Electronically Delivered

March 25, 2026

Licensee
Motivate Home Services
4522 Kathrene Drive
Brooklyn Center, MN 55429

RE: Project Number(s) SL36720016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 3, 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 . . ."

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

DOCUMENTATION OF ACTION TO COMPLY
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

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,

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36720	A. BUILDING: _____ B. WING _____	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	4522 KATHRENE DRIVE BROOKLYN CENTER, MN 55429

(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: SL36720016-0 On March 2, 2026, through March 3, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were two residents; two 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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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

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

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=C	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 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 3/2/2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
02320 SS=F	144G.91 Subd. 4 (b) Appropriate care and services	02320		

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02320	Continued From page 4 (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure unlicensed personnel (ULP)-C performed appropriate medication administration procedures for one of one ULP observed performing medication 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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-C was hired on January 30, 2026, to provide assisted living services. ULP-C's employee record contained a competency checklist document dated July 30, 2026. The document indicated ULP-C had been deemed competent by the registered nurse in the following topics on February 3, 2026: - Documentation; - Medication, exercise, and treatment reminders;	02320		

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02320	Continued From page 5 - Oral Medications; - Inhalers; - Eye Drops; - Ear Drops; - Topical Medication; - Nasal Medication; - Transdermal Medication; - PRN Medication; - Medication Refusal; - Suppository, and; - Enema. On March 3, 2026, at 10:25 a.m., the surveyor observed ULP-C retrieve R2's morning medications for administration. R2 poured the medications from the prepared Medi planner into a medication cup. R2 then stated they needed to count the medications to ensure there were only eight pills for administration. On March 3, 2026, at 10:27 a.m., the surveyor asked ULP-C how they knew R2 was to only receive eight pills in the morning. ULP-C stated the medications were already set up by the nurse and the information would be found in the computer. The surveyor observed ULP-C turn on the computer and log into the licensee's online electronic medication administration record (EMAR). R2 was not logged into the EMAR at the time of observation. ULP-C failed to demonstrate medication verification without prompting by the surveyor. The surveyor observed the following medications listed on the EMAR for R2. - aspirin Tab Chewable (Daily) Chew and swallow 1 tablet of 81mg by mouth daily; - benztropine (Cogentin) (Daily) Take 1 tab by mouth daily in the morning for stiffness; - divalproex ER (Daily) Take 2 tabs of 500 mg	02320		

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02320	Continued From page 6 (1000mg) by mouth in the morning; - haloperidol lactate (Daily) Take 15ml (30mg) by mouth every morning; - losartan (Daily) Take 1 tab of 25 mg by mouth daily; - multivitamin (Daily) Take 1 tab by mouth once daily; - pantoprazole (Protonix) (Daily) Take 1 tablet of 40 mg by mouth daily; and - Propranolol (Daily) Take 1 tab of 60 mg by mouth once daily. On March 3, 2026, at 10:33 a.m., the surveyor observed ULP-C set up R2's liquid haloperidol lactate. The surveyor observed ULP-C pour the remaining 15ml left in the medication bottle into the measuring cup. ULP-C then stated they needed 25ml and would need to retrieve an additional bottle in order to administer the prescribed 25ml. The surveyor then asked if this was accurate and directed ULP-C to verify this against the EMAR. ULP-C then verified the dosage against the EMAR and correctly administered 15ml of haloperidol lactate. On March 3, 2026, at 10:36 a.m., ULP-C stated they had received training for medication administration upon hire from the registered nurse. ULP-C stated they were trained to verify medications against the EMAR prior to administration. ULP-C gave no further information as to why they did not verify medications against the EMAR. On March 3, 2026, at 11:03 a.m., clinical nurse supervisor (CNS)-B stated staff were trained and expected to take medications to the computer and then check to ensure that the setup medications matched the EMAR. CNS-B stated ULP-C was fairly new and may have been	02320		

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02320	Continued From page 7 nervous during administration. The licensee's undated Medication Administration policy indicated unlicensed personnel may assist with oral, topical, and other specific medications if the task has been delegated by a licensed professional and the aide has been deemed competent to perform the task for an individual client. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Motivate Home Services
4522 Kathrene Drive
Brooklyn Center, MN 55429
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36720

Risk:
License:
Expires on:
CFPM: Laura Baumgart
CFPM #: 62885; Exp: 9/3/2028

Inspection Info

Report Number: F1025261047
Inspection Type: Full - Single
Date: 3/2/2026 Time: 11:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 1
Total Priority 3 Orders: 0
Delivery:

! New Order: 3-500B Microbial Control: hot and cold holding

3-501.16A2 *Priority Level: Priority 1 CFP#: 22*

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.
COMMENT: Milk at 45 deg F, ambient at 44 deg F. Maintain cold TCS foods at or below 41 deg F. Refrigerator thermostat turned down during inspection. Wait a few hours and confirm using available food thermometer the temperature of TCS foods are at or below 41 deg F.

Comply By: 3/2/2026 Originally Issued On: 3/2/2026

New Order: 4-300 Equipment Numbers and Capacities

4-301.12A *Priority Level: Priority 2 CFP#: 48*

MN Rule 4626.0680A Provide a 3 compartment sink with integrally attached drainboards at each end for manually washing, rinsing and sanitizing equipment and utensils.
COMMENT: Dishwasher: Frigidiaire ffcd2413us3a
Per interior data plate and manf manual, the dishwasher does not appear to have the NSF Residential 184 certification. https://www.frigidaire.com/en/p/kitchen/dishwashers/FFCD2413US "NSF Certified No"

Provide a dishwasher which sanitizes, or install a 3 compartment sink with integral sideboards. By compliance date 3/20/26, provide either written confirmation a 3 compartment sink will be installed with a link/model # for review, or provide a link/model # for a dishwasher to casey.kipping@state.mn.us or another sanitartian. Provide any links prior to purchase of equipment to ensure it meets the requirements.

Use a basin for chemical sanitizing with an approved sanitizing solution with test kit until the new dishwasher is provided: https://www.health.state.mn.us/communities/environment/food/docs/fs/cleansanfs.pdf

Comply By: 3/20/2026 Originally Issued On: 3/2/2026

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 F1025261047 from 3/2/2026

Establishment Representative

Casey Kipping, MA RS

Public Health Sanitarian 3
651-201-4513
casey.kipping@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

Motivate Home Services
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F1025261047
Inspection Type: Full
Date: 3/2/2026
Time: 11:30 AM

Food Temperature: Product/Item/Unit: Milk**; Temperature Process:** Cold holding
Location: Refrigerator at 45 Degrees F.
Comment:
Violation Issued?: Yes

Equipment Temperature: Product/Item/Unit: Freezer**; Temperature Process:**
Location: Downstairs at Degrees F.
Comment: Frozen
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL36720016-0	**Date:** 3/2/2026
Facility Name: Motivate Home Services	
Facility Address: 4522 Katherine Drive, Brooklyn Park MN 55429	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Listed single and multiple-station smoke alarms complying with UL 217 shall be installed. [Minn. Stat. 144G.45 subd. 2; MSFC 907.2.10]

   Comments: During facility tour the surveyor observed that the smoke alarms throughout the facility had been recently replaced as they had a date written on the mounting base of 2/2/2026. There was no manufacturer name or identifying markings present on the smoke alarm. The surveyor asked licensed assisted living director (LALD)-A if they knew the brand of the newly installed smoke alarms or if they were UL 217 listed. LALD-A stated that maintenance personnel had replaced the smoke alarms and LALD-A did not know the brand or if they were UL 217 listed. The surveyor requested the licensee provide documentation from the manufacturer that the smoke alarms are UL 217 listed.

   During exit interview LALD-A provided the user guide for the smoke alarms that had been installed. The surveyor reviewed the provided user manual and could not locate where the smoke alarms were UL 217 compliant. On March 2, 2026, at 3:52 p.m. LALD-A emailed the surveyor a picture. The subject line was box of smoke detector. The attached picture was of a different brand of smoke alarm packaging.

   On March 3, 2026, at 2:28 p.m. the surveyor received an additional email from human resources (HR)-E. The email appeared to be a screen shot of a sale listing for the smoke alarms that were installed. The sale listing was from a third party vendor and not the manufacturer.