Electronically Delivered

March 26, 2025

Licensee
Motivate Home Services
9235 Zane Avenue North Unit 4
Brooklyn Park, MN 55443

RE: Project Number(s) SL36444016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 12, 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 . . ."

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.

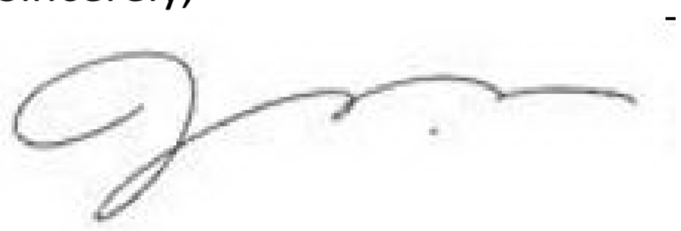
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 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
	36444	A. BUILDING: _____ B. WING _____	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	9235 ZANE AVENUE NORTH UNIT 4 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 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: SL36444016-0 On February 10, 2025, through February 12, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were three residents 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.	
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication	01760		

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01760	Continued From page 1 Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure accurate transcription for a changed prescription for one of one resident (R2) who had medication management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted on January 9, 2022, with diagnoses of schizoaffective bipolar type, alcohol use disorder, chronic obstructive pulmonary disease (COPD), and seizure disorder. R2's Service Plan dated December 11, 2024,	01760		

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01760	Continued From page 2 indicated R2 received activity assistance, alone time in the community, annual registered nurse (RN) visit, bathing assistance, bedmaking, behavior rules, deep room clean, dressing, grooming, housekeeping, laundry, linen change, medication administration, medication set up, nail care, oral cares, vital sign monitoring, safety checks, and shopping assistance. R2's provider order dated January 24, 2025, indicated to hold gabapentin and trazodone if intoxication was suspected. R2's Med Admin Summary (MAR) dated January 2025 and February 2025, indicated gabapentin 100 milligrams (mg), take one capsule by mouth three times a day was scheduled at 8:00 a.m., 2:00 p.m., and 9:00 p.m.; and trazodone, take one tablet by mouth at bedtime, give after 8:30 p.m. and hold if concerns for alcohol use, was scheduled at 9:00 p.m. R2's MAR had specific written directions hold trazodone if intoxication was suspected but lacked specific written directions to hold gabapentin if intoxication was suspected. R2's Master Care Plan dated December 11, 2024, indicated it was last updated on December 11, 2024, and lacked specific written directions for the administration of the changed medications to hold gabapentin and trazodone if intoxication was suspected. On February 11, 2025, at 12:55 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated if the resident were to be intoxicated, the staff would call the nurse; and the nurse would tell the staff what to do. LALD/CNS-C then stated it did make sense to update the MAR.	01760		

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01760	Continued From page 3 The licensee's undated Medication Prescriptions and Refills policy indicated the registered nurse (RN) would make any changes to the MAR immediately after receiving a prescription/order for a change in medication or a new medication; and the RN would make any necessary changes to the service plan and /or care plan, including specific written directions for the administration of the new or changed medications. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee included language within the assisted living 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 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	02290		

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02290	Continued From page 4 the residents). The findings include: On February 10, 2025, at 10:00 a.m., during the entrance conference, the surveyor requested a blank copy of the licensee's contract used for all residents. The licensee's undated Assisted Living Contract indicated the following under Safety Guidelines, Drugs and Alcohol: administration reserved the right to search a room if illegal drugs, or weapons are suspected on the premises; and under Visitors: all visitors under 18 must be accompanied by an outside adult party. On February 11, 2025, at 12:55 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated they were not aware of not being able to search the resident rooms. LALD/CNS-D stated when caring for residents with mental health issues, it was hard and it's the licensee's job to keep them safe. The licensee's undated Assisted Living Bill of Rights policy indicated staff may not request nor obtain from the resident any waiver of any of their rights. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

Minnesota Department of Health
Food Pools & Lodging Services
P.O. Box 64974
St Paul, MN 55164-0975
651 201 4500

Type: Full
Date: *02/10/25*
Time: 14:14:22
Report: 8058251034

Food and Beverage Establishment Inspection Report

Location:

Motivate Home Services
9235 Zane Avenue North Unit 4
Brooklyn Park, MN55443
Hennepin County, 27

Establishment Info:

ID #: 0039216
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7634007761
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

Hot Water: = at 180 Degrees Fahrenheit
Location: DISH WASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: COLESLAW
Temperature: 41 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Process/Item: STRAWBERRY
Temperature: 39 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

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

HRD INSPECTION

LIMITED COMMERCIAL SPACE

Type: Full
Date: *02/10/25*
Time: 14:14:22
Report: 8058251034
Motivate Home Services

Food and Beverage Establishment Inspection Report

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 8058251034 of 02/10/25.

Certified Food Protection Manager: RACHEL FAITH LORENZEN

Certification Number: 4432 Expires: 02/02/28

Inspection report reviewed with person in charge and emailed.

Signed: _____
RACHEL FAITH LORENZEN
PIC

Signed: _____
Aaron Gertz
Sanitarian 3
MDH Metro Office
651 201 4500
aaron.gertz@state.mn.us