

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35864	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2026
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NAME OF PROVIDER OR SUPPLIER GREATERCARE FACILITIES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9377 NEWCASTLE ROAD WOODBURY, MN 55125
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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	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>#HL358641107C</p> <p>On April 8, 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 3 residents receiving services under the provider's Assisted Living License.</p>	0 000		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 000	Continued From page 1	0 000		
0 100 SS=F	<p>The following correction order is issued/orders are issued for #HL358641107C, tag identification _0100_.</p> <p>144G.10 Subdivision 1 License required</p> <p>(a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p> <p>(b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). If a portion of a licensed assisted living facility building is utilized by an unlicensed entity or an entity with a license type not granted under this chapter, the licensed assisted living facility must ensure there is at least a vertical two-hour fire barrier as defined by the National Fire Protection Association Standard 101, Life Safety Code, between any licensed assisted living facility areas and unlicensed entity areas of the building and between the licensed assisted living facility areas and any licensed areas subject to another license type.</p> <p>(d) Upon approving an application for an assisted</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to obtain an active assisted living license to legally manage, control, and operate the facility. This had the potential to affect all residents who resided in the facility.</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 is 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).</p>	0 100	<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."</p>	
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0 100	<p>Continued From page 3</p> <p>The findings include:</p> <p>The licensee was issued a renewed assisted living license on March 1, 2025 by the MN Department of Health</p> <p>The licensee's assisted living license expired on February 28, 2026.</p> <p>On April 8, 2026 a complaint investigation was initiated.</p> <p>Upon entrance to the facility on April 8, 2026 at 1:25 p.m., unlicensed personnel (ULP)-A confirmed the facility was licensed as an assisted living facility. ULP-A stated the facility currently provided services for three residents. ULP-A contacted the house manager (ULP)-B to speak with MDH investigators.</p> <p>ULP-B was interviewed on April 8, 2026 at 1:28 p.m. ULP-B indicated she was a house manager for the facility. ULP-B confirmed the facility had an assisted living license and provided services for three residents. ULP-B stated she was aware they were on a month-to-month lease but did not know specifics about the current lease. ULP-B contacted the facility registered nurse (RN) and licensed assisted living director (LALD) who co-own the facility, to speak with MDH investigators.</p> <p>On April 8, 2026 at 1:32 p.m. the LALD and RN were interviewed. The LALD and RN confirmed they provided services to three residents who resided at the facility. The LALD acknowledged the assisted living license was expired and that an application for renewal was completed but she had not received a renewed license. The LALD</p>	0 100	<p>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>	

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0 100	<p>Continued From page 4</p> <p>acknowledged they were currently providing assistance for three residents at the location. The LALD and RN confirmed they signed a new lease at a different location and planned to move their three current residents to the new location as soon as they receive the licence renewal but had not completed required relocation notifications with residents or MDH regarding the plan to relocate residents and facility address.</p> <p>A request was made for the LALD to send copies of the communication and application for renewal with MDH licensing to the surveyor. No information was received from the LALD.</p> <p>No further information as provided.</p> <p>Time Period for Correction: Seven (7) Days</p>	0 100		