Electronically Delivered

January 13, 2026

Licensee
The Centennial House Apple Valley
14625 Pennock Avenue
Apple Valley, MN 55124

RE: Project Number(s) SL20316016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 17, 2025, 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

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

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

The correction order documentation should include the following:

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

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

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

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

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(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: SL20316016-0 On December 15, 2025, through December 17, 2025, 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 71 residents; 70 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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, Food and Beverage Establishment Inspection Report (FBEIR) dated December 16, 2025, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated December 16, 2025, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		

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01620	Continued From page 4	01620		
01620 SS=E	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 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	01620		

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01620	Continued From page 5 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) conducted ongoing nursing assessments not to exceed 14 days from admission for one of four residents (R1) and failed to conduct ongoing nursing assessments not to exceed 90 days for two of four residents (R2 and 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 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: R1 R1 was admitted on September 16, 2025, with diagnoses that included diabetes.	01620		

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01620	Continued From page 6 R1's service plan dated December 8, 2025, indicated R1 received assistance with services to include grooming, dressing, bathing, toileting, catheter, transfers, ambulation, weight monitoring, blood pressure monitoring, blood sugar checks, and medication administration. R1's ongoing nursing assessments dated September 12, 2025, and October 6, 2025, were reviewed. The October 6, 2025, assessment was completed 24 days after the date of admission, thus exceeding 14 calendar days. R2 R2 was admitted on April 9, 2024, with diagnoses that included diabetes. R2's service plan dated October 27, 2025, indicated R2 received assistance with services to include grooming, dressing, bathing, toileting, bed mobility, weekly blood pressure and pulse monitoring, blood sugar checks, and medication administration. R2's ongoing nursing assessments dated May 30, 2025 (completed on June 5, 2025), August 27, 2025 (completed on September 9, 2025) and October 24, 2025 (completed on October 27, 2025) were reviewed. The August 27, 2025, assessment (completed on September 9, 2025), was completed 96 days after the date of the previous assessment, thus exceeding 90 calendar days. R4 R4 was admitted on June 5, 2025, with diagnoses that included diabetes. R4's service plan dated July 1, 2025, indicated R4 received assistance with services to include	01620		

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01620	Continued From page 7 grooming, dressing, bathing, blood sugar checks and medication administration. R4's ongoing nursing assessments dated July 16, 2025, July 23, 2025, and October 21, 2025 (completed on October 24, 2025) were reviewed. The October 21, 2025, assessment (completed on October 24, 2025), was completed 93 days after the date of the previous assessment, thus exceeding 90 calendar days. On December 17, 2025, at 9:28 a.m., clinical nurse supervisor (CNS)-B stated the date of the assessment could be different than the date the assessment was signed and completed by the RN. CNS-B stated she thought as long as the comprehensive assessment was initiated within the required time frame it met the requirements. CNS-B stated she would provide education to the RN's that going forward the comprehensive assessments have to be completed within the required time frame, not just initiated. The licensee's Initial and On-Going Nursing Assessment of Residents policy dated August 1, 2021, indicated the RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. Pre-Admission Assessment b. 14-day assessment: completed up to 14-days after start of services c. Ongoing assessment: completed periodically but no less than every 90-days d. Change in resident condition No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		

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01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date 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 a written service plan was revised to reflect the current services provided for one of four 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	01640		

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01640	Continued From page 9 a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted on September 16, 2025, with diagnoses that included diabetes. R1's service plan dated December 8, 2025, indicated R1 received assistance with services to include grooming, dressing, bathing, toileting, catheter, transfers, ambulation, weight monitoring, blood pressure monitoring, blood sugar checks four times a day, and medication administration. R1's signed prescriber orders included the following: -Tubigrip stockings (type of compression stocking used to reduce swelling in legs)- on in the morning and off at bedtime for leg swelling, order dated September 15, 2025 -Check BP (blood pressure) and HR (heart rate) once daily. Update if SBP < 100 or >60, order dated September 22, 2025 -Start using Dexcom G7- change site every 10 days, order dated September 19, 2025 -Monitor blood glucose four times a day, order dated September 15, 2025 -Add accucheck (blood sugar check) at 7:00 p.m., order dated December 12, 2025 R1's medication administration record (MAR) dated December 2025, included the following: -Blood Pressure and Heart Rate: Check BP and HR. Notify nurse if SBP <100 or >60 -Dexcom Mobile Sensor Kit: Use to test blood glucose continuously and change sensor every 10 days	01640		

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01640	Continued From page 10 R1's service checkoff list dated December 2025, indicated R1's blood sugar was checked five times a day (7:30 a.m., 11:30 a.m., 4:30 p.m., 7:00 p.m., 9:00 p.m.) R1's record lacked documentation of Tubigrip stockings. R1's service plan did not include Tubigrip stockings, daily heart rate checks or Dexcom changes. On December 17, 2025, at 9:44 a.m., clinical nurse supervisor (CNS)-B reviewed R1's service plan and stated it did not include the services listed above. CNS-B stated she was not aware that R1 had an order for tubigrip stockings and reviewed R1's order for the stockings. CNS-B stated she would follow up with R1's primary care provider as R1 has not had lower extremity swelling since admission. The licensee's Contents of Service Plan policy dated August 1, 2021, indicated all assisted living residents have an up-to-date service plan identifying services to be provided based on the assessment by the RN and/or other licensed health professional. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to	01700		

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01700	Continued From page 11 providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one resident (R1) who self-administered medications was assessed for self-administration of medications. 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	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

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01700	Continued From page 12 limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted on September 16, 2025, with diagnoses that included diabetes. R1's service plan dated December 8, 2025, indicated R1 received assistance with services to include medication administration. R1's medication administration record (MAR) dated December 2025, included the following medications: -aspirin 81 milligrams (mg); take one tablet by mouth once daily (heart health) -Symbicort inhaler 4.5 micrograms (mcg); Inhale two puffs by mouth twice daily (shortness of breath/wheezing) -bupropion 150 mg; take one tablet by mouth once daily (depression) -cholestyramine 4 grams; Take one packet dissolve and mix with orange juice by mouth two times a day -gabapentin 300 mg; take one capsule by mouth three times a day (pain) -levothyroxine 125 mcg; take one tablet by mouth once daily (thyroid) -loratadine 10 mg; take one tablet by mouth once daily (allergies) -potassium chloride 10 milliequivalent (meq); take one tablet by mouth once daily (supplement) -rivaroxaban 2.5 mg; take one tablet by mouth twice daily (blood thinner) -ropinirole 0.25 mg; take one tablet by mouth three times daily (restless legs) -sertraline 50 mg; take one tablet by mouth daily (depression)	01700		

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01700	Continued From page 13 -Vitamin D3 25 mcg; take two tablets by mouth daily (supplement) -Humalog 100 unit/milliliter (ml); Sliding scale twice a day (diabetes) -Blood sugar (BS) < 150: Hold Humalog -BS 150-200: 3 units -BS 201-250: 4 units -BS 251-300: 5 units -BS 301-350: 6 units -BS 351-400: 7 units -BS 401 and above: 8 units and notify nurse practitioner -Lantus 100 units/ml; inject 4 units subcutaneously twice daily (diabetes) -atorvastatin 40 mg; take one tablet by mouth in the evening (cholesterol) -mirtazapine 7.5 mg; take one tablet by mouth at bedtime (depression) -trazodone 50 mg; take one tablet by mouth at bedtime (sleep) -gabapentin 100 mg; take one capsule by mouth once daily as needed (pain) -Miralax powder 17 grams; dissolve in water once daily as needed (constipation) -melatonin 3 mg; take three tablets (9 mg) by mouth as needed at bedtime (sleep) -ondansetron 4 mg; dissolve one tablet by mouth every eight hours as needed (nausea/vomiting) R1's medication management plan dated December 8, 2025, found within the comprehensive assessment indicated the following: -Resident requires assist with medication administration -Does the resident plan to self administer any medications? NO On December 16, 2025, at 7:21 a.m., the surveyor observed unlicensed personnel (ULP)-F	01700		

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01700	Continued From page 14 administer medications to R1 in her room. The surveyor observed one bottle of Tylenol on a stand near her recliner. Two bottles of Citrucel and one bottle of Pepto-Bismol were observed on her nightstand next to her bed. The surveyor inquired with ULP-F and R1 if these medications were self-administered by R1. R1 stated she administered the medications herself but not to tell the nurse. ULP-F stated she was aware that R1 had these medications and self-administered them. On December 17, 2025, at 9:45 a.m., clinical nurse supervisor (CNS)-B stated R1 would order medications online and have them delivered to her room to self-administer. CNS-B stated the licensee has had to remove medications R1 ordered in the past because R1 is not able to self-administer any medications. CNS-B stated the ULP should notify the nurses if they observe any medications in R1's room. The licensee's Self-Administration of Medications policy dated February 2021, indicated the following: -if it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is re-assessed periodically based on changes in the resident's medical and/or decision-making status -any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7)	01700		

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01700	Continued From page 15 days	01700		
01730 SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, a registered nurse, advanced practice registered nurse, or qualified staff delegated the task by a registered nurse must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse	01730		

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01730	Continued From page 16 reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for two of four residents (R1 and 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 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 R1 was admitted on September 16, 2025, with diagnoses that included diabetes. On December 16, 2025, at 7:21 a.m., the surveyor observed unlicensed personnel (ULP)-F administer medications to R1 in her room. The surveyor observed one bottle of Tylenol on a stand near her recliner. Two bottles of Citrucel and one bottle of Pepto-Bismol were observed on	01730		

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01730	Continued From page 17 her nightstand next to her bed. The surveyor inquired with ULP-F and R1 if these medications were self-administered by R1. R1 stated she administered the medications herself but not to tell the nurse. ULP-F stated she was aware that R1 had these medications and self-administered them. R1's service plan dated December 8, 2025, indicated R1 received assistance with services to include medication administration. R1's medication management plan dated December 8, 2025, found within the comprehensive assessment indicated the following: -Resident requires assist with medication administration -Does the resident plan to self administer any medications? NO R3 R3 was admitted on January 29, 2021, with diagnoses that included diabetes. On December 16, 2025, at 7:45 a.m., the surveyor observed ULP-C prepare R3's medications for administration. ULP-C stated documented R3's docusate sodium was unavailable for administration. ULP-C stated R3's family supplied the docusate sodium and cranberry tablets, and they had not brought in more docusate sodium yet. R3's service plan dated September 11, 2025, indicated R3 received assistance with services to include grooming, dressing, bathing, toileting, oxygen management, blood sugar checks and medication administration.	01730		

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01730	Continued From page 18 R3's medication administration record (MAR) dated December 2025, included the following medications: -cranberry-Vitamin C 84-20 mg; take one capsule by mouth daily (supplement; supplied by daughter, do not order from pharmacy -docusate sodium 9.6 mg-50 mg; take one tablet by mouth in the morning (constipation) family provides R3's medication management plan dated December 8, 2025, found within the comprehensive assessment indicated the licensee ordered R3's medications through the house pharmacy. On December 17, 2025, at 9:59 a.m., clinical nurse supervisor (CNS)-B started reviewed R1 and R3's medication management plans and stated they did not include the required content as noted above. The licensee's Individualized Medication, Treatment, and Therapy Management Plans policy dated August 1, 2021, indicated an RN will develop a medication management plan for each resident receiving medication management services. The medication management plan will include: a. Statement of the medication management services provided to the resident b. description of medication storage based upon the resident's needs, preferences, risk of diversion, and in keeping with the manufacturer's instructions c. documentation of specific resident instructions relating to the administration of medications d. identification of persons responsible for monitoring and ensuring timely refills of medications	01730		

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01730	Continued From page 19 e. identification of mediation management tasks that may be delegated to an unlicensed person f. procedure for notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services g. resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medications used to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
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 by: Based on observation, interview, and record review, the licensee failed to ensure two of four unlicensed personnel (ULP-D, ULP-E) completed	01750		

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01750	Continued From page 20 insulin administration via a prefilled insulin pen according to manufacturer instructions for observed during insulin administration. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted on September 16, 2025, with diagnoses that included diabetes. R1's service plan dated December 8, 2025, indicated R1 received assistance with services to include medication administration. R1's medication administration record (MAR) dated December 2025, included the following insulin orders: -Humalog 100 unit/milliliter (ml); Sliding scale twice a day (diabetes) -Blood sugar (BS) < 150: Hold Humalog -BS 150-200: 3 units -BS 201-250: 4 units -BS 251-300: 5 units -BS 301-350: 6 units -BS 351-400: 7 units -BS 401 and above: 8 units and notify nurse practitioner -Lantus 100 units/ml; inject 4 units subcutaneously twice daily (diabetes) On December 15, 2025, at 11:21 a.m., the	01750		

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01750	Continued From page 21 surveyor observed ULP-D prepare R1's Humalog insulin. ULP-D removed the cap to the pen and attached a new needle to the port. ULP-D did not cleanse the end of the port with an alcohol prep pad prior to attaching the needle. ULP-D primed and wasted two units of insulin and then dialed the prescribed 6 units. ULP-D then cleansed R1's abdomen with an alcohol prep pad, injected the insulin, then immediately removed the pen/needle from R1's abdomen once administered. On December 16, 2025, at 7:21 a.m., the surveyor observed ULP-F prepare R1's Lantus insulin. ULP-F removed the cap to the pen and cleansed the port with an alcohol prep pad prior to attaching the needle to the pen. ULP-F dialed the prescribed four units and administered it in R1's leg. ULP-F did not prime the insulin pen prior to dialing the prescribed dose. On December 17, 2025, at 10:06 a.m., clinical nurse supervisor (CNS)-B stated the expectation with insulin pen administration would be to cleanse the port of the insulin pen prior to securing the needle, prime and waste two units of insulin prior to dialing the prescribed dose and to hold the insulin pen against the skin for five to 10 seconds prior to removing the needle from the skin. The Humalog Kwikpen manufacturer's instructions dated July 2023, indicated: 1. Pull the pen cap straight off, wipe the rubber seal with an alcohol swab 2. Check the liquid in the pen. Humalog should look clear and colorless. Do not use if it is cloudy, colored, or has particles or clumps in it 3. Select a new needle. Pull off the paper tab from the outer needle shield. 4. Push the capped needle straight onto the pen	01750		

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01750	Continued From page 22 and twist the needle on until it is tight 5. Pull off the outer needle shield. Do not throw it away. Pull off the inner needle shield and throw it away. 6. To prime your pen, turn the dose knob to select 2 units 7. Hold your pen with the needle pointing up. Tap the cartridge holder gently to collect air bubbles to the top. 8. Continue holding your pen with needle point up. Push the dose know in until it stops, and "0" is seen in the dose window. Hold the dose knob in and count to five slowly. You should see insulin at the tip of the needle. If you do not see insulin, repeat priming steps six to 8 9. Turn the dose knob to select the number of units you need to inject. 10. Choose your injection site. Humalog is injected under the skin (subcutaneously) of your stomach area, buttocks, upper legs or upper arms. Wipe your skin with an alcohol swab and let your skin dry before you inject your dose. 11. Insert the needle into your skin. Pus the dose knob all the way in. Continue to hold the dose know in and slowly count to five before removing the needle. The Lantus SoloStar pen manufacturer's instructions dated 2022, indicated: Step 3: Perform a safety test. Dial a test dose of 2 units. Hold the pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. This will help you get the most accurate dose. Press the injection button all the way in and check to see that insulin comes out of the needle. The dial will automatically go back to zero after you perform the test. Always perform a safety test before each injection.	01750		

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01750	Continued From page 23 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all medications were securely locked in substantially constructed compartments and permitted only authorized personnel to have access. This had the potential to affect all residents. 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: On December 16, 2025, at 6:31 a.m., the surveyor observed an unattended medication cart unlocked in Medication Room 3 for approximately five minutes when unlicensed personnel (ULP)-I returned to the medication room for a few	01880		

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01880	Continued From page 24 minutes and then ULP-I left the medication room and went to memory care, leaving the medication cart unattended and unlocked for approximately 10 minutes. The medication room did not have a door on it and was open and accessible to others. On December 17, 2025, at 10:16 a.m., clinical nurse supervisor (CNS)-B stated the medication cart should be locked when not in use and when staff are not present at the cart. The licensee's Storage of Medications policy dated August 1, 2021, indicated medications will be handled and stored per acceptable standards. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure accurate labeling on insulin pens for three of four residents (R1, R3 and R4) and failed to ensure time sensitive medications had an opened date for one of four residents (R1).	01890		

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THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

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01890	Continued From page 25 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: R1 was admitted on September 16, 2025, with diagnoses that included diabetes. R1's service plan dated December 8, 2025, indicated R1 received assistance with services to include medication administration. R1's medication administration record (MAR) dated December 2025, included the following insulin orders: -Humalog 100 unit/milliliter (ml); Sliding scale twice a day, prescriber order dated December 3, 2025 -Blood sugar (BS) < 150: Hold Humalog -BS 150-200: 3 units -BS 201-250: 4 units -BS 251-300: 5 units -BS 301-350: 6 units -BS 351-400: 7 units -BS 401 and above: 8 units and notify nurse practitioner -Lantus 100 units/ml; inject 4 units subcutaneously twice daily, prescriber order dated December 3, 2025 On December 15, 2025, at 11:21 a.m., the surveyor observed unlicensed personnel (ULP-D)	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 26 administer six units of Humalog insulin to R1. The prescription label on Humalog insulin pen indicated to administer four units. The Humalog insulin pen had a sticker on it for the staff to document the open date, however, it was left blank. On December 16, 2025, at 7:21 a.m., the surveyor observed ULP-F administer four units of Lantus insulin to R1. The prescription label on Lantus insulin pen indicate to administer 14 units at bedtime. R3 R3 was admitted on January 29, 2021, with diagnoses that included diabetes. R3's service plan dated September 11, 2025, indicated R3 received assistance with services to include medication administration. R3's MAR dated December 2025, included the following insulin order: -Lantus 100 units/ml; inject 25 units subcutaneously once daily, prescriber order dated November 5, 2025 On December 16, 2025, at 7:45 a.m., the surveyor observed ULP-C administer 25 units of Lantus to R3. The prescription label on the Lantus insulin pen indicated to administer 23 units. R4 R4 was admitted on June 5, 2025, with diagnoses that included diabetes. R4's service plan dated July 1, 2025, indicated R4 received assistance with services to include medication administration.	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 27 R4's MAR dated December 2025, included the following insulin orders: -Novolog Flexpen; inject 9 units subcutaneously three times a day. Hold if blood sugar < 100, prescriber order dated December 11, 2025 -Lantus Insulin 100 units/ml; inject 35 units subcutaneously every morning, prescriber order dated August 27, 2025 On December 26, 2025, at 8:08 a.m., the surveyor observed ULP-E administer 9 units of Novolog insulin and 35 units of Lantus insulin to R4. The prescription label on the Novolog insulin pen indicated to administer 7 units. On December 17, 2025, at 10:09 a.m., clinical nurse supervisor (CNS)-B stated she expected the ULP to document the open date on the insulin pen when a new pen is first used. CNS-B stated the nurses should have placed a sticker on the insulin pens that indicated the dose changed and to refer to the MAR. CNS-B further stated the ULP should contact the nurse if the label on the insulin pen does not match what is on the MAR and the insulin pen did not have a direction changed sticker on it. The Humalog Kwikpen manufacturer's instructions dated July 2023, indicated to throw away the Humalog pen after 28 days, even if it still has insulin left in it. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(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
01940	Continued From page 28	01940		
01940 SS=E	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(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
01940	Continued From page 29 plan to include all required content for three of four residents (R1, R2, and 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 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: R1 R1 was admitted on September 16, 2025, with diagnoses that included diabetes. R1's service plan dated September 8, 2025, indicated R1 received assistance with services to include grooming, dressing, bathing, toileting, catheter, transfers, ambulation, weight monitoring, blood pressure monitoring, blood sugar checks, and medication administration. R1's service plan did not include Tubigrip stockings, daily heart rate checks or Dexcom changes. R1's signed prescriber orders dated September 19, 2025, included: -Start using Dexcom G7- change site every 10 days R1's medication administration record (MAR) dated December 2025, included the following: -Dexcom Mobile Sensor Kit: Use to test blood glucose continuously and change sensor every 10 days	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(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
01940	Continued From page 30 R1's treatment/therapy management plan dated December 8, 2025, found within the comprehensive assessment lacked the following required content: -statement of the type of service that will be provided; Dexcom management (change every 10 days) R2 R2 was admitted on April 9, 2024, with diagnoses that included diabetes. On December 15, 2025, at 11:04 a.m., the surveyor observed ULP-C check R2's blood sugar. R2's service plan dated October 27, 2025, indicated R2 received assistance with services to include grooming, dressing, bathing, toileting, bed mobility, weekly blood pressure and pulse monitoring, blood sugar checks, and medication administration. R2's service checkoff list dated December 2025, indicated R2's blood sugar was checked twice a day. R2's treatment/therapy management plan dated October 24, 2025, found within the comprehensive assessment indicated: A. N/A, Resident does not receive any treatments/therapy R2's record lacked evidence of an Individualized Treatment or Therapy Management Plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(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
01940	Continued From page 31 relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. R4 R4 was admitted on June 5, 2025, with diagnoses that included diabetes. R4's service plan dated July 1, 2025, indicated R4 received assistance with services to include grooming, dressing, bathing, blood sugar checks and medication administration. R4's MAR dated December 2025, indicated R4's blood sugar was checked four times a day. R4's treatment/therapy management plan dated October 21,2025, found within the comprehensive assessment indicated: a. N/A, Resident does not receive any treatments/therapy R4's record lacked evidence of an Individualized Treatment or Therapy Management Plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(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
01940	Continued From page 32 administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On December 17, 2025, at 10:17 a.m., clinical nurse supervisor stated R1's treatment plan did not include Dexcom changes and would have the nurse add this as a treatment. CNS-B stated the licensee did not consider blood sugar checks as a treatment which is why R2 and R4's record indicated they did not have treatment services. CNS-B stated she would educate the nurses that going forward blood sugar checks are considered treatments, and the treatment plan should reflect that. The licensee's Individualized Medication, Treatment, and Therapy Management Plans policy dated August 1, 2021, indicated an RN will develop a treatment and therapy management plan for each resident receiving treatment and/or therapy management services. The treatment and therapy management plan will include: a. Statement of the type of service(s) provided b. Documentation of specific resident instructions relating to the treatments and/or therapy administration b. Identification of treatment or therapy task that may be delegated to an unlicensed staff member c. D. Procedures for notifying a registered nurse	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

(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
01940	Continued From page 33 or appropriate licensed health professional when a problem arises with treatments and/or therapy services d. E. Resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administer as prescribed, and monitoring of treatment and/or therapy to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02170 SS=D	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not	02170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

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02170	Continued From page 34 limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct an individualized written activity evaluation that addressed all six provisions and failed to develop an individualized activity plan based on the evaluation, for one of two residents (R4) who received services under the assisted living with dementia care license and resided in the secure memory care unit. 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: The licensee had an assisted living with dementia care license.	02170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20316	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTENNIAL HOUSE APPLE VAL	14625 PENNOCK AVENUE APPLE VALLEY, MN 55124

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02170	Continued From page 35 R4 was admitted on June 5, 2025, with diagnoses that included diabetes. R4's service plan dated July 1, 2025, indicated R4 received assistance with services to include grooming, dressing, bathing, blood sugar checks and medication administration. R4's record contained an AL Life Enrichment Assessment dated June 17, 2025; however, the assessment was not filled out/completed. R4's record lacked evidence of an individualized written activity evaluation and individualized activity plan based on the evaluation. On December 17, 2025, at 10:29 a.m., clinical nurse supervisor (CNS)-B stated the AL Life Enrichment Assessment was used as the activity evaluation and once all questions were answered and activity plan was created. CNS-B stated she would let the activity staff know that R4's had not been completed and will need to be done as soon as possible. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		

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

THE CENTENNIAL HOUSE OF APPLE
14625 Pennock Avenue
Apple Valley, MN 55124
Dakota County
Parcel:

Phone:

License Info

License: HFID 20316

Risk:
License:
Expires on:
CFPM: Jennie Watson
CFPM #: FM56328; Exp: 2/25/2028

Inspection Info

Report Number: F1004251262
Inspection Type: Full - Single
Date: 12/16/2025 Time: 10:15:00 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 3
Delivery:

New Order: 4-200 Equipment Design and Construction
4-201.11AMN *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.
COMMENT: **DOMESTIC MINI REFRIGERATOR IN USE IN KITCHEN #2. WHEN UNIT FAILS, REPLACE WITH A COMMERCIAL, ANSI ACCREDITED UNIT.**
Comply By: 12/16/2025 Originally Issued On: 12/16/2025

New Order: 4-900 Protecting Clean Items
4-904.11A *Priority Level: Priority 3 CFP#: 45*
MN Rule 4626.0965A Handle, display, and dispense all single-service and single use articles and clean utensils so that contamination of lip-contact and food-contact surfaces is prevented.
COMMENT: **SILVERWARE IN KITCHEN #2 IS STORED FACING DIFFERENT DIRECTIONS IN THE SILVERWARE HOLDER. ENSURE UTENSILS ARE STORED FACING THE SAME DIRECTION TO PREVENT HAND-CONTACT WITH THE LIP/FOOD-CONTACT SURFACE OF THE UTENSIL.**
Comply By: 12/16/2025 Originally Issued On: 12/16/2025

New Order: 6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.12A *Priority Level: Priority 3 CFP#: 55*
MN Rule 4626.1520A Clean and maintain all physical facilities clean.
COMMENT: **CEILING NEAR AIR VENT IN KITCHEN #2 HAS AN ACCUMULATION OF DUST AND DEBRIS. CLEAN CEILING THOROUGHLY AND MAINTAIN CLEAN.**
Comply By: 12/16/2025 Originally Issued On: 12/16/2025

Food & Beverage General Comment

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY KASSIE MARKING

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-PREVENTING BAREHAND CONTACT
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
-DATE MARKING PROCEDURES

-THAWING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-RECEIVING DELIVERIES PROCEDURES
-FOOD SERVICE PROCEDURES
-PEST CONTROL
-PHYSICAL FACILITIES AND MAINTENANCE

*REPORT WAS DISCUSSED WITH THE PERSON IN CHARGE, JENNIE, AND WITH THE NURSE EVALUATOR, KASSIE.

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

Establishment Info: Establishment has 2 kitchens on site, both under the same license and inspected as part of the same survey.

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 F1004251262 from 12/16/2025

Molly Dougherty

Jennie Watson

Molly Dougherty,
Public Health Sanitarian 3
651-201-3978
molly.dougherty@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

THE CENTENNIAL HOUSE OF APPLE
Apple Valley
County/Group: Dakota County

Inspection Info

Report Number: F1004251262
Inspection Type: Full
Date: 12/16/2025
Time: 10:15:00 AM

Food Temperature: Product/Item/Unit: Sausage**; Temperature Process:** Hot-Holding
Location: Steam Table (Kitchen #1) at 172 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: hard boiled egg**; Temperature Process:** Cold-Holding
Location: Traulsen 2-Door Cooler (Kitchen #1) at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: turkey**; Temperature Process:** Cold-Holding
Location: Traulsen 2-Door Cooler (Kitchen #1) at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cheese**; Temperature Process:** Cold-Holding
Location: True Refrigerator (Kitchen #1) at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cut melon**; Temperature Process:** Cold-Holding
Location: True Refrigerator (Kitchen #1) at 38 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: hot dog**; Temperature Process:** Cold-Holding
Location: Hoshizaki Refrigerator (Kitchen #1) at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cut lettuce**; Temperature Process:** Cold-Holding
Location: Hoshizaki Refrigerator (Kitchen #1) at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: milk**; Temperature Process:** Cold-Holding
Location: Arctic Air Refrigerator (Kitchen #2) at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: cut lettuce**; Temperature Process:** Cold-Holding
Location: Arctic Air Refrigerator (Kitchen #2) at 41 Degrees F.
Comment:
Violation Issued?: No

<u>Food Temperature</u>: Product/Item/Unit: roast beef**; Temperature Process:** Cold-Holding
Location: Haier Mini Refrigerator (Kitchen #2) at 39 Degrees F.
Comment: *domestic unit
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

THE CENTENNIAL HOUSE OF APPLE
Apple Valley
County/Group: Dakota County

Inspection Info

Report Number: F1004251262
Inspection Type: Full
Date: 12/16/2025
Time: 10:15:00 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area (Kitchen **#**1) **Equal To** 161 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Dishwashing Area (Kitchen **#**2) **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Wiping Cloth Bucket
Location: Kitchen **#**1 **Equal To** 272 PPM
Comment:
Violation Issued?: No

Sanitizing Chemical: **Product:** Lactic Acid**; Sanitizing Process:** Dispenser
Location: Kitchen **#**2 **Equal To** 1875 PPM
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL20316016-0	**Date:** December 16, 2025
Facility Name: THE CENTENNIAL HOUSE OF APPLE VALLEY	
Facility Address: 14625 PENNOCK AVE, APPLE VALLEY, MN 55124	

☒ **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. Delayed egress locking systems shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon loss of power controlling the lock, have the capability of being unlocked from the fire command center and other approved locations. [Minn. Stat. 144G.45 subd. 2; MSFC 1010.1.9.8.1]

   Comments: The delayed egress system was not equipped with a separate de-activate switch or signal to unlock the system.

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: In house 3 mechanical room, and in the link between houses 3 and 2. The fuel fed water heaters and HVAC system didn't have carbon monoxide alarms connected to the fire alarm or in each resident rooms.