 to 2 tablets by mouth three times a day for muscle spasm.	01750		

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01750	Continued From page 11 - ondansetron 4 mg. Dissolve 1-2 tablets on top of tongue up to twice daily AS NEEDED for nausea symptoms R1's record did not include specific directions to staff on when to administer one or two tablets. In addition, R1's PRN ibuprofen order did not include indications for use. On June 10, 2026, at 9:36 a.m., CNS-B stated ULPs were required to call him prior to administering any PRN medication and document that they did so. CNS-B reviewed R1's record with the surveyor. R1's medication administration record (MAR) dated April 2026, indicated R1 received PRN metocarbam 750 mg four times in April 2026, for pain and was given one tablet. There was no documentation to support the nurse had been notified or had directed the staff to give one versus two tablets. CNS-B reviewed R1's PRN orders that indicated 1-2 tablets and stated it did not specify when to give one versus two tablets. CNS-B further stated R1's PRN ibuprofen order did not include indications for use. The licensee's Prescriber's Orders policy effective August 1, 2021, indicated: 5. Medication orders will include the name of the medication, dosage, and directions for use. 6. The Registered Nurse is responsible for implementing medication and treatment orders or for delegating the orders to the appropriate paraprofessional. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37193	A. BUILDING: _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAKINAH HOMES LLC	120 EAST FROST STREET S ST PAUL, MN 55075

(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
01760	Continued From page 12	01760		
01760 SS=D	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 ensure medications were administered as prescribed for one of one resident (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's diagnoses included bipolar disorder and generalized anxiety disorder.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37193	A. BUILDING: _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAKINAH HOMES LLC	120 EAST FROST STREET S ST PAUL, MN 55075

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01760	Continued From page 13 R1's Service Plan effective June 4, 2026, indicated R1 received services including medication administration. R1's provider orders dated April 29, 2026, included: - desvenlafaxine succinate (an antidepressant) ER, extended release 24 hour 100 mg (milligrams) Take one tablet by mouth at bedtime R1's medication administration record (MAR) dated June 2026, included the above order as written. However, the desvenlafaxine succinate was scheduled to be administered at 8:00 a.m. On June 10, 2026, at 9:18 a.m., clinical nurse supervisor (CNS)-B stated R1's desvenlafaxine succinate was administered in the morning as that was R1's preference. CNS-B was unable to locate evidence of a new order with the time change from the provider. The licensee's Medication Administration policy effective August 1, 2021, indicated: 7. The licensed nurse is responsible for assessing medications to assure that all medications are current and ordered by the prescriber and to identify any expired or outdated medications, which will be disposed according to policy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37193	A. BUILDING: _____ B. WING _____	06/11/2026

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SAKINAH HOMES LLC	120 EAST FROST STREET S ST PAUL, MN 55075

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02290	Continued From page 14	02290		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited one of one residents' (R1) rights when the licensee required residents to follow certain house rules. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1's start of services was on February 23, 2026; diagnoses included bipolar disorder and generalized anxiety disorder. R1's Service Plan effective June 4, 2026, indicated R1 received assistance with medication administration, blood glucose monitoring, behavior management, transportation, meals, laundry, and housekeeping. R1's Rental Agreement was signed by R1 on February 23, 2026. The rental agreement included a section titled: D. [Licensee name]	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37193	A. BUILDING: _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAKINAH HOMES LLC	120 EAST FROST STREET S ST PAUL, MN 55075

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02290	Continued From page 15 House Rules. The house rules included the following verbiage: 1. Absolutely no alcohol will be permitted while you are a resident of the Home. This applies at all times including when you are away from the Home. This applies to the usage of drugs and possession of drug paraphernalia. Violations of this will result in immediate Discharge and possible prosecution according to the Law. This same rule apples to visitor and relatives. 3. Residents are subject to random Drug and Alcohol tests at any time the Director decides to test. Failure of these tests or refusal of these tests will result in discharge from the Home. 4. The Director and Staff reserve the right to perform a room search at any time it is deemed necessary to insure the serenity and security of the Home. This includes personal items and vehicles if appropriate. 7. Smoking in the Home is NOT PERMITTED and will result in immediate discharge. Smoking is permitted in the smoking area out back of the Home until 11:00 PM. unless otherwise approved by the Director. 9. Gambling is strictly prohibited, including the purchase of Lottery Tickets. 10. No resident will borrow or loan money to other residents. 11. All residents must use the sign in/out sheet when leaving the property. This must be done to ensure that the Staff knows where residents are always. House curfew is 10:00 PM every night. The doors will be locked at that time. 12. All residents must live at the Home for thirty days before they can become eligible for an overnight or weekend pass. This time may be waived by the Director for emergencies and special circumstances. Two passes per month may be approved on alternating weekends. Should an emergency arise that prevents you	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37193	A. BUILDING: _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAKINAH HOMES LLC	120 EAST FROST STREET S ST PAUL, MN 55075

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02290	Continued From page 16 from returning on specified date or time, you must contact the staff immediately. Passes must be filled out by Wednesday at noon of the week requested. 13. All visitors are subject to the approval by Staff. No visitors are permitted on the property while under the influence of alcohol or drugs. On June 10, 2026, at 11:48 a.m., R1 stated upon move-in she had signed a rental agreement that included "house rules". R1 stated feeling the rule that staff could conduct a room search at anytime was "an invasion of my rights". On June 10, 2026, at 10:45 a.m., house manager (HM)-C stated all residents were required to sign a rental agreement which included the house rules. HM-C stated the house rules were not created in collaboration with the resident's case managers; they were rules for the home. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

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

Sakinah Homes LLC
120 EAST FROST STREET
South St Paul, MN 55075
Dakota County
Parcel:

Phone:
suleyman@SakinahHomes.org

License Info

License: HFID 37193`

Risk:
License:
Expires on:
CFPM: Samriya Abbadulla
CFPM #: 121654; Exp: 1/21/2027

Inspection Info

Report Number: F1031261193
Inspection Type: Full - Single
Date: 6/10/2026 Time: 2pm
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Nurse Evaluator on site: Wendy Buckholz

All violations discussed with PIC during the inspection.

NOTES:
Facility has a residential kitchen with the following finishes:
Laminate wood flooring
Wood cabinetry
Stone countertops
Textured ceiling
2-comp sink with left basin designated for handwashing.

Since establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.

Discussed the following with pic:
Hand washing
Ware washing and dish machine temp (160F or greater)
Illness and illness log
No undercooked foods and cooking temps
Pasteurized egg use

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 F1031261193 from 6/10/2026

Suley Jaffer
Person in Charge

Chris Foster, REHS/RS
Public Health Sanitarian 3
651-201-4728
chris.j.foster@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

Sakinah Homes LLC
South St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261193
Inspection Type: Full
Date: 6/10/2026
Time: 2pm

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold-Holding
Location: Refrigerator (kitchen) at 38.5 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Ambient**; Temperature Process:** Ambient Air
Location: Refrigerator (Garage) at 37 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

Sakinah Homes LLC
South St Paul
County/Group: Dakota County

Inspection Info

Report Number: F1031261193
Inspection Type: Full
Date: 6/10/2026
Time: 2pm

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

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 162 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL37193016-0	**Date:** 6/9/2026
Facility Name: Sakinah Homes LLC	
Facility Address: 120 East frost St, South St Paul, Mn 55075	

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

   Comments: On the exterior of North facing yard, it was observed that cigarette butts were not disposed of properly. HM-C stated a resident smokes while waiting to be picked up. There was not a disposal container at this location. The south yard is the designated location with an approved disposal container.

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: At the time of survey there were no carbon monoxide alarms installed within ten feet of the resident sleeping rooms.

☒ **TAG IDENTIFICATION: 0790**

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

1. Portable fire extinguishers installed and maintained to MN State Fire Code. [Minn. Stat. 144G.45 subd.2]

   Comments: Upon inspection of the fire extinguishers, it was observed that the tags have not been initialed or dated indicating monthly inspections were not completed.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

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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 did not include any specific procedures for evacuation that were relevant to the facility. The provided documentation included general fire safety tips.

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

   Comments: The FSEP did not include any specific staff actions, only general evacuation information.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not include any specific resident actions, only general evacuation information.

4. Evacuation drills are required for employees 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. [Minn. Stat. 144G.45 subd.2]

   Comments: Review of the fire drills logs showed 3rd shift had not completed any practice fire drills.