



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 4, 2026

Licensee
Advocate House Assisted Living Services LLC
17910 28th Avenue North
Plymouth, MN 55447

RE: Project Number(s) SL41826015

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 February 10, 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 . . ."

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 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:

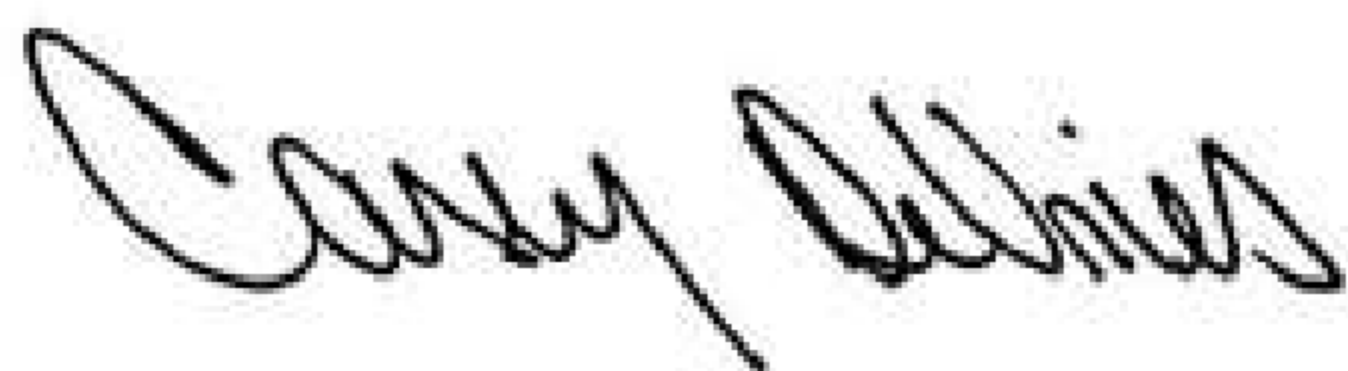
<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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,



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: 41826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2026
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NAME OF PROVIDER OR SUPPLIER ADVOCATE HOUSE ASSISTED LIVING SERVIC	STREET ADDRESS, CITY, STATE, ZIP CODE 17910 28TH AVE N PLYMOUTH, MN 55447
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL41826015-0</p> <p>On February 9, 2026, through February 10, 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 three residents, all of whom received services under the Provisional Assisted Living Facility license.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 485 SS=C	<p>144G.41 Subdivision 1.a (a) Minimum requirements; required food services</p>	0 485		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 485	<p>Continued From page 1</p> <p>(a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the assisted living contract did not require any resident to include and pay for meals as a part of their assisted living package fee for three of three residents (R1, R2, R3). In addition, the licensee failed to have a menu prepared at least one week in advance and made available to all residents. This had the potential to affect all residents of the facility.</p> <p>This practice resulted in a level one violation (a violation that will cause only 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 of the residents).</p>	0 485		
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0 485	<p>Continued From page 2</p> <p>The findings include:</p> <p>CONTRACT R1 admitted to the licensee on August 25, 2025, and began receiving assisted living services.</p> <p>R2 admitted to the licensee on December 29, 2025, and began receiving assisted living services.</p> <p>R3 admitted to the licensee on September 17, 2025, and began receiving assisted living services.</p> <p>R1, R2, and R3's Resident Contract for Assisted Living signed August 25, 2025, December 29, 2025, and September 27, 2025, respectively, included attachment A, Fee Schedule - Assisted Living facility, and read, "This Assisted Living Facility offers all of the following (included in the Month Base Fee): - At least three meals daily with snacks available seven (7) days per week".</p> <p>The contract included verbiage to require residents to pay for their meals as part of their assisted living package fee and lacked the option to opt out of the meal plan.</p> <p>On February 10, 2026, at 9:14 a.m., owner/clinical nurse supervisor (O/CNS)-C stated they knew the contract could not include meals in their base fee; however, all of the licensee's current residents were on waived services and meals were paid for by the waiver. O/CNS-C stated they believed it was ok to leave the language in the contract because everyone was on a waived service. O/ CNS-C stated the licensee has not admitted a private pay resident.</p>	0 485		
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0 485	<p>Continued From page 3</p> <p>On February 10, 2026, at 11:03 a.m., O/CNS-C stated they were not using attachment C: Meal Plans for the contract.</p> <p>The licensee's Assisted living Contract Suggested Table of Contents dated June 2021, indicated there was a section of the contract titled Attachment C: Meals Plans that discussed meal plan options.</p> <p>MENU</p> <p>On February 9, 2026, at 10:47 a.m. during the facility tour, the surveyor observed a laminated menu stapled to the licensee's kitchen wall. The menu was a grid of meals that would be provided Monday through Sunday for breakfast, lunch, and supper. In addition, the menu included snacks that were available at the facility. The menu lacked dates of when the meals would be provided. O/CNS-C stated the licensee had multiple menus they rotated through. O/CNS-C stated dates were not added to the calendar because they just removed the menu weekly and hung a new one. The surveyor asked O/CNS-C to provide the surveyor with the rotating menus they hang in kitchen. The surveyor did not receive any additional menus prior to the conclusion of the survey.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 485		
0 630 SS=F	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each</p>	0 630		

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0 630	<p>Continued From page 4</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to accurately reflect in the individual abuse prevention plan (IAPP) the risk for abusing others for two of three residents (R1, R3) and failed to identify specific measures to be taken to minimize the risk of abuse to other vulnerable adults for three of three residents (R1, R2, R3).</p> <p>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).</p> <p>The findings include:</p> <p>R1 R1 admitted to the licensee on August 25, 2025, and began receiving assisted living services.</p> <p>R1's diagnoses included altered mental status, hypertension (HTN), major depression, and type</p>	0 630		
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0 630	<p>Continued From page 5</p> <p>two diabetes (DM2).</p> <p>R1's Residex (a documenting software) Service Plan signed December 7, 2025, indicated R1 received assistance with transportation, bathing, bedmaking, dressing, grooming, housekeeping, laundry, behavior management, meals, medication administration, blood glucose, safety checks, socialization, and toileting.</p> <p>R1's IAPP dated January 21, 2026, indicated R1 was at risk to be abused and not at risk to abuse other vulnerable adults. In addition, it indicated R1 was verbally abusive, and the primary care provider and psychologist was notified.</p> <p>R1's Minnesota Department of Corrections Criminal Record Report dated April 9, 2025, indicated R1 had multiple sexual offenses.</p> <p>R1's Minnesota Department of Corrections Conditions of release dated August 25, 2025, indicated R1 was released from prison with stipulations.</p> <p>R1's IAPP did not accurately reflect R1's risk to abuse others and lacked specific measures to be taken to minimize the risk of abuse to other vulnerable adults.</p> <p>R2 R2 admitted to the licensee on December 29, 2025, and began receiving assisted living services.</p> <p>R2's diagnoses included traumatic brain injury, alcoholic cirrhosis of liver, chronic obstructive pulmonary disease (COPD), psychotic disturbance, anxiety, major depression, and portal HTN.</p>	0 630		
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0 630	<p>Continued From page 6</p> <p>R2's Residex Service Plan signed December 29, 2025, indicated R2 received assistance with appointments, transportation, bathing, bedmaking, dressing, grooming, housekeeping, toileting, laundry, behavior management, meals, medication administration, safety check, and socialization.</p> <p>R2's IAPP dated January 12, 2026, indicated resident was at risk to be abused and was at risk to abuse others. R2's intervention to minimize the risk of R2 abusing others included 24-hour monitoring and as needed. In addition, R2's IAPP indicated R2 had physical aggression, attacks caregivers "with furniture and sending out blows" and has verbal aggression.</p> <p>R2's Minnesota Department of Corrections Criminal report dated August 8, 2025, indicated R2 had multiple domestic assault charges, stalking charges, and vehicular charges.</p> <p>R2's Minnesota Adult Abuse Reporting Center (MAARC) report submitted January 7, 2026, indicated R2 slapped R3. In addition, the intervention put into place after the incident was to apply locks to all the residents' doors, R2 to have 1:1 (one on one) with behaviors, and a discussion was held with R3 about not going near R2 when R2 was having behaviors.</p> <p>Although R2 had a previous intervention of 24-hour monitoring to minimize the risk of abuse, the licensee put into place a 1:1 intervention after the physical altercation R3. This intervention was not sustainable as the licensee staffed the facility with one staff member, every shift, 24 hours per day, and the licensee had two other residents to care for besides R2.</p>	0 630		

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0 630	<p>Continued From page 7</p> <p>R3 R3 admitted to the licensee on September 17, 2025, and began receiving assisted living services.</p> <p>R3's diagnoses included major depression, anxiety disorder, and COPD.</p> <p>R3's Residex Service Plan signed September 20, 2025, indicated R3 received assistance with transportation, bathing, bedmaking, dressing, housekeeping, toileting, laundry, behavior management, meals, medication administration, safety checks, and socialization.</p> <p>R3's IAPP dated January 3, 2026, indicated R3 was at risk to be abused, and was not at risk to abuse other vulnerable adults.</p> <p>R3's Minnesota Department of Corrections Criminal Record Report dated April 25, 2025, indicated R3 had multiple sexual offenses, kidnapping charge, and a theft charge.</p> <p>R3's Minnesota Department of Corrections Conditions of release dated September 17, 2026, indicated R1 was released from prison with stipulations.</p> <p>R3's IAPP did not accurately reflect R1's risk to abuse others and lacked specific measures to be taken to minimize the risk of abuse to other vulnerable adults.</p> <p>On February 10, 2026, at 8:48 a.m., owner/clinical nurse supervisor (O/CNS)-C stated they marked R1 as not being at risk to abuse others because they have not seen any concerning behaviors since admission and R1</p>	0 630		
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0 630	<p>Continued From page 8</p> <p>just needed reminders and reorientation. O/CNS-C stated they also didn't think R1's previous behaviors would make them be at risk to abuse others because R1's health concerns were different from when they were in prison. O/CNS-C stated R1, R2, and R3 all had parole officers that check in with the residents and give them reminders of their conditions of being released from prison. O/CNS-C stated all residents needed a staff member to be with them if they were to leave the facility and staff made sure residents remained within the facility. O/CNS-C stated they did not have those interventions or the residents' histories noted in their IAPP.</p> <p>The licensee's 2.44 Vulnerable Adult Maltreatment - Prevention & Reporting policy dated February 1, 2024, indicated the licensee developed individualized vulnerable adult abuse prevention plans to identify vulnerability risks and develop measures to minimize maltreatment based on the identified information.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 630		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(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;</p>	0 680		

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0 680	<p>Continued From page 9</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's Emergency Preparedness Survey Binder Appendix Z dated August 1, 2025,</p>	0 680		
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0 680	<p>Continued From page 10</p> <p>included a grid of substance items; however, the grid lacked customization of the number of supplies the licensee needed in case of an emergency. The EPP lacked evidence of the following required content:</p> <ul style="list-style-type: none"> - developed strategies for addressing facility and community-based risk including staffing shortages; - substance needs for staff and resident; and - emergency prep testing requirements. <p>On February 10, 2026, at 12:35 p.m., owner/clinical nurse (O/CNS)-C stated the licensee would utilize staff from a different assisted living facility if there was a staffing shortage; however, they did not have this in writing. O/CNS-C stated they do not know why they did not customize the supply list. O/CNS-C stated they have been performing fire drills; however, they have not conducted any other emergency drills.</p> <p>The licensee's 9.02 Disaster Planning and Emergency Preparedness policy dated June 1, 2025, indicated the licensee would have in place a general EPP, that was in alignment with the facility's requirement to comply with Appendix Z.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 775 SS=E	<p>144G.45 Subd. 2. (a) Fire protection and physical environment</p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p>	0 775		

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0 775	<p>Continued From page 11</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 9, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 775		
0 800 SS=D	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the</p>	0 800		

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0 800	<p>Continued From page 12</p> <p>residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated February 9, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 800		
0 940 SS=C	<p>144G.50 Subd. 2 (e; 5-7) Contract information</p> <p>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S</p>	0 940		

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0 940	<p>Continued From page 13</p> <p>and section 256B.49 and the housing support program under chapter 256I, including:</p> <p>(i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;</p> <p>(ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);</p> <p>(iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;</p> <p>(iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;</p> <p>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;</p> <p>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and</p> <p>(vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;</p> <p>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and</p> <p>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for three of three</p>	0 940		
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0 940	<p>Continued From page 14</p> <p>residents (R1, R2, R3).</p> <p>This practice resulted in a level one violation (a violation that will cause only 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 of the residents).</p> <p>The findings include:</p> <p>R1 admitted to the licensee on August 25, 2025, and began receiving assisted living services.</p> <p>R2 admitted to the licensee on December 29, 2025, and began receiving assisted living services.</p> <p>R3 admitted to the licensee on September 17, 2025, and began receiving assisted living services.</p> <p>R1, R2, and R3's Resident Contract for Assisted Living signed August 25, 2025, December 29, 2025, and September 27, 2025, respectively, included a section titled Statements Related to Public Assistance Programs. The section read, "You may be eligible to benefit from certain public assistance programs to assist in the payment of the Monthly Base Fee and/or other fees or charges. You are responsible for applying for these programs and for payments in full to us of amounts you owe pursuant to this Agreement, whether initial payments or fees billed on monthly basis. Note that medical assistance waivers may provide payment for certain Assisted Living Services, but do not cover the cost of rent; you may be eligible for assistance with rent through the housing support program. The Community</p>	0 940		
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0 940	<p>Continued From page 15</p> <p>does not determine your eligibility for or acceptance into any public assistance program. The Community does not require that residents pay privately for any specified period of time before becoming eligible to pay with public assistance funds. The Community does not limit the number of people it can support using public funds."</p> <p>The contract lacked the licensee's information on the following content:</p> <ul style="list-style-type: none"> -whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; and - whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b). <p>On February 10, 2026, at 9:08 a.m., owner/clinical nurse supervisor (O/CNS)-C stated the licensee accepted community access for disability inclusion (CADI) waivers, elderly waivers, brain injury waivers, and private pay for payment for assisted living services. O/CNS-C stated the information listed above was not in the contract because case managers would reach out to the licensee and inquire what types of waivers the licensee accepted. O/CNS-C stated a resident would not admit to the facility if the licensee did not accept their form of payment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 940		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to	01650		

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01650	<p>Continued From page 16</p> <p>(f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for three of three residents (R1, R2, R3).</p> <p>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</p>	01650		
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01650	<p>Continued From page 17</p> <p>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).</p> <p>The findings include:</p> <p>R1 R1 admitted to the licensee on August 25, 2025, and began receiving assisted living services.</p> <p>R1's diagnoses included altered mental status, hypertension (HTN), major depression, and type two diabetes (DM2).</p> <p>R1's paper formatted Service plan signed October 1, 2025, indicated R1 received assistance with dressing, meals, grooming, toileting, bathing, wheelchair mobility, medication set up and administration, insulin, health related services, modified diets, behavior support, other delegated tasks, housekeeping, laundry, and safety checks. The document contained all components of the service plan; however, lacked R1's blood glucose monitoring.</p> <p>R1's Residex (a documenting software) Service Plan signed December 7, 2025, indicated R1 received assistance with transportation, bathing, bedmaking, dressing, grooming, housekeeping, laundry, behavior management, meals, medication administration, blood glucose, safety checks, socialization, and toileting.</p> <p>R2 R2 admitted to the licensee on December 29, 2025, and began receiving assisted living services.</p>	01650		

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01650	<p>Continued From page 18</p> <p>R2's diagnoses included traumatic brain injury, alcoholic cirrhosis of liver, chronic obstructive pulmonary disease (COPD), psychotic disturbance, anxiety, major depression, and portal HTN.</p> <p>R2's Residex Service Plan signed December 29, 2025, indicated R2 received assistance with appointments, transportation, bathing, bedmaking, dressing, grooming, housekeeping, toileting, laundry, behavior management, meals, medication administration, safety check, and socialization.</p> <p>R3 R3 admitted to the licensee on September 17, 2025, and began receiving assisted living services.</p> <p>R3's diagnoses included major depression, anxiety disorder, and COPD.</p> <p>R3's paper formatted Service Plan signed September 17, 2025, indicated R3 received assistance with dressing, meals, grooming, toileting, bathing, transfers, mobility, medication set up and administration, health related services, modified diets, behavior management, other delegated tasks, laundry, safety checks, shopping, appointments, and housekeeping. The document contained all components of the service plan.</p> <p>R3's Residex Service Plan signed September 20, 2025, indicated R3 received assistance with transportation, bathing, bedmaking, dressing, housekeeping, toileting, laundry, behavior management, meals, medication administration, safety checks, and socialization.</p>	01650		

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01650	<p>Continued From page 19</p> <p>R1, R2, and R3's Residex Service Plans signed December 7, 2025, December 29, 2025, and September 20, 2025, respectively, lacked the following required content:</p> <ul style="list-style-type: none"> - fee's for service; - the schedule and methods of monitoring assessment of the resident; - the schedule and methods of monitoring staff providing services; and - a contingency plan that included the action to be taken if the scheduled service cannot be provided. <p>On February 10, 2026, at 8:55 a.m., owner/clinical nurse supervisor (O/CNS)-C stated the licensee changed from a paper format service plan to an electronic Residex service plan.</p> <p>On February 10, 2026, at 11:45 a.m., O/CNS-C provided the surveyor R2's service plan and inquired if it met the requirement. The surveyor reviewed the statue with O/CNS-C. O/CNS-C stated they were going to contact Residex to have them add additional content to the licensee's service plan.</p> <p>The licensee's undated, 6.08 Service Plan policy indicated a service plan would include:</p> <ul style="list-style-type: none"> - a description of the services that were to be provided based on the most recent assessment and resident preferences; - fees for services to be provided; - the frequency of each service to be provided based on the most recent assessment and resident preferences; - an identification of staff or categories of staff who would be providing services; - a schedule and method for the next planned assessment or monitoring; - a schedule and method for the next planned 	01650		
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01650	<p>Continued From page 20</p> <p>monitoring of staff providing services; and</p> <ul style="list-style-type: none"> - a contingency plan that included: <ul style="list-style-type: none"> - actions the licensee would take if scheduled services cannot be provided; - information regarding how the resident can contact the licensee; - the names and contact information the resident wishes, if any, to have notified in an emergency or if there was a significant adverse change in the residents condition; - identification and contact information of who the resident has authorized if any, to sign for the resident in an emergency; and - how the facility would support documented resident health care directive decisions, if any, including circumstances when emergency medical services were not to be summoned. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01650		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>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</p>	01760		

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01760	<p>Continued From page 21</p> <p>with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescriber orders were clarified in order to be transcribed as order was intended to be for one of two residents (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1 admitted to the licensee on August 25, 2025, and began receiving assisted living services.</p> <p>R1's diagnoses included altered mental status, hypertension (HTN), major depression, and type two diabetes (DM2).</p> <p>R1's Residex (a documenting software) Service Plan signed December 7, 2025, indicated R1 received assistance with transportation, bathing, bedmaking, dressing, grooming, housekeeping, laundry, behavior management, meals, medication administration, blood glucose, safety checks, socialization, and toileting.</p> <p>On February 9, 2026, at 12:02 p.m., the surveyor observed unlicensed personnel (ULP)-A administer gabapentin 300 milligrams (mg) to R1.</p>	01760		
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01760	<p>Continued From page 22</p> <p>R1's medical record included a prescription for gabapentin 300 mg capsule written on August 15, 2025, to be given twice daily, with two refills available.</p> <p>R1's medical record included a document titled Providers Orders printed from Residex and was signed by the prescriber on January 22, 2026. The document included a prescriber order that read, "Gabapentin 300 mg by mouth 3 X [times] a day" and "Give twice daily at 8:00 am (sic) and 8:00 pm (sic) daily by mouth. Administered by HHA [home health aide]"</p> <p>R1's Med Admin Summary - Date Range dated February 1, 2026, through Feb 28, 2026, indicated R1 received gabapentin 300 mg three times a day at 8:00 a.m., 12:00 p.m., and 8:00 p.m. The order written within the electronic monitoring system read, "Gabapentin (Daily) Give twice daily at 8:00 am (sic) and 8:00 pm (sic) daily by mouth. Administered by: HHA". The medication administration record (MAR) indicated gabapentin 300 mg had been administered nine days in the month of February at noon.</p> <p>The surveyor was unable to determine from the documents listed above if R1 should be receiving gabapentin 300 mg twice a day or three times per day.</p> <p>On February 10, 2026, at 8:59 a.m., clinical nurse supervisor (O/CNS)-C stated R1 should be receiving gabapentin 300 mg three times a day. O/CNS-C stated the prescription listed above was provided to the licensee from the last facility so R1 could continue their medications until they could be set up with a primary medical provider in the community. O/CNS-C stated R1's gabapentin</p>	01760		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2026
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NAME OF PROVIDER OR SUPPLIER ADVOCATE HOUSE ASSISTED LIVING SERVIC	STREET ADDRESS, CITY, STATE, ZIP CODE 17910 28TH AVE N PLYMOUTH, MN 55447
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(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
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01760	<p>Continued From page 23</p> <p>was changed from two times per day to three times a day once primary care was set up. O/CNS-C stated they attended the appointment with R1 and heard the new order. O/CNS-C stated when they updated the order in Residex, they did not remove additional details of give twice daily at 8:00 a.m., and 8:00 p.m. O/CNS-C stated they printed off the prescriber's orders from Residex to have R1's prescriber sign and did not remove those comments. The surveyor asked to see the current order for three times per day to verify it was supposed to be given three times verses twice daily. O/CNS-C was unable to produce additional orders that indicated gabapentin 300 mg was to be given three times per day for the surveyor to observe. O/CNS-C stated, "it is a typo from me."</p> <p>The licensee's 7.08 Medication Management - Administration & Set up policy dated February 1, 2024, indicated staff would document any medication administration accurately in each resident record.</p> <p>The licensee's 7.09 Medication Management - Dosage Box Setup indicated a licensed nurse would assure the medication order were transcribed onto the medication administration record and it would include the times to be administrated.</p> <p>The licensee's 7.17 Medication & Treatment orders -Receiving dated February 1, 2024, indicated content of medication orders must contain the name of the drug, dosage, frequency, route, indication for use, and directions of use.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01760		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2026
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NAME OF PROVIDER OR SUPPLIER ADVOCATE HOUSE ASSISTED LIVING SERVIC	STREET ADDRESS, CITY, STATE, ZIP CODE 17910 28TH AVE N PLYMOUTH, MN 55447
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(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
01760	Continued From page 24 days	01760		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store refrigerated medications in a securely locked location for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>On February 9, 2026, at 10:47 a.m. during facility tour, the surveyor observed the licensee's kitchen located in a common area of the facility. The surveyor observed the following medications unsecured in the licensee's kitchen refrigerator:</p> <ul style="list-style-type: none"> - one NovoLog FlexPen for R1; - five Lantus SoloStar pen for R1; and - five Humulin 70/30 KwickPen for R1. <p>Owner/clinical nurse supervisor (O/CNS)-C stated they attempted to buy a lock for the kitchen</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2026
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NAME OF PROVIDER OR SUPPLIER ADVOCATE HOUSE ASSISTED LIVING SERVIC	STREET ADDRESS, CITY, STATE, ZIP CODE 17910 28TH AVE N PLYMOUTH, MN 55447
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(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
01880	<p>Continued From page 25</p> <p>refrigerator; however, it did not work to secure the medications. O/CNS-C stated once they realized the lock did not work for securing the medications in the refrigerator, they asked residents not to go into the refrigerator, and to ask staff for items they needed.</p> <p>On February 10, 2026, at 12:35 p.m., O/CNS-C showed the surveyor the lock they previously purchased for the kitchen refrigerator.</p> <p>The licensee's 7.11 Medication Storage policy dated February 1, 2024, indicated medications managed by the licensee would be kept securely locked and stored per manufacturer's directions. Only authorized staff would have access to stored medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		



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

Advocate House Assisted Living
17910 28th Ave North
Plymouth, MN 55447
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41826

Risk:
License:
Expires on:
CFPM: Elohor Gordon
CFPM #: 59600; Exp: 4/16/2028

Inspection Info

Report Number: F8041261028
Inspection Type: Full - Single
Date: 2/10/2026 Time: 1:00 PM
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 was completed with the owner, Elohor Gordon. Ashley Crews was the lead Health Regulation Division Nurse Evaluator.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base, solid surface countertop, smooth ceiling and tile flooring.

Frigidaire dish machine was tested and achieved a utensil surface temperature of at least 160F for sanitizing.

Discussed the following:

- Employee illness policy and logging requirements
- Reporting foodborne illness complaints to the health dept.
- Handwashing
- Date marking
- Glove-use and bare hand contact
- Proper food storage
- Vomit clean-up procedures
- Restrictions concerning serving a highly susceptible population

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 F8041261028 from 2/10/2026

Elohor Gordon

Sarah Conboy,

Owner

Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@state.mn.us



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

Temperature Observations/Recordings

Page: 1

Establishment Info

Advocate House Assisted Living
Plymouth
County/Group: Hennepin County

Inspection Info

Report Number: F8041261028
Inspection Type: Full
Date: 2/10/2026
Time: 1:00 PM

Food Temperature: Product/Item/Unit: yogurt; Temperature Process: Cold-Holding

Location: refrigerator at 41 Degrees F.

Comment:

Violation Issued?: No

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: SL41826015-0	Date: FEBRUARY 9, 2026
Facility Name: ADVOCATE HOUSE ASSISTED LIVING	
Facility Address: 17910 28 TH AVENUE NORTH, PLYMOUTH, MN 55447	

TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Pattern

TIME PERIOD OF CORRECTION: Two (2) 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. The means of egress shall be maintained free of obstructions or impediments to full instant use in case of fire or other emergency. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.2]

Comments: The back door was identified as an emergency exit. A clear continuous egress path from this door to the public right of way was not maintained free of snow.

TAG IDENTIFICATION: 0800

SCOPE/ SEVERITY: Level 2; Isolated

TIME PERIOD OF CORRECTION: Seven (7) days

1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. [Minn. Stat. 144G.45 subd.2]

Comments:

- *There was a hole in the bedroom door for occupied resident room two.*
- *The base trim was missing from behind the sink in the bathroom.*
- *There was a hole in the wall behind the door in the basement bathroom.*
- *One deck board was splintered at the front main entrance.*