

STATE LICENSING COMPLIANCE REPORT

Report #: HL367279169C

Date Concluded: November 5, 2025

Name, Address, and County of Facility

Investigated:

Recovery Home Health

717 Terrace Dr N

Roseville MN 55113

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Maggie Regnier

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36727	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/03/2025
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NAME OF PROVIDER OR SUPPLIER RECOVERY HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 717 TERRACE DRIVE ROSEVILLE, MN 55113
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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>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>#HL367279169C and HL367274882M/HL367271065C</p> <p>On September 3, 2025, 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.</p> <p>No correction orders were issued for HL367274882M/HL367271065C.</p> <p>The following correction orde was issued for #HL367279169C , tag identification 0495.</p>	0 000	<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." 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>	
0 495 SS=I	144G.41 Subdivision. 1 (13) Minimum Requirements	0 495		

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

Minnesota Department of Health

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0 495	<p>Continued From page 1</p> <p>(13) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, document review and interview, the licensee failed to ensure that a registered nurse (RN) was available on-call 24 hours a day, seven days per week. This had the potential to affect all residents and staff of the facility.</p> <p>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).</p> <p>The findings include:</p> <p>On September 3, 2025, at 11:30 a.m., while onsite, ULP-B stated RN-A was not available, although ULP-B had been attempting to call RN-A. ULP-B stated no other RN was available as a backup RN.</p> <p>On September 16, 2025, at 11:45 a.m., during a phone call, RN-A she was not available by phone on the morning of September 2, 2025, because she was working at her other job. RN-A also stated she knows she is required to be on call 24 hours a day, 7 days a week</p> <p>A provider policy titled Supervision Unlicensed</p>	0 495		

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0 495	<p>Continued From page 2</p> <p>Staff, dated February 23, 2022, states "A registered nurse (RN) is available for consultation to staff. The RN is available either in person, by phone or by other means 24 hours/day, 7 days/week.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 495		