Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 30, 2025

Licensee
Premium Healthcare LLC
5701 88th Crescent North
Brooklyn Center, MN 55443

RE: Project Number(s) SL41246015

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 September 10, 2025, 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 . . ."

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
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

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41246	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIUM HEALTHCARE LLC	5701 88TH CRESCENT NORTH BROOKLYN CENTER, 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 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: SL#41246015 On September 8, 2025, through September 10, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 4 residents; 4 receiving 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 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 SUBDIVISION 1-3.	
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	Continued From page 1 The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post required content to include the 911 emergency number in common areas. 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 potential to affect a large portion or all of the residents). The findings include: On September 8, 2025, at 11:10 a.m., during the facility tour, the surveyor observed the main areas of the facility with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A.	0 640		

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0 640	Continued From page 2 The surveyor did not observe the 911 emergency number posted near two cordless telephones located on a counter in the kitchen and an end table in the living room. On September 8, 2025, at 11:15 a.m., LALD/CNS-A stated the cordless telephones could be used by staff, residents, or visitors. On September 8, 2025, at 11:20 a.m., LALD/CNS-A stated the licensee had 911 signs for the cordless telephones but don't know why they were not posted. The licensee's Vulnerable Adult policy dated August 1, 2021, indicated the licensee would contact local law enforcement if indicated when abuse or neglect was discovered. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations;	0 650		

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0 650	Continued From page 3 (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document a completed Tuberculosis (TB) baseline screening at time of hire for one of one employee (unlicensed personnel (ULP)-C). 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: ULP-C was hired on December 18, 2023. ULP-C's employee record indicated one Tuberculin Skin Test (TST) was completed and lacked documentation of a second TST completed for a two-step TST baseline screening	0 650		

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0 650	Continued From page 4 at time of ULP-C's hire. On September 8, 2025, at 12:30 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-C received two TSTs at time of hire, but the licensee had no record of the second TST completed for ULP-C at time of hire. On September 8, 2025, at 12:45 p.m., ULP-C stated a second TST was completed at time of hire and was unsure where the document was. The licensee's Tuberculosis Screening/Prevention policy dated August 1, 2021, indicated baseline screening was completed at time of hire for all direct care providers which included administering either a two-step TST or a single TB blood test and testing results would be kept in each employee medical file. The licensee's Personnel Records policy dated August 1, 2021, indicated the licensee would maintain documents related to health screening results in each employee medical file. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and the Centers for Disease Control and Prevention (CDC) guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The	0 650		

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0 650	Continued From page 5 second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
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 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.	0 680		

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0 680	Continued From page 6 This MN Requirement is not met as evidenced by: Based on 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 visitors, employees, and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On September 8, 2025, at approximately 1:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided a binder and stated the contents were the licensee's EPP. The licensee's EPP dated December 7, 2024, lacked an individualized plan to include all the required content below: -missing resident quarterly reviews; -policies and procedures for sheltering and volunteers; and -EPP testing program. On September 8, 2025, at approximately 2:30 p.m., LALD/CNS-A acknowledged the licensee's EPP lacked the above listed required content. LALD/CNS-A stated the licensee was not aware of all the EPP requirements and would update	0 680		

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0 680	Continued From page 7 the EPP with the required information. The licensee's Emergency Preparedness policy dated August 1, 2021, indicated the licensee would have an identified plan in place to ensure the safety and well-being of residents and employees during periods of an emergency or a disaster that disrupts services. The licensee's Missing Resident policy dated April 1, 2021, indicated the licensee would review the missing resident policy at least quarterly. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.	0 970		

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0 970	Continued From page 8 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: On September 8, 2025, at approximately 1:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided a resident's (R1) Assisted Living Contract and stated the contract was used by licensee for all residents who would live in the facility. The licensee's Assisted Living Contract dated December 18, 2024, on page 13, included a section titled Miscellaneous Provisions and read, "The resident agrees that resident shall be responsible for any personal injury or property damage suffered by the resident". On September 8, 2025, at approximately 2:00 p.m., LALD/CNS-A acknowledged the licensee's assisted living contract included a waiver of liability for health and safety or personal property of the resident. LALD/CNS-A stated the liability waiver from the licensee contracts was removed at other facilities under the same ownership umbrella as the licensee but had forgotten to remove the liability waiver from the contracts at this facility. No further information was provided. TIME PERIOD FOR CORRECTION:	0 970		

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0 970	Continued From page 9 Twenty-One (21) days	0 970		
01290 SS=D	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 a staff member 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 a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) for one employee (unlicensed personnel (ULP)-C). 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	01290		

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01290	Continued From page 10 situation has occurred only occasionally). The findings include: ULP-C was hired on December 18, 2023. On September 8, 2025, at approximately 10:30 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS-A) stated ULP-C was the only staff member that worked the day shift today for the licensee at this facility and provided cares for the residents. The licensee's employee work schedule dated September 2025, indicated ULP-C was scheduled to work for the licensee during 7:00 a.m. to 3:00 p.m., Monday through Friday and two Saturdays and Sundays in the month of September. On September 8, 2025, at approximately 11:45 a.m., the surveyor observed ULP-C perform a medication administration on a resident (R1). ULP-C's employee record included a BGS clearance dated December 18, 2023, with HFID 35683, a facility under the same ownership umbrella as the licensee. ULP-C's employee record lacked evidence of current, cleared BGS affiliated with the licensee's provisional assisted living license HFID 41246. On September 8, 2025, at approximately 1:43 p.m., the Minnesota Department of Human Services NETStudy2 website indicated ULP-C's BGS was affiliated with HFID 35683 and was not affiliated with HFID 41246. On September 8, 2025, at approximately 2:00	01290		

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01290	Continued From page 11 p.m., LALD/CNS-A stated ULP-C's BGS for HFID 41246 was not completed by the licensee and was unsure why. The licensee's Recruitment and Hiring policy dated April 19, 2024, indicated the licensee complied with all state regulations for pre-employment background checks/studies required for all employees. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		

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

Food & Beverage Inspection Report

Establishment Info

PREMIUM HOME HEALTHCARE LLC
5701 88TH CRESCENT NORTH
Brooklyn Park, MN 55443
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41246

Risk:
License:
Expires on:
CFPM: Ifeyinwa Osakwe
CFPM #: FM107559; Exp: 07/31/2027

Inspection Info

Report Number: F1047251166
Inspection Type: Full - Single
Date: 9/9/2025 Time: 11:00 am
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

Inspection conducted with operator and reviewed with MDH Nurse Evaluator C. Samrock.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has laminate floor, marble countertops, wood cabinets, painted and tiled walls, and a painted ceiling.

A two basin sink is located in the kitchen. One sink basin is designated for hand washing. A residential dish machine is located in the kitchen.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, and food handling procedures.

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 F1047251166 from 9/9/2025

Ifeyinwa Osakwe
Operator

Holly Sievers,
Public Health Sanitarian 2
651-201-5946
holly.sievers@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

PREMIUM HOME HEALTHCARE LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1047251166
Inspection Type: Full
Date: 9/9/2025
Time: 11:00 am

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

PREMIUM HOME HEALTHCARE LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1047251166
Inspection Type: Full
Date: 9/9/2025
Time: 11:00 am

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 180 Degrees F.
Comment:
Violation Issued?: No