STATE LICENSING COMPLIANCE REPORT

Report #: HL393582143C **Date Concluded:** November 10, 2025

Name, Address, and County of Facility Investigated:
Harmony Homes & Services LLC
7064 158th St. West
Apple Valley, MN 55124
Dakota County

Facility Type: Assisted Living Facility (ALF) **Evaluator's Name:** Christine Bluhm, RN

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39358	A. BUILDING: _____ B. WING _____	C 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY HOMES & SERVICES LLC	7064 158TH STREET W APPLE VALLEY, MN 55124

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0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. 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. INITIAL COMMENTS: #HL393582143C On October 13, 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 TWO residents receiving services under the provider's Assisted Living license. The following correction orders are issued for #HL393582143C, tag identification 0470, 0485. 1640, 1650..	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 470 SS=D	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have a daily work schedule posted in a central location accessible to staff, residents, and the public as required, potentially affecting all current residents, staff and visitors.	0 470		

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0 470	Continued From page 2 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) 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). The findings include: On October 13, 2025, during a visit to the facility, a 24-hour staff schedule was not posted and visible to residents and staff. The licensee lacked a posted daily staffing schedule for direct-care staff members at the beginning of each work shift. R1's diagnoses included anxiety, depression and bipolar disorder. On October 13, 2025, at 11:35 a.m., Administrator (A)-B stated acknowledged that a staff schedule was not posted but they do have staff schedules mades months in advance. During interview on October 14, 2025, R1 stated she did not know any staff names for the longest time. R1 stated had days when no one came down to check on her and she did not feel comfortable asking for help if she did not know who they were. The facility policy titled Staffing, dated October 5, 2023, indicated the schedule is posted at the beginning of the shift in a central location in the facility, if applicable, accessible to staff, residents, volunteers and the public.	0 470		

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0 470	Continued From page 3 TIME PERIOD FOR CORRECTION: Seven (7) days.	0 470		
0 485 SS=D	144G.41 Subdivision 1.a (a) Minimum requirements; required food services (a) All assisted living facilities must offer to provide or make available at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes. The facility must not require a resident to include and pay for meals in the resident's contract. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. This had the potential to affect two residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 485		

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0 485	Continued From page 4 safety but had the potential to have harmed a resident's health or safety) 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). The findings include: On October 13, 2025, during a visit to the facility, no meal plan or menu posting was observed, nor was a lunch prepared for residents during the timeframe that would be considered the lunch hour. On October 13, 2025, at 10:30 a.m., supervisor (SUP)-D, stated grocery lists are obtained for each resident and staff order, and it is delivered or picked up. SUP-D stated changes are coming soon and staff are going to start making the meals. R1 R1's Service Plan dated October 13, 2025, indicated R1's services included meal assistance three times per day. On October 14, 2025, at 10:00 a.m., R1 stated the facility staff have not provided prepared meals. R1 would email once a week a list made on the Walmart website, and they would have it ordered, paid for and delivered and R1 prepared the meals. R1 stated there were two staff that would help her with meal preparation, such as boiling an egg, but only if R1 asked for assistance. R2 R2's Service Plan - Modification, dated October	0 485		

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0 485	Continued From page 5 13, 2025, indicated R2 received services including, meal assistance four times a day. A policy regarding content for meal preparation and planning was requested but not provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	0 485		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01640		

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01640	Continued From page 6 licensee failed to ensure the service plan included a signature or other authentication by the resident and the facility to document agreement on the services to be provided for one of two residents (R1) with records reviewed. 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) 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). The findings include: R1's diagnoses included anxiety, depression and bipolar disorder. R1's Service Plan dated October 13, 2025, noted services including housekeeping, laundry, behavior management for agitation, anxiety, hoarding, other mental health need, physical aggression, resistive tendencies, self-isolation, paranoia, meal assistance, garbage removal and shopping assistance. On October 13, 2025, at approximately 11:00 a.m., R1 stated she had no idea what services she was supposed to receive and had not been provided or asked to sign a service agreement. On October 16, 2025, via email correspondence, director (D)-A confirmed and could not locate a signed copy of R1's service agreement in the resident's file. The facility did not provide a policy specifically for	01640		

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01640	Continued From page 7 service plans but referred to the facility Assessment and Reassessment Policy dated October 5, 2023, indicated an individualized initial evaluation of all new residents receiving assisted living services will be completed by a Registered Nurse in order to develop a personalized service plan. The assessment shall be revised regularly and as appropriate. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01640		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency	01650		

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01650	Continued From page 8 medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for two of two residents (R1, R2) with records reviewed. 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) 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). The findings include: R1 R1's service plans lacked the following: - fees for services - schedule and method of monitoring assessments of the resident; - schedule and methods of monitoring staff providing services; - a contingency plan that included: - the action to be taken if the scheduled service cannot be provided. - nursing services being provided are not included. R1's Service Plan dated October 13, 2025, indicated R1's services included housekeeping, laundry, behavior management for agitation,	01650		

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01650	Continued From page 9 anxiety, hoarding, other mental health need, physical aggression, resistive tendencies, self-isolation, paranoia, meal assistance, garbage removal and shopping assistance. On October 13, 2025, at approximately 11:00 a.m., R1 stated she had no idea what services she was supposed to receive and had not been provided or asked to sign a service agreement. On October 16, 2025, at 12:30 p.m., registered nurse (RN)-E, stated nursing provided nursing assessment and overall wellness checks for R1 but could not verify the contents of the service plan. R2 R2's service plans lacked the following: - fees for services - schedule and method of monitoring assessments of the resident; - schedule and methods of monitoring staff providing services; - a contingency plan that included: - the action to be taken if the scheduled service cannot be provided. - nursing services and medication management services being provided are not included. R2's Service Plan - Modification, dated October 13, 2025, indicated R2 received services including, assistance and reminders with appointments, bathing reminders, housekeeping, laundry behavior management for agitation, anxiety, other mental health need, physical and verbal aggression, property destruction, resistive tendencies, auditory hallucinations, depression, paranoia, meal assistance, blood pressure, oxygen saturation, pulse, respiration,	01650		

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01650	Continued From page 10 temperature, garbage removal, and shopping assistance. On October 16, 2025, at 12:30 p.m., RN-E, stated she provided nursing assessment and medication management for R2, but could not verify the contents of the service plan. The facility did not provide a policy specifically for service plans but referred to The Facility Assessment and Reassessment Policy dated October 5, 2023, indicated an individualized initial evaluation of all new residents receiving assisted living services will be completed by a Registered Nurse in order to develop a personalized service plan. The assessment shall be revised regularly and as appropriate. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01650		