STATE LICENSING COMPLIANCE REPORT

Report #: HL285581215C

Date Concluded:

Name, Address, and County of Facility Investigated:
The James Inc
10549 Beard Avenue South
Bloomington, MN 55431
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name:
Katherine Barnhardt RN, Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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 CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: *****REVISED***** As a result of a settlement agreement executed on June 1, 2026, tag cited at 1600 has been reduced from a Level L to a Level I. #HL285581215C On April 7, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were six residents receiving services under the provider's Assisted Living license. The following correction orders are issued for #HL285581215C, tag identification 1600.	0 000	Assisted Living Provider 144G. 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 1	01600		
01600 SS=I	144G.70 Subdivision 1 Acceptance of residents An assisted living facility may not accept a person as a resident unless the facility has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the assisted living contract. This MN Requirement is not met as evidenced by: Based on record review, observation, and interview, the licensee accepted one of one resident (R1) without ensuring they had sufficient staff and competency to provide the necessary services to R1. R1 had ongoing, threatening, unsafe behavior which put all the residents, (R 2, R3, R4, R5, and R6) at risk of imminent danger. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident), 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). Findings Include: R1 Review of public records indicated R1 was under supervision for various criminal convictions. R1's facesheet indicated R1 admitted to the facility on October 27, 2025, and indicated R1's diagnoses included depression, anxiety, personality disorder, paraplegia, and a left buttock wound.	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 2 R1's individual abuse prevention plant (IAPP) dated February 2, 2026, indicated R1 used a wheelchair and would block staff vehicles, barricade staff inside the bathroom, doorways, and in the kitchen to prevent staff from entering or exiting. R1's IAPP indicated R1 used his electric wheelchair as a "weapon". R1's IAPP indicated R1 had physical aggression which included hitting staff, emptying the refrigerator food onto the floor, smearing juice, ketchup and condiments onto walls and a kitchen floor, breaking cabinets, doors and removing door knobs. R1's behaviors included pouring urine onto the kitchen floor, into the kitchen sink, onto the dining room table, and onto staff members. In addition, R1's behaviors included smearing feces on the countertops, refrigerator handle, and on the dining room table. R1's IAPP indicated there was a concern R1 was not safely smoking as R1 was not smoking in designated areas, in his and other resident rooms, and kitchen and other common areas of the facility. R1's IAPP indicated R1 had increased anger for no reason and R1 stated "he enjoyed doing what he is doing." R1's IAPP indicated staff were to approach R1 calmly, redirect, encourage as needed medications, assist with emptying R1's urinal, remind R1 to smoke in the designated area, and allow R1 to express his feelings and explain R1's behaviors could result in injury to self or others. Staff were to intervene with any actions of abuse towards others, and assist R1 to his room. R2 R2's facesheet indicated R2 admitted to the facility on August 27, 2025, and indicated R2's diagnoses included schizophrenia and psychosis. R2's IAPP dated January 27, 2026, indicated R2 was a vulnerable adult, and indicated R2 had	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 3 verbal and physical aggression, and would intimidate other residents and staff. R2 refused redirection from staff, medication compliance, and medical appointments. R2 would smoke inside the facility and in his room. R2's IAPP indicated R2 heard voices that someone was trying to hurt him. R3 R3's facesheet indicated R3's admitted to the facility on April 3, 2015, and indicated R3's diagnoses included schizoaffective disorder, cognitive impairment, depression and substance abuse. R3's IAPP dated April 21, 2025, indicated R3 was a vulnerable adult, and had vision concerns due to cataract and glaucoma. R3 had verbal and physical aggression. R3 smoked inside the facility and in his room. R3's IAPP also indicated R3 would cause damage to the facility, by putting holes in the walls and knocking off the doors. R4 R4's facesheet indicated R4 admitted to the facility on May 4, 2018, and indicated R4's diagnoses included bipolar disorder, polysubstance dependence, anxiety, and cognitive disorder. R4's IAPP dated April 20, 2025, indicated R4 had impaired cognition, limited verbal capabilities, and was not able to report abuse or neglect. R5 R5's facesheet indicated R5 admitted to the facility on May 22, 2025, and indicated R5's diagnoses included bipolar disorder and substance abuse dependence.	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 4 R5's IAPP dated May 22, 2025, indicated R5 was a vulnerable adult, and was verbally and physically aggressive. R5 smoked inside the facility and in her room. R5's IAPP indicated R5 heard voices and would talk to herself. R6 R6's facesheet indicated R6 admitted to the facility on July 19, 2016 and indicated R6's diagnosis included schizophrenia. R6's IAPP dated May 10, 2024, indicated R6 was a vulnerable adult, and was verbally and physically aggressive. R6 smoked inside the facility and in his room. R6's IAPP indicated R6 heard voices and would talk to himself. R1's assessment dated February 17, 2026, indicated R1 was alert and oriented, and required assistance from staff with bathing and transfers. R1's assessment indicated R1's behaviors included verbal and physical aggression, hostility, angry outbursts, cursing and swearing. R1's assessment indicated R1 had an open pressure wound to left buttocks. R1's assessment did not indicated R1 smoked. R1's medical record lacked evidence of an assessment completed on or before R1 moved into the facility. R1's progress notes reviewed, January 2026, through March 2026, along with licensee provided photos and video footage indicated the following: - January 12, 2026. R1 told staff he was going to get his wheelchair stuck in the snow and then call the fire department. Staff attempted to intervene and R1 stated "I enjoy doing it." Fire department called the facility and reported R1 got himself stuck in the snow on the street and called	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 5 the fire department four times. - January 18, 2026. While staff were outside shoveling snow, R1 exited the facility with a fire extinguisher and was "playing" with it in the snow. R1 pulled the fire extinguisher out of the wall. When R1 was asked why he did that, R1 laughed at the staff. R1 then went into the facility and told the other residents you all should leave and go to a family place because something is about to happen here and it's going to be a surprise. - January 21, 2026. R1 entered the kitchen with a urinal and poured urine on the floor. When R1 was asked why he did that, R1 laughed and exited the facility. While staff were cleaning the urine, the fire department arrived at the facility because R1 was stuck in snow at the front entrance of the facility. - Photos dated January 24, 2026, at 10:47 a.m., taken by a staff member, showed urine pooled on the kitchen floor and a kitchen base cabinet door broke off. - Photos dated January 26, 2026, at 6:57 p.m., taken by a staff member, showed feces smeared on the kitchen refrigerator and condiments sprayed on cabinets, kitchen appliances, walls, ceiling and a glass door. - Video and audio footage dated January 27, 2026, at 3:04 a.m., showed condiments sprayed across cabinets, the kitchen floor, and a smoke alarm alerting. - January 27, 2026. R1 cut the lock off the medication cabinet. A staff member attempted to block R1's access to the medication cabinet. R1 lit a cigarette to smoke in the kitchen area next to the staff member and blew cigarette smoke into the staff member's face. When staff asked why R1 did that, R1 stated "you see no one can do me anything, even if you call the police." Staff notified the police and moved the medications to a different area.	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 6 - A photo dated January 28, 2026, at 12:20 a.m., showed two padlocks on a counter that had the lock loop cut off. - January 28, 2026. R1 came out of his room and poured urine from his urinal onto the kitchen floor. When asked why, R1 stated he "like doing it." - February 1, 2026. R1 accused staff of sexual assault. R1 stated he was in his room with his girlfriend and staff saw them naked. Staff member stated R1 put on his call light for assistance. The staff member knocked on the door and went to open the door, the staff member heard "get out." The staff member pulled the door closed. R1 then went to the kitchen area and threw his plate onto the floor which broke into pieces. R1 then poured urine from his urinal onto the kitchen floor and onto the staff member's leg and shoes. Later in the evening R1 blocked the entrance door to the facility with his electric wheelchair so staff could not leave. R1 told the staff member "no one can tell me to remove it or to move, even if you call the police, the police [can not] do me anything." R1 told the staff member you are not leaving. Staff member notified the police. The police were present, R1 requested the staff member turn on the oven. Staff member turned the oven on and R1 continued to refuse to move. R1 told police, "I am not breaking a law, if I am breaking the law, then arrest me." R1 then held out his two arms towards the police officer. The police officer stated they could not do anything and left the facility. Then another resident requested medications, R1 continued to block the door, and the staff member could not get the other resident's medications. The staff member called the police again, R1 moved away from the doorway once the police arrived, and the other resident's medication were provided.	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 7 - February 2, 2026. R1 went to the refrigerator and threw tomatoes, pancakes and eggs onto the kitchen floor. R1 drove over the food items with his electric wheelchair. - Video footage dated February 4, 2026, at 6:47 a.m., showed a pool of urine next to the kitchen table with two waffles on the floor in the urine. - February 5, 2026. R1 called three other residents into the garage and started smoking cigarettes and marijuana. When staff asked why, R1 laughed at staff. - February 11, 2026. R1 entered the kitchen without a shirt on, staff asked R1 to put on a shirt. R1 went to his room, returned with a urinal full of urine and poured the urine into the kitchen sink. R1 then filled his urinal with water and poured the water onto the kitchen floor. R1 stated "watch me, I know you don't like this, but I am going to do it anyways". Later that day, R1 went into the garage and smoked. R1 was directed to smoke in the designated area, but R1 refused. R1 started to open cases of incontinence products that belonged to other residents. R1 threw the incontinence products on the garage floor. R1 laughed at staff and opened a case of nutritional supplements that belonged to another resident and poured the nutritional supplement onto the incontinence products. R1's family member went to the facility and intervened. - February 15, 2026. R1 requested range of motion assistance a fourth time after staff had completed the service three consecutive times. The staff member told R1 to wait a little bit to do it again. R1 stated "you did not listen to me, wait, you will see". R1 exited his room with a urinal full of urine and poured it on the staff member as the staff member sat in a chair charting. R1 went to the kitchen, got nutritional supplements and uncooked rice and poured the items on the living	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 8 room floor. R1 then took another urinal of urine and poured it onto the dining room table and chair. R1 was sent to the hospital for an evaluation. - February 16, 2026. R1 requested staff clean the bathroom. Staff were in the bathroom cleaning when R1 blocked the door and the staff member was unable to exit the bathroom. R1 stated "I will move out of the doorway on my own, no one can touch me or make me move". R1 told a second staff member, I want the staff member to quit. - February 19, 2026. R1 went to the kitchen and started smoking marijuana. Staff asked R1 not to smoke inside the facility. R1 got close to the staff member and blew marijuana smoke into the staff's face. R1 stated "how do you like it." - February 24, 2026. R1 went to the kitchen with his urinal full of urine and poured it onto the kitchen floor. - February 25, 2026. During a meeting with a social worker, ombudsman, and a person centered planning facilitator, R1 went into the garage and started smoking. When facility staff asked R1 to stop, R1 blew smoke into the staff's face. R1 stated "I can do what I want." - February 28, 2026. R1 was found smoking in the garage. Staff reminded R1 not to smoke inside the facility. R1 refused and stated, "no one can tell me what to do." - March 4, 2026. R1 blocked a staff member from the stove so that dinner could not be made for R1 or other residents. The staff member called an emergency mental health response team and the police. Police arrived at the facility and told the staff member R1 was protesting and there was nothing they can do. Takeout food was ordered for the residents. - March 5, 2026. R1 started smoking in the garage, when asked to move to a designated	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 9 area, R1 refused. When the staff member closed the door to the garage from the facility, R1 came into the facility and started smoking in the living room. - March 6, 2026. R1 and a friend were smoking in his room. When asked why, R1 started to yell at the staff to get out of his room. - March 10, 2026. R1 and the person centered planning facilitator took a whole cooked chicken that was to be for all of the resident's lunch and brought it to R1's room. When asked why, R1 stated "this is what I do." Lunch had to be cooked again for all other residents. Later in the day, R1 went to the kitchen and poured ranch, mustard, and urine onto the kitchen floor. - March 13, 2026. R1 blocked the stove and prevented staff from cooking dinner for the residents. R1 stated he liked doing this because the police and mental health response team cannot do anything. Takeout food was ordered. - March 14, 2026. R1 went to the kitchen and started making a smoothie. When R1 was done blending everything, he poured the smoothie onto the countertops, table and chairs. Then R1 went to his room, and returned with a spray bottle full of urine, and started to spray the cabinets, inside a closet, the doorknobs, and dining room table. R1 stated "I like doing this to give staff work to do." - March 15, 2026. R1 wanted to go outside, and staff told R1 to wait until the snow was removed from the sidewalk and driveway, R1 drove his electric wheelchair into the snow and got stuck. R1 told staff he did not want any staff to touch him or his electric wheelchair. R1 called the fire department and R1 was assisted with being removed from the snow. R1 stated he wanted the facility to pay for a fire department call. - March 16, 2026. R1 was found spraying a	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 10 substance onto a facility staff member's car. After a few hours, R1 went into the kitchen with a spray bottle full of urine and started spraying it onto the kitchen sink, a doorknob, the refrigerator, the windows, and the kitchen floor. Then R1 took foods and a liquid substance and poured it on the floor. R1 drove his electric wheelchair through it. - March 17, 2026. R1 removed the knobs from the stove and took them to his room. R1 told staff no one can take them away. - March 18, 2026. R1 made a smoothie and poured the smoothie onto the kitchen floor, living room floor, dining room table, down the stairwell, over the stove and countertops. R1 then took a spray bottle full of urine and sprayed the doorknobs, living room chairs and dining room chairs. R1 stated he will continue to give the staff work to do and no one can stop him. Later in the evening R1 blocked staff from using the stove to make dinner. Takeout food was ordered for all residents. - March 19, 2026. R1 removed the top grates of the gas stove and stated he would like to see how staff were going to use the stove. - Undated video footage with audio, showed a dismantled kitchen stove. The top grates and knobs of the gas stove were missing and a staff member described on audio R1 had removed the parts and locked the parts in his room. - March 24, 2026. R1 parked his electric wheelchair in front of the stove and blocked staff from making dinner. Staff called mental health response team and ordered takeout food for the residents. - March 25, 2026. R1 poured urine and ketchup into a spray bottle and started to spray the substance all over the kitchen, stove, ceiling, cabinets, living room, and dining room table. Then R1 took a smoothie mixture and poured it	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 11 on the stove, cabinets, stairwell, kitchen and living room floor. R1 then threatened to "key" a staff member's car. Later in the evening, R1 stuck a piece of metal into another resident's doorknob to prevent the other resident from locking his door. - March 26, 2026. R1 removed the doorknob and lock from the front door of the facility. When a staff member told R1 to stop, R1 stated you know you cannot touch me or stop me from doing anything. - March 27, 2026. R1's family came to the facility and installed a new door lock on the resident's door. - March 28, 2026. R1 opened a storm door and let the storm door swing in the wind. When R1 was asked to close the storm door he blocked the staff member from getting into her car. R1 punched the staff member in the arm. - March 30, 2026. R1 attempted to put a video camera up in the kitchen of the facility and when a staff member told R1 he could not do that because of resident privacy, R1 blocked the staff member from getting into their car. R1 spit and put his cigarette out on the staff member's car. - March 31, 2026. After a staff member attempted to move R1's wheelchair from a doorway, R1 went to the staff member's car and poured urine on the car. Later that day, during a pretermination meeting with a social worker, ombudsman, and a person centered planning facilitator, R1 took his urinal full of urine and poured it onto the house manager's car. - April 5, 2026. R1 took another resident's incontinent products and scattered them onto the living room floor. Then R1 took another resident's nutritional supplements and poured it onto the incontinent products. R1 went to his room and came out with a urinal full of urine and poured the urine onto the living room floor. R1 exited the facility and and poured urine and nutritional	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 12 supplements onto a staff member's car. Police were notified. Later that morning, R1 broke into a locked cabinet and took two medical charts that belonged to other residents. R1 refused to return the medical charts.. - April 6, 2026. After staff refused to complete a second round of range of motion with R1, R1 poured urine and nutritional supplement onto the staff member's car. Police were notified. - An undated video footage with audio, showed a staff member's vehicle with a stringy substance sprayed on the windshield, mirrors and a staff member described the liquid pools below the cars side panels as urine. - An undated video footage with audio, showed condiments sprayed across counters, kitchen appliances, cabinets, floors, a stairwell, kitchen table and the ceiling. A staff member described on audio R1 had blended foods with urine and sprayed the substance with a "spray bottle." During observation of the video footage, it appeared a squeeze bottle was used to spray the mixture. - An undated video footage with audio, showed R1 sitting at a table with approximately 56 large incontinent products belonging to another resident spread out on the floor in front of him. The incontinent products covered an area that was approximately four feet by eight feet. R1 smiled and waved at the camera and repeatedly filled a large tube feeding syringe with an unknown substance from kitchen pans. R1 repeatedly sprayed the unknown substance into the pile of briefs. An empty box sitting in the pile appears to indicate it was a full case of briefs that R1 destroyed. R1 stated on audio, "water never hurt nobody, right." - An undated video footage with audio, showed R1 sitting in an electric wheelchair with a lit cigarette and the garage filled with smoke. R1	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 13 spun around and puffs on the cigarette. A staff member is heard telling R1 he is supposed to smoke outside. - An undated video footage with audio, showed nutritional supplement containers smashed on the floor and the supplement liquid covering the floor and across a table. Police and medics are seen standing in the doorway speaking to R1. - An undated video footage with audio, showed R1 sitting in his electric wheelchair next to a staff member with urine pooled on the kitchen floor. R1 is observed with an empty urinal attached to the wheelchair arm. The staff member and R1 are heard on audio discussing R1 pouring urine on the staff member's right leg and on the kitchen floor. Food is observed lying on the kitchen floor nearby. R1 is then heard calling 911 and providing an address of the facility to 911. R1 stated urine was poured on a staff member, confirmed to 911 it just happened. R1 stated to 911 he was with a staff member and a director [nurse]. R1 told 911 his name and stated he is the suspect and he was calling 911 on himself. R1 laughed, stated his name, and reported "I am a frequent flyer." R1 reported to 911 a staff member was recording. R1 reported to 911 he called because "pouring urine on someone is assault." R1 continued to laugh and requested officers be sent to the facility. During an interview on April 8, 2026, at 9:19 a.m., unlicensed personnel (ULP)-B stated all the residents were fearful of R1. ULP-B stated a co-worker was unable to come to work because R1 had poured urine all over her and she was "very, very afraid" of R1. ULP-B stated something happens "almost every day" and R1 had sprayed her vehicle with food condiments and urine. ULP-B stated it was recommended she park her	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 14 vehicle down the street away from the facility; however, she stated she was afraid to walk that far for her early morning shifts. ULP-B stated R1 smoked in his room every day and when ULP-B redirected him, R1 would blow smoke into her face. During an interview on April 8, 2026, at 10:10 a.m., clinical nurse supervisor (CNS)-A stated R1 had cut the locks off a medication and resident record cabinet. R1 removed two resident charts, locked them in his room, and refused to allow CNS-A or other staff access to the charts. R1 removed the facility doorknob from his room and replaced it with a keypad locking doorknob that R1 could operate from his phone. CNS-A stated her personal eyeglasses were taken by R1, locked in his room, and he refused to return them. CNS-A stated R1 removed all entrance/exit doorknobs with locks from the facility's doors and stated he would remove them again if the knobs were replaced. CNS-A stated R1 took the control knobs and cooking grates for the stove to his room and refused to return them. This prevented staff from cooking resident meals, and the licensee had been ordering food from local restaurants to provide meals for residents. CNS-A stated the fire department had shut off the gas to the stove due to R1 turning on the gas and leaving the stove unattended. CNS-A stated R1 had repeatedly been educated about not smoking in the facility, however, he smoked every day in his room and the garage. When staff redirect R1's smoking, he will light cigarettes in the living room and blow smoke in staff's face. CNS-A stated while facility staff assisted other residents, R1 will take blended foods outside with urine and pour it on staff vehicles. The licensee's policy titled Admission Policy and	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28558	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES INC	10549 BEARD AVENUE SOUTH BLOOMINGTON, MN 55431

(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
01600	Continued From page 15 Procedure, dated August 10, 2025, indicated the licensee would not admit or retain a resident unless it can provide sufficient care and supervision to meet the resident's needs, based on the resident's known physical, mental, cognitive and behavioral condition. TIME PERIOD FOR CORRECTION: (2) Two days.	01600		