



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 23, 2026

Licensee
Advocate Care LLC
6509 75th Avenue North
Brooklyn Park, MN 55428

RE: Project Number(s) SL42159001

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on August 25, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

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

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

The total amount you are assessed is \$500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

Per 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 residents/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 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 the Department of Health 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 MDH 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.

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,

A handwritten signature in black ink that reads "Casey DeVries". The signature is written in a cursive, flowing style.

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

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER ADVOCATE CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6509 75TH AVE N BROOKLYN PARK, MN 55428		
(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: SL42159001-0 On August 24, 2026, through August 25, 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 both of whom received services under the provisional 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.		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment	0 550			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 550	Continued From page 1 All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place information about the licensee's grievance procedure which would include the name, telephone number, and email contact information for the individuals who were responsible for handling resident grievances. This had the potential to 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 the potential to affect a large portion or all of the residents).	0 550			

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0 550	Continued From page 2 The findings include: On August 24, 2026, at 9:42 a.m., during a facility tour, the surveyor observed a posting near the front entry titled Complaint and Grievance Process. The front of the document contained information related to the licensee's grievance process and the back of the document was blank. The licensee's posted grievance procedure lacked name, telephone number, and email contact information for the individuals who were responsible for handling resident grievances. On August 24, 2026, at 10:35 a.m., during an interview with clinical nurse supervisor (CNS)-C and assisted living director (ALD)-D, CNS-C verified the licensee's posting lacked the name, telephone number, and email contact information for the person who was responsible for handling concerns. ALD-D stated both residents were aware of the grievance process, and the information was included in their contracts. ALD-D stated both residents had their (ALD-D's) phone number programed into their phones and could call them if there was a concern. On August 24, 2026, at approximately 12:15 p.m., R2 stated if they had a concern they would contact the ombudsman. The surveyor inquired if they knew who to contact at the facility if they had a concern. R2 stated they did not know who they would contact. The licensee's Grievance policy dated November 26, 2025, indicated a copy of the grievance procedure was conspicuously posted in the facility and included the name, phone number, and email contact information for the individuals who were responsible for handling complaints.	0 550			

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0 550	Continued From page 3 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for two of two residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 630			

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0 630	Continued From page 4 The findings include: R1 R1 was admitted on August 9, 2026, and began receiving assisted living services on August 10, 2026. R1's diagnoses included bipolar disorder (a mental health condition characterized by significant mood swings, including manic episodes and depressive episodes), chronic kidney disease stage four, conversion disorder (abnormal sensory experiences and movement problems during periods of high psychological stress) with seizures, dysarthria after a cerebral infarction, and diabetes type two. R1's Addendum to Contract - Waiver - MN signed April 10, 2026, indicated R1 received assistance with activities, appointments, transportation, bathing reminders, dressing, grooming, housekeeping, laundry, behavior management, blood glucose monitoring, medication administration, and safety checks. R1's Assessment dated July 8, 2026, contained R1's IAPP. R1's IAPP indicated R1 was at risk of being abused by others and R1 had a history of verbal aggression and agitation. R1's IAPP included statement of specific measures to be taken to minimize the risk of abuse to R1 and decrease behaviors. Although R1's IAPP identified a history of aggression and agitation, R1's IAPP failed to assess their risk of abusing other vulnerable adults and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. R2	0 630			

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0 630	Continued From page 5 R2 was admitted on August 15, 2026, and began receiving assisted living services. R2's had the diagnosis of hypertension. R2's Service Plan signed August 15, 2026, indicated R2 received assistance with medication administration, vital sign monitoring, bathing reminders, grooming reminders, laundry, housekeeping, and meals. R2's Assessment dated July 14, 2026, contained R2's IAPP. R2's IAPP indicated R2 was at risk of being abused by others and R2 had a history of verbal aggression and agitation. R2's IAPP included statement of specific measures to be taken to minimize the risk of abuse to R2 and decrease behaviors. Although R2's IAPP identified a history of aggression and agitation, R2's IAPP failed to assess their risk of abusing other vulnerable adults and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. On August 25, 2026, at approximately 11:30 a.m., during an interview with assisted living director (ALD)-D and telephone interview with clinical nurse supervisor (CNS)-C, CNS-C stated R1 and R2 were vulnerable adults with mental health issues. CNS-C stated they assessed if R1 and R2 were at risk to abuse others and it would be documented in the resident assessment. CNS-C stated in Residex (a documenting software) assessments, there were questions located under the safety section that addressed if a resident was or was not at risk to abuse others. CNS-C stated they did assess R1 and R2 and found them not at risk to abuse others however, they did not check the box off (address the question)	0 630			

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0 630	Continued From page 6 in the assessment. The licensee's Vulnerable Adult Policy dated November 26, 2025, indicated the licensee was responsible for completing and assessing the vulnerability status of each resident upon admission. Susceptibility to abuse included self-abuse, neglect, and risk of abuse by other individuals including other vulnerable adults in the following areas: - physical; - verbal; - sexual; - financial exploitation; and - self abuse. In addition, the resident's risk of abusing other vulnerable adults within the residence shall be assessed. The vulnerable adult status assessment shall be documented in the clinical record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to	0 680			

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0 680	Continued From page 7 all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents receiving services under the provisional assisted living license. 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 EPP dated June 14, 2026, lacked the following required content: - EPP resident population;	0 680			

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0 680	Continued From page 8 - policies and procedures for arrangements with other facilities; and - emergency officials contact information. On August 25, 2026, at approximately 11:30 a.m., assisted living director (ALD)-D stated if an evacuation occurred, they would evacuate to a different assisted living facility located eight minutes from the facility. ALD-D was unable to state the name of the facility. The surveyor inquired if they had an alternative evacuation site. ALD-D stated, "perhaps a hotel." The surveyor inquired about which hotel. ALD-D said they would evacuate to the closest hotel. ALD-D stated they had a memorandum of understanding (MOU) with the assisted living facility they would evacuate to located in the EPP. The surveyor showed ALD-D the blank MOU located in the EPP. ALD-D stated the MOU may be located in Residex (a documenting software program). ALD-D stated they did not have a MOU with a hotel. ALD-D verified that the EPP lacked a telephone number for the state licensing and certification agency and the Office of the State Long-Term Care Ombudsman (OOLTC) and stated the numbers were posted on the wall. ALD-D stated the resident population for the emergency preparedness plan was located in Residex. The licensee's Emergency Preparedness policy dated August 26, 2025, indicated that the licensee would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. Minnesota Administrative Rule 4659.0100 dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency	0 680			

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0 680	Continued From page 9 preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.72, or successor requirements. This part referenced documents, specifications, methods, and standards in State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types: Interpretive Guidance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the	0 730			

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0 730	Continued From page 10 resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the resident record included medical history for one of two residents (R2). 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).	0 730			

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0 730	Continued From page 11 The findings include: R2 was admitted on August 15, 2026, and began receiving assisted living services. R2's Service Plan signed August 15, 2026, indicated R2 received assistance with medication administration, vital sign monitoring, bathing reminders, grooming reminders, laundry, housekeeping, and meals. From August 24, 2026, to August 25, 2026, the surveyor reviewed R2's medical record. The surveyor observed R2's hard (paper) chart and medical documents provided by the licensee printed from Residex (a documenting software). The surveyor observed R2's medical record lacked R2's diagnoses. The surveyor observed R2's medication list which indicated R2 used medications to reduce cholesterol, blood pressure, pain, and constipation. In addition, R2's medication list included an anticoagulant medication called Warfarin. On August 25, 2026, at approximately 11:30 a.m., during an interview with assisted living director (ALD)-D and telephone interview with clinical nurse supervisor (CNS)-C, the surveyor inquired where they could locate R2's diagnoses within R2's record. CNS-C stated R2 had hypertension. CNS-C stated, "oh I did not list it." CNS-C stated they would add R2's diagnoses to the medical chart. The licensee's Clinical Record policy dated November 26, 2025, indicated a clinical record would include pertinent health information and medical history.	0 730			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 42159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2026
NAME OF PROVIDER OR SUPPLIER ADVOCATE CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6509 75TH AVE N BROOKLYN PARK, MN 55428		
(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
0 730	Continued From page 12 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated August 25, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7)	0 775			

Minnesota Department of Health

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0 775	Continued From page 13 days	0 775			
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 900			

Minnesota Department of Health

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0 900	Continued From page 14 licensee failed to execute a written assisted living contract prior to providing housing or services for one of two residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted on August 9, 2026, and began receiving assisted living services on August 10, 2026. R1's diagnoses included bipolar disorder (a mental health condition characterized by significant mood swings, including manic episodes and depressive episodes), chronic kidney disease stage four, conversion disorder (abnormal sensory experiences and movement problems during periods of high psychological stress) with seizures, dysarthria after a cerebral infarction, and diabetes type two. R1's contract was signed on August 10, 2026, one day after the licensee provided housing to R1. On August 25, 2026, at approximately 11:30 a.m., assisted living director (ALD)-D stated on the day R1 admitted to the facility, the nurse completed R1's assessment and they started to review the contract and explain the bill of rights to R1. ALD-D stated R1 became "frustrated" with the	0 900			

Minnesota Department of Health

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0 900	Continued From page 15 questions being asked and R1 "was not happy" because of an issue with not receiving their benefits. ALD-D stated R1 stated they did not want to complete any more of the paperwork, so they approached R1 the next day. The surveyor inquired if they had documentation of R1's refusal to sign the contract. ALD-D stated no. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900			
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 limited the rights of the residents who resided in the facility when the licensee required residents not to consume or possess alcohol within the facility. This had the potential to affect two of two residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to	02290			

Minnesota Department of Health

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02290	Continued From page 16 affect a large portion or all of the residents). The findings include: R1 R1 was admitted on August 9, 2026, and began receiving assisted living services on August 10, 2026. R1 diagnoses included bipolar disorder (a mental health condition characterized by significant mood swings, including manic episodes and depressive episodes), chronic kidney disease stage four, conversion disorder (abnormal sensory experiences and movement problems during periods of high psychological stress) with seizures, dysarthria after a cerebral infarction, and diabetes type two. R1's Addendum to Contract - Waiver - MN signed April 10, 2026, indicated R1 received assistance with activities, appointments, transportation, bathing reminders, dressing, grooming, housekeeping, laundry, behavior management, blood glucose monitoring, medication administration, and safety checks. R2 R2 was admitted on August 15, 2026, and began receiving assisted living services. R2's had the diagnosis of hypertension. R2's Service Plan signed August 15, 2026, indicated R2 received assistance with medication administration, vital sign monitoring, bathing reminders, grooming reminders, laundry, housekeeping, and meals. R1 and R2's Lease Addendum for Crime-Free	02290			

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02290	Continued From page 17 Alcohol/Beer/Illegal Drug-Free House signed April 14, 2026, and April 15, 2026, respectively, indicated possession and use of alcohol was not permitted on the premises. In addition, the document indicated that a single violation shall be good cause for termination of the lease. On August 25, 2026, at approximately 11:30 a.m., during an interview with assisted living director (ALD)-D and telephone interview with clinical nurse supervisor (CNS)-C, ALD-D stated the licensee would have residents sign the document above upon admission. ALD-D stated the licensee has not had any issues with alcohol at the facility however, they would enforce no alcohol at the facility. The surveyor inquired if that would infringe on residents' rights. ALD-D stated, "that is good question. Yes, it would." ALD-D stated they had residents sign the document and would enforce it because the residents they worked with were vulnerable and if they consumed any substance written on the document it could interfere with resident safety. ALD-D stated they believed allowing residents to drink alcohol would be a disservice and they were there to make it safe for the residents. CNS-C stated they had never seen the document before. The licensee's Minnesota Bill of Rights for Assisted Living policy dated 2023 indicated residents have the right to individual autonomy, initiative, and independence in making life choices. 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. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	02290			

Minnesota Department of Health

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02290	Continued From page 18 (21) days	02290			



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

Page: 1

Establishment Info	License Info	Inspection Info
ADVOCATE CARE LLC 6509 75TH AVE N Brooklyn Park, MN 55428 Hennepin County Parcel: Phone:	License: HFID 42159 Risk: License: Expires on: CFPM: CFPM #: ; Exp:	Report Number: F8058261188 Inspection Type: Full - Single Date: 8/24/2026 Time: 5:04:36 PM Duration: minutes Announced Inspection: No <u>Total Priority 1 Orders: 0</u> <u>Total Priority 2 Orders: 0</u> <u>Total Priority 3 Orders: 0</u> <u>Delivery: Emailed</u>

No orders were issued for this inspection report.

Food & Beverage General Comment

THE INSPECTION WAS COMPLETED BY AARON GERTZ.

HRD INSPECTOR ASHLEY CREWS

STRAWBERRY 41
CHEESE 40
DISH MACHINE 180

LAMINATE FLOOR, LAMINATE COUNTER, WOOD CABINETS, PAINTED SHEETROCK.

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 F8058261188 from 8/24/2026

Jerry Malloy

FADUMO ELMI
CFPM

Jerry Malloy,
Public Health Sanitarian Supervisor
651-201-3998
jerry.malloy@state.mn.us

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL42159001-0	Date: 8/25/2026
Facility Name: ADVOCATE CARE LLC	
Facility Address: 6509 75th Ave N, Minneapolis, Minnesota 55428	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

Comments: Exposed conduit wiring was connected to an extension cord, which was then plugged into a surge protector. The conduit wiring was routed up the wall and into the ceiling to provide power to a bathroom exhaust fan. The use of extension cords and surge protectors as a substitute for permanent wiring created an electrical and potential fire hazard.

3. In buildings that contain a fuel-burning appliance or fireplace, or attached private garage, carbon monoxide detection shall be installed in dwelling units within ten feet of bedrooms. Where a fuel burning appliance is located in a bedroom or its attached bathroom, carbon monoxide detection shall be installed within the bedroom. Carbon monoxide detection can be provided by carbon monoxide alarms installed in dwelling or sleeping units or a carbon monoxide detection system installed in the room or space that contains the fuel-burning appliance. [Minn. Stat. 144G.45 subd. 2; MSFC 915]

Comments: It was observed there were not any carbon monoxide alarms installed outside and within 10 feet of all sleeping rooms. Facility was equipped with a water heater, furnace and stove that all have the potential risk to produce carbon monoxide.