



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 1, 2026

Licensee

Motivate Home Services

8500 West 28th Street

Saint Louis Park, MN 55426

RE: Project Number(s) SL36445016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 19, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **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

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

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 the Department of Health 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/Bm5uQEpHV>**. 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,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: Jess.Schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2026
NAME OF PROVIDER OR SUPPLIER MOTIVATE HOME SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 8500 WEST 28TH STREET SAINT LOUIS PARK, MN 55426			
(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: SL36445016-0 On August 17, 2026, through August 19, 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; three receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480			

Minnesota Department of Health

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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, Food and Beverage Establishment Inspection Report (FBEIR) dated August 19, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480			

Minnesota Department of Health

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0 480	Continued From page 3	0 480			
0 510 SS=F	TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. 144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complied with accepted health care, medical, and nursing standards for infection control related to hand hygiene and use of PPE (personal protective equipment) for one of one unlicensed personnel ((ULP)-E). 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).	0 510			

Minnesota Department of Health

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0 510	Continued From page 4 The findings include: On August 18, 2026, at 8:13 a.m., during continuous observation, the surveyor observed ULP-E assist R3 with medication administration. ULP-E performed hand hygiene at the kitchen sink. Then ULP-E donned (put on) gloves. ULP-E went to the medication closet in the hallway, used keys to unlock the door, and gathered a pill box and disposable medication cup. ULP-E proceeded back to the kitchen where they touched the licensee's computer to verify medications. ULP-E placed the oral medications in the disposable medication cup. ULP-E went back to the medication closet in the hallway to return R3's pill box and then gave the medication in the disposable cup to R3 who was sitting in the common living room. After ULP-E observed R3 taking their oral medications, ULP-E went into the kitchen and documented on the licensee's computer while wearing the same gloves. ULP-E then doffed (took off) gloves and performed hand hygiene at the kitchen sink. ULP-E donned gloves again and then went to the medication closet where they touched multiple surfaces such as the door handle and medication boxes to locate eye drops. ULP-E assisted R3 with the administration of the eye drops while wearing the same gloves. After the administration of the eye drops, ULP-E doffed gloves but did not perform hand hygiene after. ULP-E proceeded to document on the licensee's computer. After ULP-E realized there was another eye drop that needed to be administered, ULP-E washed their hands at the kitchen sink and donned gloves. ULP-E went back into the medication closet in the hallway where they again touched multiple surfaces that included the doorknob and medications inside the medication closet with gloved hands. After,	0 510			

Minnesota Department of Health

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0 510	Continued From page 5 ULP-E went back into the kitchen and touched the licensee's computer to review medications again with the same gloves. ULP-E then proceeded to put the medication box back in the medication closet and went to R3's bedroom to have R3 come back out to the living room. ULP-E then proceeded to assist R3 with the administration of the eye drops wearing the same gloves. ULP-E doffed the gloves and documented the medication administration on the licensee's computer without performing hand hygiene after doffing the gloves. Afterwards, ULP-E performed hand hygiene at the kitchen sink. On August 18, 2026, at 9:09 a.m., during continuous observation, the surveyor observed ULP-E wash hands at the kitchen sink, don gloves, and then touch the licensee's computer to review medications. ULP-E then used keys to unlock the medication closet in the hallway and gathered R4's pill box. ULP-A dumped the oral pill into a disposable medication cup and put the pill box back in the closet before locking the closet. ULP-E gave the medication to R4. ULP-E doffed a glove from one hand and reached into refrigerator with the ungloved hand without performing hand hygiene to get a glass that was already prepared for R4 to take their oral medications. After ULP-E observed R4 taking their medications, ULP-E documented on the licensee's computer without performing hand hygiene. ULP-E performed hand hygiene at the kitchen sink after touching the computer. ULP-E's personnel record included competencies for infection control procedures, universal precautions, and handwashing. On August 18, 2026, at 10:12 a.m., licensed assisted living director/clinical nurse supervisor	0 510			

Minnesota Department of Health

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0 510	Continued From page 6 (LALD/CNS)-D stated ULP-E and all staff were trained on hand hygiene and glove use. LALD/CNS-D stated they would not expect staff to wear gloves if they just administered oral meds and did not touch the medications; however, the staff should perform hand hygiene and don gloves right before any administration of eye drops. LALD/CNS-D stated they expected staff to wash their hands immediately after doffing gloves. On August 18, 2026, at 10:14 a.m., RN-F confirmed the surveyor's observations and agreed ULP-E should have performed hand hygiene and donned gloves just prior to the administration of R3's eye drops and then doffed the gloves and performed hand hygiene again after the procedure. RN-F stated ULP-E was nervous and believed ULP-E always follow the correct procedure. The licensee's undated Hand-washing policy indicated the licensee endorsed The Centers for Disease Control and Prevention (CDC) Guideline for Hand Hygiene in Health-Care Settings recommendation for hand hygiene. The policy indicated to use gloves whenever contact with blood, body fluid or other potentially infectious matter is present, for contact with patient's non intact skin or as a part of transmission-based precautions and when using chemicals during cleaning activities. Also, the policy indicated gloves were to be removed when the need for protection no longer existed, and hand hygiene should be practiced immediately after removal of gloves. The Centers for Disease Control and Prevention (CDC) Guideline for Hand Hygiene in Health-Care Settings dated October 25, 2002, on page 32,	0 510			

Minnesota Department of Health

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0 510	Continued From page 7 indicated recommendations for handwashing and hand antisepsis to be performed before direct contact with patient (resident); after direct contact with a patient's intact skin; after contact with body fluids or excretions, mucous membranes, nonintact skin or wound dressings; moving from a contaminated-body site to a clean-body site during patient care; after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient; after removing gloves, before eating and after using restroom. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
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;	0 730			

Minnesota Department of Health

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0 730	Continued From page 8 (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the 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 interview and record review, the licensee failed to ensure the nurse documented an incident that involved the resident and the action taken in response to the needs of the resident for one of one resident (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	0 730			

Minnesota Department of Health

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0 730	Continued From page 9 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R2 was admitted to licensee on January 15, 2026, with diagnoses of bipolar, alcohol use disorder, and attention deficit hyperactivity disorder. R2's Service Plan (Waiver) - Addendum to Contract dated September 24, 2025, indicated R2 received assistance with medication administration. R2's Incident Report Note dated August 6, 2026, at 10:38 p.m., written by unlicensed personnel (ULP)-A indicated R2 told ULP-A they had difficulty with their right leg due to pain and swelling; and had requested to go to the emergency room. ULP-A's note indicated they had made multiple calls to the nurse but were not able to reach the nurse. R2's record lacked evidence of documentation regarding follow-up from the nurse on August 6, 2026. On August 19, 2026, at 11:57 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated the nurse should have called back on August 6, 2026, when ULP-A had tried to reach the nurse. LALD/CNS-D stated they knew a nurse followed up on August 7, 2026, however, there was no documentation. On August 19, 2026, at 12:11 p.m., in an email, LALD/CNS-D indicated they had followed up with	0 730			

Minnesota Department of Health

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0 730	Continued From page 10 the licensee's primary nurse regarding the incident on August 6, 2026, in which, that primary nurse had reported they had followed up with ULP-A on August 6, 2026, with a phone call that night and met with the resident the following morning but omitted to document the follow up. The licensee's undated Clinical Records/Medical Record Retention policy indicated the clinical record shall contain clinical notes; and documentation shall establish that effective, interchange, reporting, and coordination of resident care had occurred. Also, the policy indicated any person who rendered resident care who is professionally involved in the management and/or coordination of resident services may make an entry into the clinical record. The policy referenced MN Statute 144A and Not MN Statute 144G. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2026
NAME OF PROVIDER OR SUPPLIER MOTIVATE HOME SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 8500 WEST 28TH STREET SAINT LOUIS PARK, MN 55426			
(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
02320	Continued From page 11 review, the licensee failed to ensure unlicensed personnel (ULP) followed appropriate medication administration procedures for one of one unlicensed personnel ((ULP)-E). 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-E was hired by the licensee on May 20, 2021, to perform assisted living services to residents. ULP-E's personnel record included competencies dated May 26, 2021, and May 17, 2022, for medication administration. On August 18, 2026, at 8:13 a.m., during medication observation, the surveyor along with registered nurse (RN)-F, observed ULP-E assist R3 with medication administration. ULP-E went into the medication closet to gather R3's pill box and a disposable medication cup. ULP-E verified R3's medications and placed the oral medications in the disposable medication cup. ULP-E administered the oral medications to R3. ULP-E then documented Abilify, levetiracetam, and Effexor as administered. ULP-E went to the medication closet to locate R3's Refresh eye drops. ULP-E retrieved R3's Refresh eyedrops and proceeded to assist R3 with administration of the eye drops. ULP-E told R3 they were all done	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2026
NAME OF PROVIDER OR SUPPLIER MOTIVATE HOME SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 8500 WEST 28TH STREET SAINT LOUIS PARK, MN 55426		
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02320	Continued From page 12 with medications. After the administration of R3's Refresh eye drops, the surveyor observed ULP-E review R3's oral medications again for Ability, levetiracetam, and Effexor and then documented they administered R3's Refresh eye drops and R3's Xiidra eye drops. ULP-E was about to click on a button to indicate the task of medication administration was completed; however, the surveyor intervened to stop ULP-E right before to asked ULP-E if they would document medication administration before or after they gave medications. ULP-E stated they would document after a medication administration; and then stated they were not done yet after ULP-E realized there was another eye drop that needed to be administered. ULP-E went into the medication closet to locate R3's Xiidra eye drops and then went back to the computer to review medications again. The surveyor observed an electronic time stamp for R3's Xiidra eye drops which indicated they were administered at 8:26 a.m. The surveyor observed the current time was 8:33 a.m., however, R3's Xiidra eye drops had not been administered yet. ULP-E noted the eye drops they had retrieved from the medication closet were still not the correct eye drops to be administered to R3. ULP-E went back into the medication closet and retrieved the correct eye drops. ULP-E reviewed the computer again to verify the eye drops to be administered were R3's Xiidra eye drops. ULP-E removed 1 vial of Xiidra for an individual dose from the medication box and returned the Xiidra medication box to the medication closet. ULP-E went to R3's room to inform R3 they had another medication to administer and asked R3 to come back out to the living room. R3 stated that was what they were trying to say earlier is that they had another eye drop. ULP-E administered R3's Xiidra eye drops into both eyes of R3. After, ULP-E went on the	02320			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36445	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/19/2026
NAME OF PROVIDER OR SUPPLIER MOTIVATE HOME SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 8500 WEST 28TH STREET SAINT LOUIS PARK, MN 55426			
(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
02320	Continued From page 13 computer to review all medications again; then clicked on the task completed for medication administration. On August 18, 2026, at 10:10 a.m., licensed assisted living director/clinical nurse supervisor (ALD/CNS)-D stated they expected all staff to document medication administration after they had administered a medication and not document before the task was completed. LALD/CNS-D stated ULP-E had been trained in the proper procedures for medication administration by the nurse. On August 18, 2026, at 10:14 a.m., RN-F confirmed the surveyor's observations. RN-F agreed ULP-E should have documented the medication administration after the task had been completed. RN-F stated ULP-E was nervous; and believed ULP-E had always followed the correct procedures. The licensee's undated Documentation of Medication Administration policy indicated staff would document each medication administration immediately after the task had been completed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320			



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

Motivate Home Services
8500 WEST 28TH STREET
St Louis Park, MN 55426
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36445

Risk:
License:
Expires on:
CFPM: Sheila Sambum
CFPM #: CFPM-29223; Exp:
3/29/2028

Inspection Info

Report Number: F1039261218
Inspection Type: Full - Single
Date: 8/19/2026 Time: 11:50 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B *Priority Level: Priority 3 CFP#: 41*

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

COMMENT: OBSERVED A WET WIPING CLOTH HANGING ON EDGE OF SINK. STAFF MOVED CLOTH TO SANITIZER TUB.

Comply By: Complied On Site Originally Issued On: 8/19/2026

Food & Beverage General Comment

MILK - COLD HOLD, COOLER - 38 DEGREES F
FREEZERS - FROZEN (INCLUDING CHEST FREEZER IN DINING ROOM)

This inspection was completed as part of MDH HRD assisted living facility survey. The inspection was conducted with the person-in-charge and reviewed with MDH HRD nurse evaluator Rhawnie Quinehan.

The kitchen is of residential build and should serve food for same-day service only.

The kitchen has wood cabinets with hollow base and non-commercial facilities finishes including painted walls and ceiling. These kitchen finishes and surfaces are in good repair, clean and well maintained.

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen. Performance noted in data table. Establishment has 180 degrees F only test stickers for machine and a lollipop-style waterproof thermometer in storage which will be deployed to routinely measure dishwashing machine temperature.

Verified hand sink correctly set-up, gloves, illness policy, probe thermometer, sanitizer test strips.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans

Report Number: F1039261218

Inspection Type: Full

Date: 8/19/2026

Page: 2

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 F1039261218 from 8/19/2026



Aletha Cheaya
person-in-charge

Aron Goodner,
Public Health Sanitarian
651-201-4910
aron.goodner@state.mn.us



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

Sanitizer Observations/Recordings

Page: 1

Establishment Info

Motivate Home Services
St Louis Park
County/Group: Hennepin County

Inspection Info

Report Number: F1039261218
Inspection Type: Full
Date: 8/19/2026
Time: 11:50 AM

Sanitizing Chemical: Product: Quaternary Ammonia; **Sanitizing Process:** Wiping Cloth Bucket

Location: Equal To 200 PPM

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Greater Than 160 Degrees F.

Comment: by thermo test sticker

Violation Issued?: No