

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Project: HL345257644M

Date Concluded: June 16, 2026

Compliance Project: HL345257495C

Name, Address, and County of Licensee

Investigated:

Empire Systems Home Care
6324 Scott Avenue North
Brooklyn Center, MN 55429
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lena Gangestad
Special Investigator

Finding: Not Substantiated

Nature of Investigation: The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s): The facility's staff members financially exploited the resident by borrowing money from the resident and refusing to pay it back.

Investigative Findings and Conclusion: The Minnesota Department of Health determined financial exploitation was not substantiated. While the investigation found the account of what occurred varied, there was a lack of evidence financial exploitation occurred. The resident denied having any concerns with financial exploitation.

The investigator conducted interviews with administrative staff. The investigation included review of the resident's records, staff schedules, policies, and procedures.

The resident resided in an assisted living facility. The resident's diagnoses included bipolar disorder. The resident's service plan included assistance with medication administration and behavior management.

During an interview, the resident stated she gave the house manager money to hold for her, and the house manager would return it whenever she needed it. She said the house manager would send her money through Cash App so she could purchase items for herself. She stated the house manager always provided receipts, but she had lost some of them after her room was cleaned. The resident also stated she had no concerns the house manager had attempted to steal money from her.

During an interview, the house manager stated the resident gave her money to hold for safekeeping and she returned funds to the resident whenever requested. She stated the resident gave her \$1,300 and each time the resident requested money, it was returned and documented accordingly.

In conclusion, the Minnesota Department of Health determined financial exploitation was not substantiated.

“Not Substantiated” means: An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"Financial exploitation" means:

(b) In the absence of legal authority, a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: Not Applicable

Alleged Perpetrator interviewed: Yes

Action taken by facility: No action taken

Action taken by the Minnesota Department of Health: The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34525	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/23/2026
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NAME OF PROVIDER OR SUPPLIER EMPIRE SYSTEMS HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6324 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429
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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
0 000	Initial Comments On April 23, 2026, the Minnesota Department of Health initiated an investigation of complaint HL345257644M/HL345257495C. The correction order is issued, tag identification 0600.	0 000		
0 600 SS=D	<p>144G.42 Subd. 4 Handling residents' finances and property</p> <p>(a) A facility may assist residents with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a resident's property.</p> <p>(b) Where funds are deposited with the facility by the resident, the licensee:</p> <p>(1) retains fiduciary and custodial responsibility for the funds;</p> <p>(2) is directly accountable to the resident for the funds; and</p> <p>(3) must maintain records of and provide a resident with receipts for all transactions and purchases made with the resident's funds. When receipts are not available, the transaction or purchase must be documented.</p> <p>(c) Subject to paragraph (d), if responsibilities for day-to-day management of the resident funds are delegated to the manager, the manager must:</p> <p>(1) provide the licensee with a monthly accounting of the resident funds; and</p> <p>(2) meet all legal requirements related to holding and accounting for resident funds.</p> <p>(d) The facility must ensure any party responsible for holding or managing residents' personal funds is bonded or obtains insurance in sufficient amounts to specifically cover losses of resident funds and provides proof of the bond or insurance.</p> <p>This MN Requirement is not met as evidenced by:</p>	0 600		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 600	<p>Continued From page 1</p> <p>Based on interview and document review the licensee failed to maintain records and receipts for purchases with resident funds, as required for one of one resident (R1) reviewed. The deficient practice had the potential to affect all residents.</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's service plan dated April 20, 2026, indicated R1 received assistance with medication administration, and behavior management.</p> <p>A document titled "Financial Statement," with an initial dated entry of April 6, 2025, indicated the facility recorded a cash withdrawal of \$400 belonging to R1. The log included multiple documented withdrawals and lacked documentation identifying who made each entry, as well as any signature acknowledgment of the transactions by R1. The final documented entry, dated January 5, 2026, indicated a withdrawal of \$344 to cover monthly rent. The licensee failed to produce receipts for transactions documented in the log.</p> <p>Another document titled "Official Money Receipt" indicated the document served as an official receipt and acknowledgment of money provided for safekeeping, dated May 2025, in the amount of \$1,300, held by the facility manager (FM)-A</p>	0 600		
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0 600	<p>Continued From page 2 and bearing R1's signature.</p> <p>Receipt #0502001, dated May 15, reflected a cash withdrawal of \$40, followed by #0502002 dated December 2025 with a cash withdrawal of \$50; #0502003 dated June 2025 with a cash withdrawal of \$100; #0502004 dated June 2025 with a cash withdrawal of \$48; #0502005 dated July 2025 with a cash withdrawal of \$230; and #0502006 reflecting a cash withdrawal of \$450 covering multiple months (May, June, October, November, and December).</p> <p>Screenshots of Cash App activity showed multiple transactions from May 2025 through February 2026, totaling \$289.</p> <p>An email dated April 24, 2026, at 10:54 a.m., sent by FM-A to the surveyor stated FM-A was not responsible for managing any resident's financial funds in an official capacity. FM-A also stated R1 voluntarily provided money for safekeeping. FM-A further stated that on several occasions, R1 requested assistance sending money to R1's daughter via Cash App. These transactions were typically in the amount of \$20 and were completed at R1's request. FM-A indicated she did not retain copies of all documentation provided to Social Security. FM-A clarified she was not acting in the role of managing resident funds, but rather assisting R1 by holding money and disbursing it as directed.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 600		