Electronically Delivered

March 25, 2024

Licensee
Motivate Home Services
9235 Zane Avenue North Unit 2
Brooklyn Park, MN 55443

RE: Project Number(s) SL36442015

Dear Licensee:

On March 20, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the February 7, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

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

PMB

Electronically Delivered

February 27, 2024

Licensee
Motivate Home Services
9235 Zane Avenue North Unit 2
Brooklyn Park, MN 55443

RE: Project Number(s) SL36442015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 7, 2024, 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.

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

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment.
MDH may impose a fine of $1,000 for each substantiated maltreatment violation that consists of

abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a

hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

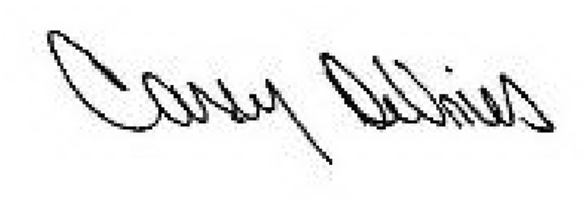
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms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

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36442	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	9235 ZANE AVENUE NORTH UNIT 2 BROOKLYN PARK, MN 55443

(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: SL36442015-0 On February 5, 2024, through February 7, 2024, 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 4 residents; all of whom were receiving services under the Assisted Living license. An immediate order was identified on February 5, 2024, issued for SL36442015-0, tag identification 1290. On February 6, 2024, the immediacy for correction order 1290 was removed, however non-compliance remained, and the scope and level remained unchanged.	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 License Providers. 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 surveyors' 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 subd. 1, 2, and 3.	
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living	0 100		

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0 100	Continued From page 1 facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.	0 100		

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0 100	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain accurate licensure when the licensee applied for two licensures despite having a single building sharing one roof without having an approved two-hour fire wall. 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: The licensee's health facility identification (HFID) 36442 was located at 9235 Zane Avenue North Unit 2 Brooklyn Park Minnesota (MN) 55443 (Lily's House) and was attached to 9235 Zane Avenue North Unit 1 Brooklyn Park MN 55443 (Alexa's House) with HFID 36441 by a shared wall as a side-by-side twin home. On February 6, 2024, at 2:14 p.m., clinical nurse supervisor (CNS)-A, provided architectural plans dated March 3, 2018, and stated the plans provided reflect the construction of the building. Minnesota Department of Health engineering survey staff reviewed the plans and observed the plans indicated the wall separating this licensed assisted living from the licensed facility sharing the separation wall in the same building was a	0 100		

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0 100	Continued From page 3 1-hour rated demising wall. On February 7, 2024, at 8:45 a.m., CNS-A stated, "I don't think you understand the repercussions that licensing this place any other way would have with our Cadi waiver (Community Access for Disability Inclusion Waiver: Program that provides home and community-based services to children and adults with disabilities who require the level of care provided in a nursing facility)." During an interview on February 7, 2024, at 9:35 a.m., engineering survey staff stated assisted living licensing requires the wall separating licensed assisted living facilities from another licensed facility or another occupancy in the same building to be constructed as a 2-hour fire barrier wall. During an interview on February 7, 2024, at 9:40 a.m., CNS-A, stated they were working with the designer and builder of the facility to confirm the construction of the wall separating this licensed assisted living from the adjacent licensed facility was a 2-hour fire barrier wall. During an interview on February 8, 2024, at 1:20 p.m., owner (O)-P, stated they worked with the designer and builder of the facility, and it was confirmed the wall separating this licensed facility from the licensed facility sharing the wall in the same building is constructed as a 1-hour fire resistant rated wall as required by the Minnesota Building Code at the time of construction. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 100		

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0 800	Continued From page 4	0 800		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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). Findings include: On a facility tour on February 7, 2024, at 9:10 a.m., with clinical nurse supervisor (CNS)-A and licensed assisted living director (LALD)-D, the surveyor made the following observations of facility hazards and disrepair:	0 800		

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0 800	Continued From page 5 The resident sleeping room doors were not provided with a number to identify the room and coincide with the resident room numbers on the posted fire safety and evacuation floor plan. The doors of the resident sleeping rooms are required to be provided with numbers identifying the room and location in order to be used for direction and communication during a fire or similar emergency. Smoking remains (used cigarette butts) were observed on the ground around the front entrance of the facility. At the time of the tour there was not an appropriate dispenser provided at the front door area for disposing of used cigarette butts. During an interview on February 7, 2024, at 9:30, CNS-A, stated the designated smoking area according to the assisted living policy is at the back patio where an appropriate dispenser is provided. On February 7, 2024, at 10:43 a.m., LALD-D, provided documentation the residents are trained regarding location of designated smoking areas and proper disposal of used cigarette butts. The documentation also stated the assisted living staff will supervise smoking activities and ensure used cigarette butts are disposed of appropriately. During a facility tour on February 7, 2024, at 9:35, CNS-A, and LALD-D, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment	0 810		

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0 810	Continued From page 6 (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content, make the plan readily available, provide required	0 810		

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0 810	Continued From page 7 training and drills. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) 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: On February 7, 2024, at 9:05 a.m., clinical nurse supervisor (CNS)-A, and licensed assisted living director (LALD0-D, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. TRAINING Record review of documents provided indicated the licensee failed to provide training to employees on the FSEP upon hire and at least twice per year as evident by providing documentation the employees received specific FSEP training at orientation and on May 7, 2022, October 27, 2022, and May 2, 2023. There was no documentation provided the employees received training at least twice per year in 2023. During an interview on February 7, 2024, at 9:20 a.m., CNS-A, stated they provided all the employee training documentation that was available. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		

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01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and received in affiliation with the assisted living license for eleven of twenty-eight employees (unlicensed personnel (ULP)-C, ULP-E, ULP-F, ULP-G, ULP-H, ULP-I, ULP-K, ULP-L, ULP-M, ULP-N, ULP-O). This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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:	01290		

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01290	Continued From page 9 The licensee's staffing plan dated November 21, 2023, indicated one unlicensed personnel (ULP) was scheduled per shift. On February 5, 2024, at 3:35 p.m., licensed assisted director (LALD)-D stated the ULPs are not always supervised, and they can work independently. ULP-C ULP- C was hired on January 8, 2021, to provide direct cares and services to residents. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-C was scheduled to work day-shifts (7a.m. to 3 p.m.) for the following dates: January 3, 13, 14, 19, 20, 21, 29, February 3,4, 8, 10, and evening-shifts (3 p.m. to 11 p.m.) for the following dates: February 3. ULP-C's employee record included a background study clearance dated July 12, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-C after the covid 19 eligible status was expired. ULP- E ULP- E was hired on April 2, 2021, to provide direct cares and services to residents. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-C was scheduled to workday-shifts (7a.m. to 3 p.m.) for the following dates: January 2, 5, 9, 18, 23 24, 25 30 and February 6, 4, 8, 10. ULP-E's employee record included a background	01290		

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01290	Continued From page 10 study clearance dated July 16, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-E after the covid 19 eligible status was expired. ULP-F ULP- F was hired on April 2, 2021, to provide direct cares and services to residents. The licensee's staffing schedule for February 1 to 11, 2024, indicated ULP-F was scheduled to work day-shifts (7a.m. to 3 p.m.) for the following dates: February 11. ULP-F's employee record included a background study clearance dated September 17, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-F after the covid 19 eligible status was expired. ULP-G ULP- G was hired on October 10, 2019, to provide direct cares and services to residents. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-G was not scheduled to work for the month of January and February. Clinical nurse supervisor CNS-A stated ULP-G was on-call and worked wherever needed at this facility and other facilities at their sister company. ULP-G's employee record included a background study clearance dated July 12, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was Expired on December 31, 2022. The	01290		

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	36442	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	9235 ZANE AVENUE NORTH UNIT 2 BROOKLYN PARK, MN 55443

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01290	Continued From page 11 licensee lacked evidence the licensee submitted a background study for ULP-G after the covid 19 eligible status was expired. ULP-H ULP- H was hired on June 2, 2019, to provide direct cares and services to residents. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-H was scheduled to work evening shift (3p.m. to 11 p.m.) January 6. ULP-H's employee record included a background study clearance dated July 9, 2021, and July 28, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-H after the covid 19 eligible status was expired. ULP-I ULP- I was hired on January 8, 2021, to provide direct cares and services to residents. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-I was scheduled to work evening-shifts (3 p.m. to 11 p.m.) for the following dates: January 9, 15, 16, 22, 23, February 6,4, 8, 10, and day-shift (7 a.m. to 3 p.m.) for the following dates: February 4. ULP-I's employee record included a background study clearance dated October 13, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-I after the covid 19 eligible status was expired.	01290		

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	36442	A. BUILDING: _____ B. WING _____	02/07/2024

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01290	Continued From page 12 ULP- K ULP- K was hired on February 2, 2022, to provide direct cares. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-K was scheduled to work evening-shifts (3 p.m. to 11 p.m.) for the following dates: January 7, 20, and February 4, night-shift (11 p.m. to 7 a.m.) January 11,12, 20, and February 3, 4. ULP-K's employee record included a background study clearance dated February 10, 2022, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-K after the covid 19 eligible status was expired. ULP- L ULP- L was hired on April 2, 2021, to provide direct cares. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-L was not scheduled to work for the month of January and February. Clinical nurse supervisor CNS-A stated ULP-F was on vacation and not scheduled to work this month (February 2024). ULP-L's employee record included a background study clearance dated July 15, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-L after the covid 19 eligible status was expired.	01290		

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01290	Continued From page 13 ULP- M ULP- M was hired on June 30, 2021, to provide direct cares. The licensee's staffing schedule for January 2024 indicated ULP-L was scheduled to work evening-shifts (3 p.m. to 11 p.m.) for the following dates: January 3, 5, 12, 13, 14, 24, 31 and February 7, 10, 11. ULP-M's employee record included a background study clearance dated July 8, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-M after the covid 19 eligible status was expired. ULP- N ULP- N was hired on April 1, 2021, to provide direct cares. The licensee's staffing schedule for January 1, 2024, through February 11, 2024, indicated ULP-N was scheduled to work day-shift (7 a.m. to 3 p.m.) for the following dates: January 22, 26, 31 and February 1, 8, 9. ULP-N's employee record included a background study clearance dated July 29, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-N after the covid 19 eligible status was expired. ULP- O ULP- O was hired on April 22, 2021, to provide direct cares.	01290		

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01290	Continued From page 14 The licensee's staffing schedule for February 1, 2024, through February 11, 2024, indicated ULP-O was scheduled to night-shift (11 p.m. to 7 a.m.) for the following dates: February 10. ULP-O's employee record included a background study clearance dated July 9, 2021, affiliated to the licensee's HFID #36442. However, the "eligible covid 19 study" status for background study was expired on December 31, 2022. The licensee lacked evidence the licensee submitted a background study for ULP-O after the covid 19 eligible status was expired. On February 5, 2024, at 11:30 a.m., CNS-A stated they did not know the "eligible covid 19 study" status was expired and they did not know they had to resubmit a background study. The licensee's 4.02 Background Studies policy undated read: "1. Each agency employee/volunteer or contractor who will provide direct care to clients must have a background study completed. The forms will be completed at the time of hire. If the person fails to provide the information necessary to complete the background study, their application for direct care employment will not be completed. 2. Employees may not work until the results of the background study have been received. (The law allows an individual to provide direct contact services while a study is pending as long as that person is under continuous direct supervision of the employer)". The Minnesota Department of Human Services (DHS) website for Emergency Background Studies End dated as updated September 28, 2023, indicated, "Expiration dates for emergency studies are displayed as 12/31/2022 in NETStudy 2.0" and "The Background Studies Division no	01290		

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01290	Continued From page 15 longer reviews new records or information for an individual who only has an emergency study in NETStudy 2.0." The DHS website for Background Studies dated as updated December 28, 2023, indicated, "DHS temporarily modified background studies during the COVID-19 pandemic. Those modifications ended Jan. 1, 2023. Learn more about the return to fully compliant studies." No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE On February 6, 2024, the immediacy for correction order 1290 was removed, however non-compliance remained, and the scope and level remained unchanged.	01290		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee included language within the residency agreement contract which limited the rights of all residents residing within the facility. 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	02290		

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02290	Continued From page 16 resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted for services on November 1, 2022, with diagnoses including schizoaffective disorder (mental health disorder marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania). R1's signed service plan dated November 1, 2023, indicated R1 received assistance with medication management. Right to Come and Go Freely: R1's contract signed on November 1, 2023, under "House Rules" and "Leaving the Premises" indicated: -Clients [residents] must sign in and out when leaving, even if for a walk. A return time must be provided. If a client is going to be late from scheduled return time a call must be placed to house manager or house staff with new time. - Clients are allowed only two overnights a month. All other authorized leave of absences (LOA) are per individual care plans and may vary according to clients. - Nursing must be notified 72 hours ahead of planned LOA for medication set up. - No overnight absences are permitted without direct approval from client's case worker and administration On February 6, 2024, at approximately 11:10a.m.,	02290		

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02290	Continued From page 17 licensed assisted living director (LALD)-D stated residents are not allowed to take longer LOAs due to medication compliance issues. Right to Individual Autonomy: R1's contract signed on November 1, 2023, under "House Rules" and "Client Relationship" indicated: "-Romantic or sexual relationships between clients are prohibited except approved by the team." R1's resident record also included a signed document titled "Attention all Motivate Clients" signed on December 22, 2022, read: "1.Smoking is a privilege not a right. a. You must NEVER smoke in the house b. You must NEVER put out your cigarette on the house itself c. You must put your butts in the ashtray If this behavior continues at any one house, we will make the home no smoking. Encourage your peers to follow the rules. 2. Mattresses a. A zippered mattress protector must be on your bed at all times i. If it become soiled it will be washed and put back on before you get back into bed b. Clean sheets must be on your bed at all times i. Sheets must be washed every week If you fail to follow this rule you will be responsible to pay for your mattress." R1's contract signed on November 1, 2023, under "Termination of Contract" and "Determining that a Service and housing are to be Terminated" indicated: failure of client to comply with assisted living contract, and client refusal of available care were listed as reasons for termination.	02290		

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02290	Continued From page 18 The licensee's blank contract entitled Motivate Home Services Assisted Living Contract provided by the licensee also contained the same contents mentioned above. On February 6, 2024, at approximately 11:10 a.m., licensed assisted living director (LALD)-D stated due to the resident's mental health conditions, residents are not allowed to have romantic or sexual relationships unless approved by mental health guardian, family, and facility nurse. LALD-D also stated R1 was occasionally incontinent and did not comply with incontinent products, and his family complained about his room when the room was not clean. LALD-D stated all residents had signed the above-mentioned documents. On February 7, 2024, at 11:40a.m., on the exit conference clinical nurse supervisor (CNS)-A stated they are just protecting their property from damage by having residents sign the forms and the restriction statements in the contract. CNS-A further stated the facility had to incur a $50 dollar cost for taking a damaged mattress to the dumpster and had to pay for a new mattress in case of a damage to the mattress. "We do not want to do that; do we have another option? Can we have them buy their own mattress?" CNS-A stated smoking is not a privilege as they can make their facility a smoke free facility when they explained the reason why they had the above-mentioned form about smoking. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *02/05/24*
Time: 10:30:00
Report: 1039241033

Food and Beverage Establishment Inspection Report

Location:
Lilys House
9235 Zane Avenue North Unit 2
Brooklyn Park, MN55443
Hennepin County, 27

Establishment Info:
ID #: 0038074
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528480935
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonium: = 300 PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 43 Degrees Fahrenheit - Location: COLD HOLD REFRIGERATOR
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	0

The inspection was completed with the person in charge and reviewed with MDH nurse evaluator Dee Mosissa.

The kitchen is of residential build and should serve food for same-day service only.

The kitchen has wood cabinets with hollow base, wood laminate floor, painted walls and ceiling and laminate countertops.

The kitchen finishes and surfaces are clean and well maintained.

The kitchen refrigerator/freezer are of residential grade.

A 1-compartment sink is present in kitchen. Establishment practices double handwashing.

An NSF residential dishwashing machine is located in the kitchen. By color-change test strip, the

dishwashing machine achieves a sanitizing rinse temperature of at least 180 degrees F.

A supply of single-use gloves is present in kitchen. A thin-probe food thermometer is present in kitchen.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1039241033 of 02/05/24.

Certified Food Protection Manager: Bernice K. Mbong

Certification Number: FM109403 Expires: 02/02/25

Inspection report reviewed with person in charge and emailed.

Signed:_____

Tenna Christiansen
Program Manager

Signed:_____

Aron Goodner
Public Health Sanitarian I
Freeman Building
aron.goodner@state.mn.us