

STATE LICENSING COMPLIANCE REPORT

Report #: HL35663481C Date Concluded: October 13, 2022

Name, Address, and County of Facility Investigated:

Minnesota Group Homes 10355 Grand Avenue South Bloomington, MN 55420 Hennepin County

Facility Type: Assisted Living Facility (ALF) Evaluator's Name: Jennifer Segal RN, BSN

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.

PRINTED: 10/17/2022 FORM APPROVED

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
	0=000	B. WING		С				
	35663	D. WING		10/13/2022				
NAME OF PROVIDER OR SUPPLIER MINNESOTA GROUP HOMES LLC STREET ADDRESS, CITY, STATE, ZIP CODE 10355 GRAND AVENUE SOUTH BLOOMINGTON, MN 55420								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	D BE COMPLETE				
0 000 Initial Comments		0 000						
			The Minnesota Department of Headocuments the State Licensing Coorders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assis Living Facilities. The assigned tag appears in the far left column entit Prefix Tag." The state statute num the corresponding text of the state out of compliance are listed in the "Summary Statement of Deficience column. This column also includes findings that are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the surve findings is the Time Period for Correction order. A copy of the 's records documenting those act may be requested for follow-up su The home care provider is not requipment a plan of correction for applease disregard the heading of the column, which states "Provider's Correction." The letter in the left column is use tracking purposes and reflects the and level issued pursuant to Minn. 144G.31, Subd. 2 and 3.	sted number led "ID ber and statute ies" sthe state This as eyors ' rection. Subd. 5 est aply with provider ions rveys. uired to proval; e fourth Plan of				
	on 1 License required	0 100						
SS=F 144G.10 Subdivision Minnesota Department of Health	on 1. License required.							

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

(X6) DATE

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	35663	B. WING			3/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MINNESOTA GROUP HOMES	LLC	AND AVENU			
- Initial Local Training	BLOOMIN	IGTON, MN	55420		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 100 Continued From pa	ge 1	0 100			
(a)(1)?Beginning Au living facility may op licensed under this (2) No facility or but provide assisted living required license und (b)?The licensee is management, contractlity, regardless of management agree in this chapter shall and remedies availated (c) Upon approving living facility license issue a single license operated by the license facility and is located except as provided (d) Upon approving living facility license for campus that are op as an assisted living facility license for a address and license building located on living services are provided (d) Upon approving living facility license for a address and license building located on living services are provided (1) issue a single living facility license (2) issue a separate dementia care license as a separate (2) issue a separate dementia care license as a separate dementia care license as a separate care lic	agust 1, 2021, no assisted berate in Minnesota unless it is chapter.? uilding on a campus may any services until obtaining the der paragraphs (c) to (e).? legally responsible for the rol, and operation of the existence of a sment or subcontract. Nothing in any way affect the rights able under other law.? an application for an assisted at the commissioner shall se for each building that is sensee as an assisted living d at a separate address, under paragraph (d) or (e).? an application for an assisted two or more buildings on a serated by the same licensee of facility. An assisted living campus must identify the red resident capacity of each the campus in which assisted an application for an application for an application for an ap				

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STATE FORM CIGR11 If continuation sheet 2 of 3

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NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MINNESOTA GROUP HOMES	LLC	AND AVENU			
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	COMPLETE DATE
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living facility with de	ementia care.				
by: Based on interview facility operated un license while provid and advertised as a This practice result violation that did no safety but had the residents health or cause serious injur was issued at a wide problems are pervafailure that has affe a large portion or a Findings Include: On October 13, 20, Minnesota Departminvestigated Minne located at 10355 G Bloomington. The finding two resides services including the personal care assist During interview or p.m. the owner ackexpired and they we required document.	ent is not met as evidenced and document review the der an expired Assisted Living ding service to two residents an assisted living facility. ded in a level two violation (a of harm a residents health or potential to have harmed a safety, but was not likely to y, impairment, or death), and despread scope (when asive or represent a systemic ected or has potential to affect all of the residents). 22, an investigator with the nent of Health (MDH) sota Group Homes LLC arand Avenue South in facility was operational ents with 24/7 assisted living medication management and stance. a October 13, 2022, at 12:45 anowledged the facility license ere in process of updating ation to renew the license. a rrection: Seven (7) days.				

Minnesota Department of Health