Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

October 6, 2025

Licensee
Prime Healthcare Services LLC
11333 Welcome Avenue
Champlin, MN 55316

RE: Denial of License Number 417127
Health Facility Identification Number (HFID) 40699
Initial survey; Project Number SL40699015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on July 23, 2025, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above-mentioned provider. Based on the survey, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G. As a result, your authority to continue to operate under a provisional license or be approved for an assisted living facility license is being denied.

STATE CORRECTION ORDERS
The enclosed State Form documents the state licensing orders. The Department of Health documents state 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 . . ."

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.16, Subd. 4, you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by the Minnesota Department of Health and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

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

Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF RESIDENTS
You must comply with the requirements for notification and coordinated move of residents noted in Minn. Stat. § 144G.52 and Minn. Stat. § 144G55. Additionally, please provide the information described in Minn. Stat. § 144G.20, Subd. 15 (a) (1), (2), (3), (4) and (5) to this department's contact, Jess Schoenecker, via email at: Jess.Schoenecker@state.mn.us. Also provide this information to the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care **no later than October 9, 2025.**

Pursuant to Minn. Stat § 144G.16, Subd. 5 (3), a provisional licensee whose license is denied is permitted to continue operating as an assisted living facility during the period of time when a transfer of assisted living facility resident(s) from the provisional licensee to a new assisted living facility provider is in process.

Additionally, pursuant to Minn. Stat. § 144G.16, Subd. 5 (1), you may continue operating during the reconsideration process.

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

If you have any additional questions, please do not hesitate to contact Jess Schoenecker, Supervisor, at Jess.Schoenecker@state.mn.us. Jess Schoenecker can also be reached by office phone at 651-201-3789.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40699	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIME HEALTHCARE SERVICES LLC	11333 WELCOME AVENUE CHAMPLIN, MN 55316

(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: SL40699015-0 On July 21, 2025, the Minnesota Department of Health initiated a full survey at the above provider and the following correction orders are issued. At the time of the survey, there was one (1) resident; 1 receiving services under the Provisional Assisted Living Facility license. On July 23, 2025, the survey was aborted due to lack of evidence of assisted living services beyond supportive services being provided to the resident.	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.	
0 330 SS=F	144G.30 Subd. 4 Information provided by facility (a) The assisted living facility shall provide	0 330		

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0 330	Continued From page 1 accurate and truthful information to the department during a survey, investigation, or other licensing activities. (b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and their legal representatives and designated representatives that includes addresses and telephone numbers and any other information requested about the services to residents. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide the Minnesota Department of Health (MDH) with accurate and truthful information when notifying MDH of providing assisted living services and during a survey. 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: The licensee held an assisted living facility license effective June 26, 2024, with an expiration date of June 25, 2025. R1 was admitted to the licensee on March 25, 2025. R1's record included a service log dated July 2025, indicating services included:	0 330		

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0 330	Continued From page 2 -prompting for shower or clothing change; -mobility and gait observation; -meal participation and food choices; -bowel movement tracking; -social interaction and isolation patterns; and -ensure continuous supervision to mitigate the patient's risk of elopement. R1's record lacked evidence of an assessment of services required for Minnesota Department of Health Services Customized Living program. NOTICE OF PROVIDING ASSISTED LIVING SERVICES On March 27, 2025, the licensee filed a Notice of Providing Services to MDH. The notice indicated the following services were currently being provided to R1: -assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing; -providing standby assistance; -providing verbal or visual reminders to the resident to take regularly scheduled medications, which includes bringing the resident previously set up medication, medication in original containers, or liquid or food to accompany the medication; -providing verbal or visual reminders to the resident to perform regularly scheduled treatments and exercises; -services of an advanced practice registered nurse, registered nurse, licensed practical nurse, physical therapist, respiratory therapist, occupational therapist, speech-language pathologist, dietitian or nutritionist, or social worker; -tasks delegated to unlicensed personnel by a registered nurse or assigned by a licensed health professional within the person's scope of practice;	0 330		

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0 330	Continued From page 3 -medication management services; -hands on assistance with transfer's and mobility; -assisting residents with eating when the residents have complicated eating problems identified in the resident record or through an assessment such as difficulty swallowing, recurring lung aspirations, or requiring the use of a feeding tube or parenteral or intravenous instruments to be fed; and -other complex services including trach cares, complex wound care, and stroke deficit management. On March 27, 2025, the licensee provided MDH with a Department of Human Services (DHS) Support Plan for R1. The plan was effective March 19, 2025, through January 31, 2026. The Support Plan lacked authentication by the resident or case manager. The support plan indicated there was no assessed need for the following services: -activities of daily living including dressing, grooming, bathing, eating, toileting, and mobility; -housekeeping, laundry, or shopping; -assistance making or arranging appointments; -non-medical transportation, -medication or treatment administration; -delegated task monitoring; and -orientation or behavior support. On March 27, 2025, the licensee provided MDH with R1's service plan signed on March 25, 2025, indicating a frequency for the following services for R1: -assistance with dressing: indicated "no help needed"; -assistance with self-feeding: indicated "no help needed except cannot use stove"; -assistance with oral hygiene: indicated "no help needed";	0 330		

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0 330	Continued From page 4 -assistance with hair care: indicated "reminders to wash hair". RESIDENT SERVICE PLAN On July 22, 2025, the surveyor requested a copy of R1's service plan and was provided a Service Agreement dated March 25, 2025. The service agreement did not indicate any services were provided to R1 and at what frequency. The service agreement provided to the surveyor was not the same service plan that was filed with MDH on March 27, 2025. EMPLOYEE TUBERCULOSIS (TB) DOCUMENTS On July 22, 2025, the surveyor requested TB test results for owner/clinical nurse supervisor (O/CNS)-A. The surveyor was provided a Mantoux Tuberculin Skin Test Result dated July 7, 2025, from SAMA Healthcare LLC. The skin test document showed the Patient Name and Patient Date of Birth (DOB) fields had been covered with correction fluid or tape and O/CNS-A's name and date of birth had been printed over the covered area. Additionally, the month the skin test was administered, and the month of the skin test result had also been covered with correction fluid or tape. O/CNS-A's TB skin test results had been altered, and surveyor was unable to determine the accuracy of the document. On July 22, 2025, at 10:09 a.m., O/CNS-A stated she could not find the original service plan and had created the service agreement when requested by the surveyor. O/CNS-A stated R1 and R1's representative had not authenticated the document, and she had added their names and the admission date.	0 330		

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0 330	Continued From page 5 On July 22, 2025, at 10:30 a.m., the surveyor reviewed the service agreement with O/CNS-A, who stated the following: -they did not provide dressing, grooming, or bathing assistance to R1, but would offer reminders as needed; -they did not assist with toileting or clean R1 after toileting, but would remind him to flush the toilet or wash his hands; -R1 was reluctant to shower, and they would remind him he needed to shower; -they prepare his meals, but do not provide any assistance with eating. R1 was on a regular diet and would communicate to the staff what he wanted to eat; -they were available to him for standby assistance. O/CNS-A gave the example that they would stand next to R1 and hand R1 his shirt but would not dress him. -they do not provide any medications or treatments/therapies to R1. O/CNS-A stated they did not have any physician orders or history and physical documentation for R1. O/CNS-A stated all medical information pertaining to R1 was verbally reported by R1's daughter; -they provided laundry services twice weekly to R1; and -they cleaned R1's room daily. On July 22, 2025, at 10:13 a.m., O/CNS-A stated R1 did not receive medication management services as he refused to see a physician and they had no medication orders for him. O/CNS-A stated they had no health history or present health information for R1. On July 22, 2025, at 10:39 a.m., the surveyor requested licensee's billing statements for R1. O/CNS-A stated they had not billed for services	0 330		

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0 330	Continued From page 6 for R1. On July 22, 2025, at 12:59 p.m., surveyor interviewed R1, who stated he was independent with dressing, grooming, and bathing, and did not require assistance. R1 denied that staff stood next to him and handed him a shirt. R1 stated that his room was not cleaned by staff members daily. R1 stated the staff prepared his meals for him and helped him with his laundry only. The surveyor was unable to determine if any services beyond supportive services were provided to R1. On July 22, 2025, at 1:55 p.m., O/CNS-A stated her TB test was completed prior to March 2025. O/CNS-A stated she did not know why the patient names and dates had been covered and changed on the document. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 330		