

STATE LICENSING COMPLIANCE REPORT

Report #: HL36541003C Date Concluded: August 15, 2022

Name, Address, and County of Facility Investigated: Bright Path Homes 1001 65th Avenue North Brooklyn Center, MN 55430

Hennepin County

Facility Type: Assisted Living Facility (ALF) Evaluator's Name: Erin Johnson-Crosby, 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.

Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		36541	B. WING		C 08/08/2022
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BRIGHT	PATH HOMES			, MN 55430	
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0 000	Initial Comments		0 000		
	Initial comments *****ATTENTION** ASSISTED LIVING CORRECTION OR	PROVIDER LICENSING		Minnesota Department of Health is documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Assistant	oftware. to sted
	144G.08 to 144G.9	Minnesota Statutes, section 5, these correction orders are a complaint investigation.		Living Facilities. The assigned tag number appears in the far left colu- entitled "ID Prefix Tag." The state s number and the corresponding tex state Statute out of compliance is the "Summary Statement of Defici	mn Statute It of the listed in
	requires compliance provided at the state When a Minnesota	nether a violation is corrected with all requirements ute number indicated below. Statute contains several apply with any of the items will of compliance.		column. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the evaluation findings is the Time Period for Core	the e state This as ators '
	Health conducted a above provider, and orders are issued. A investigation, there	the Minnesota Department of complaint investigation at the the following correction at the time of the complaint were 4 residents receiving provider's Assisted Living		PLEASE DISREGARD THE HEAD THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES T FEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE.	·O
	_	ction orders are issued for g identification 1040, 1060 and		THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION VIOLATIONS OF MINNESOTA ST STATUTES.	ON FOR
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/linnesota D	epartment of Health		,	1	I

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

(X6) DATE TITLE

PRINTED: 09/01/2022

Minneso	ta Department of He	ealth			1 Oraw	ALLINOVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l `´´	_E CONSTRUCTION	(X3) DATE COMF	SURVEY
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0 000	Continued From pa	age 1	0 000	REFLECTS THE SCOPE AN ISSUED PURSUANT TO 144 SUBDIVISION 1-3.		
01040 SS=D	(a) A facility terminal written notice of termination. The facility termination notice to for Long-Term Care receive home and eservices under characteristicable after resident. A facility resident.	ating a contract must issue a mination according to this must also send a copy of the to the Office of Ombudsman e and, for residents who community-based waiver pter 256S and section ident's case manager, as soor providing notice to the may terminate an assisted as permitted under and 5				

6899

- (b) A facility terminating a contract under subdivision 3 or 4 must provide a written termination notice at least 30 days before the effective date of the termination to the resident, legal representative, and designated representative.
- (c) A facility terminating a contract under subdivision 5 must provide a written termination notice at least 15 days before the effective date of the termination to the resident, legal representative, and designated representative.

 (d) If a resident moves out of a facility or cancels services received from the facility, nothing in this section prohibits a facility from enforcing against the resident any notice periods with which the resident must comply under the assisted living contract.

This MN Requirement is not met as evidenced by:

Minnesota Department of Health STATE FORM

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Minnesota Department of Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION :	(X3) DATE S COMPL	
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01040	licensee failed to isstermination of control the termination, or a expedited termination documentation superpedited termination one (R1) former reactive to the holicensee failed to senotice to the Office Care. This practice results violation that did not safety but had the president's health or cause serious injury was issued at an isselimited number of a limited number of situation has occurred. The findings include R1's discharge sumindicated R1 was discharge sumindicated R1 was discharge sumindicated R1 was helast year for delusion substance abuse, in medication non-control R1 was admitted to 2022, with diagnose bipolar disorder, au poly-substance abuse service plan dated.	and record review, the sue a written notice for a act at least 30 days ahead of at least 15 days ahead of an on, and failed to provide porting the need for an on of their contracts for one of sident with records reviewed. Erminated without notice after ospital. In addition, the end a copy of the termination of Ombudsman for Long Term and in a level two violation (at harm a resident's health or otential to have harmed a safety, but was not likely to a safety are affected or one or staff are involved or the red only occasionally).		Assisted Living Provider 144G. Minnesota Department of Health is documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Assis Living Facilities. The assigned tag number appears in the far left coluentitled "ID Prefix Tag." The state number and the corresponding textate Statute out of compliance is the "Summary Statement of Deficicolumn. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the evalutindings is the Time Period for Corplease DISREGARD THE HEADTHE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TFEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION STATUTES. THE LETTER IN THE LEFT COLUED FOR TRACKING PURPOS REFLECTS THE SCOPE AND LE ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	oftware. to sted common Statute of the listed in encies" sthe le state This as lators' rection. ON FOR TATE JMN IS ES AND VEL	

Minnesota Department of Health

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Minnesota Department of Health

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	supervision for groos service plan also incaggressive, staff shall for the should call 911 and document indicated stay sober. R1's progress notes indicated R1 was switten and the stay discharged to the homological for the licensee's Discharge of a written notice of a termination will be is resident's legal representative or R1.	housekeeping, and oming and dressing. The dicated if R1 became ould have R1 go to her room. down or is threatening, staff inform the nurse. The same staff were to encourage R1 to a dated February 13, 2022, wearing at the unlicensed and threatened to slap ULP-B. I and hit the staff on the R1 if she did not stop with the as going to call the police. Solice and R1 was taken to the amany dated February 13, refused medications at the facility and was as pospital for an assault on staff. at 12: 36 p.m., licensed tor (LALD)-A stated the state incident on February 13, y discharge since R1. D-A confirmed the licensee ombudsman or provide a 15 ce to R1, R1's legal 1's designated representative. The seventative and the resident, the resentative and the resident's estative at least 15 days before	01040			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	36541	B. WING	C 08/08/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHT	PATH HOMES	5TH AVENUE NORTH KLYN CENTER, MN 55430			
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01040	Continued From page 4	01040			
	TIME PERIOD FOR CORRECTION: Twenty-One (21) days				
√linnesota De	(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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01060	Continued From pa	ge 5	01060			
	if the resident has be returned to the facil (d) Following an emerger refusal to provide here.	budsman for Long-Term Care een relocated and has not ity within four days. ergency relocation, a facility's ousing or services constitutes iggers the termination process				
	by: Based on observation review, licensee fail of a written notice was a second contract.	ent is not met as evidenced on, interview and record ed to provide documentation which contained the required gency relocation for one of (R1).				
	violation that did not safety but had the president's health or cause serious injury was issued at an is limited number of real limited number of	ed in a level two violation (a t harm a resident's health or otential to have harmed a safety, but was not likely to y, impairment, or death), and solated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).				
	The findings include) :				
	roster dated, February was admitted on Jadischarged to the he	narged or deceased client ary 15, 2022, indicated R1 nuary 3, 2022, and ospital on February 13, 2022. cated service termination was				
	indicated R1 was di January 3, 2022. R indicated R1 was he	mary from the previous facility scharged to the licensee on 1's health status at discharge ospitalized three times in the ns, aggressive behavior,				

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
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01060	R1 was admitted to 2022, with diagnose bipolar disorder, aur poly-substance abuservice plan dated a received services for meal prep, laundry, supervision for groces service plan also in aggressive, staff shalf R1 does not calm should call 911 and document indicated stay sober. R1's progress notes indicated R1 was copersonnel (ULP)-B R1 then took a bow thumb. ULP-B told behaviors ULP-B was copersonnel (ULP)-B R1 then took a bow thumb. ULP-B called police hospital. R1's discharge sum 2022, indicated R1 throughout the stay discharged to the home of the relocation o	the licensee on January 3, es that included schizophrenia, ditory hallucinations, se and delusions. R1's January 3, 2022, indicated R1 or medication management, housekeeping, and oming and dressing. The dicated if R1 became ould have R1 go to her room. down or is threatening, staff inform the nurse. The same staff were to encourage R1 to a dated February 13, 2022, arsing at the unlicensed and threatened to slap ULP-B. I and hit the staff on the R1 if she did not stop the as going to call the police. I and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. I and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. I and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. It is and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. It is and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. It is and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. It is and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. It is and R1 was taken to the staff on the R1 if she did not stop the as going to call the police. It is an	01060			
	new service provide -contact information	for the Office of Ombudsman				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	COMP	LETED
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01060	range or dates with expected to return of is unknown; -a statement if the finousing or services resident has the rig 144.54. The facility information for the amay submit an apportune notice) must be practicable to: -the resident, legal designated represe-for residents who recommunity-based was 256S and section 2 manager; -the Office of Ombut the resident has been on August 8, 2022, assisted living direct discharged to the homember and considered a written discharged to the homember and considered as written discharged to the homember and considered to the homember and	e; cable the approximate date or in which the resident is or a statement the return date facility refuses to provide after a relocation, the th to appeal under section must provide contact agency to which the resident eal; e delivered as soon as representative, and ntative; eceive home and vaiver services under chapter 56B.49, the resident's case adsman for Long-Term Care if				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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01060	Continued From pa	ge 8	01060			
	relocation and detection conducted. The sar following an emerge refusal to provide h	f termination following the rmination meeting would be ne document indicated ency relocation the licensee's ousing or services constitutes riggers the termination				
	TIME PERIOD FOR (21) days	R CORRECTION: Twenty-one				
01070 SS=D	144G.52 Subd. 10 I	Right to return	01070			
	reason, including an facility shall not refu	ent from a facility for any nemergency relocation, the use to allow a resident to on of housing has not been				
	by: Based on interview licensee infringed us to the facility following without providing a for one of one (R1)	and document review, the pon a resident's right to return ng an emergency relocation written notice of termination residents reviewed.				
	violation that did no safety but had the president's health or cause serious injury was issued at an is limited number of real limited number of	ed in a level two violation (a t harm a resident's health or otential to have harmed a safety, but was not likely to y, impairment, or death), and solated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		 ` ´	E CONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
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01070	roster dated, Febru was admitted on Jadischarged to the half The document indicated R1's discharge sumindicated R1 was discharge sumindicated R1 was discharge in the last year behavior, substance and medication nor R1 was admitted to 2022, with diagnose schizophrenia, bipochallucinations, polydelusions. R1's service 2022, indicated R1 medication manage housekeeping, and dressing. The service became aggressive her room. If R1 does threatening, staff shousekeeping, and dressing. The same deto encourage R1 to R1's progress notes indicated R1 was compersonnel (ULP)-B R1 then took a bow thumb. ULP-B told behaviors ULP-B was compersonnel to the same deto and the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1 was compersonnel to the same deto encourage R1 to R1's progress notes indicated R1's pro	harged or deceased client ary 15, 2022, indicated R1 nuary 3, 2022, and ospital on February 13, 2022. Cated a service termination ally. Immary from the previous facility ischarged to the licensee on 1's health status upon at R1 was hospitalized three ar for delusions, aggressive a abuse, intrusive behavior incompliance. The licensee on January 3, as which included lar disorder, auditory substance abuse and vice plan dated January 3, received services for ament, meal prep, laundry, supervision for grooming and the plan also indicated if R1 and inform the ocument indicated staff were	01070				

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01070	Continued From pa	ge 10	01070			
	chroughout the stay discharged to the horist and assisted living direct considered assaulted staff and the resident to return confirmed the licens ombudsman or provinctice to R1, R1's leaders and the signated represed the signated represed the signated represed the signated represed the staff and the signated represed the signated represed the signated represed the staff and the signated represed the signated represed the staff and the signated represed the signated represed the signated represed the signated represed the signature of the signature staff and the signature sta					
	Residents policy dather licensee may resement an endical needs or an endical needs or an endical needs or staff member. The emergency relocation and detection and detection and detection and detection and the following an emergency refusal to provide here is a provide here a termination and the endical to provide here are the endical to provide here.	harge and Transfer of ted August 1, 2021, indicated move a resident in an sary due to a resident's urgent or safety of another resident or safety of another resident or safety of another resident or is not a termination and if ncy relocation and the licensee of termination following the ermination meeting would be ne document indicated ency relocation the licensee's ousing or services constitutes iggers the termination				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		36541	B. WING		C 08/08/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 65TH AVENUE NORTH BRIGHT PATH HOMES BROOKLYN CENTER, MN 55430					
(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	
01070	Continued From page 11		01070		
	TIME PERIOD FOR (21) days	R CORRECTION: Twenty-one			

Minnesota Department of Health