



STATE LICENSING COMPLIANCE REPORT

Report #: HL407209944C

Date Concluded: April 16, 2026

Name, Address, and County of Facility

Investigated:

Sisu Home Health LLC
826 Elwood Avenue North
Minneapolis, MN 55411
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Willette Shafer, 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2026
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NAME OF PROVIDER OR SUPPLIER SISU HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 826 ELWOOD AVE N MINNEAPOLIS, MN 55411
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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>HL407209944C</p> <p>On March 24, 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 zero (0) residents receiving services under the provider's Assisted Living License.</p> <p>The following correction orders are issued for HL407209944C, tag identification 1110 and 1120.</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>	
01110 SS=F	<p>144G.55 Subdivision 1 Duties of facility</p> <p>(a) If a facility terminates an assisted living</p>	01110		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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01110	<p>Continued From page 1</p> <p>contract, reduces services to the extent that a resident needs to move or obtain a new service provider or the facility has its license restricted under section 144G.20, or the facility conducts a planned closure under section 144G.57, the facility:</p> <p>(1) must ensure, subject to paragraph (c), a coordinated move to a safe location that is appropriate for the resident and that is identified by the facility prior to any hearing under section 144G.54 and document the same;</p> <p>(2) must ensure a coordinated move of the resident to an appropriate service provider identified by the facility prior to any hearing under section 144G.54, provided services are still needed and desired by the resident; and</p> <p>(3) must consult and cooperate with the resident, legal representative, designated representative, case manager for a resident who receives home and community-based waiver services under chapter 256S and section 256B.49, relevant health professionals, and any other persons of the resident's choosing to make arrangements to move the resident, including consideration of the resident's goals and document the same.</p> <p>(b) A facility may satisfy the requirements of paragraph (a), clauses (1) and (2), by moving the resident to a different location within the same facility, if appropriate for the resident.</p> <p>(c) A resident may decline to move to the location the facility identifies or to accept services from a service provider the facility identifies and may choose instead to move to a location of the resident's choosing or receive services from a service provider of the resident's choosing within the timeline prescribed in the termination notice.</p> <p>This MN Requirement is not met as evidenced by:</p>	01110		
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01110	<p>Continued From page 2</p> <p>Based on interview and record review, the licensee failed to ensure a coordinated move and failed to consult with the resident and the resident's representatives, during a facility-initiated discharge for four of four residents (R1, R2, R3, R4) reviewed. All four residents were relocated to a new facility November 3, 2025, but records lacked documentation including discussion with residents and case managers on location, preferences, or other housing options.</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> <p>The findings include:</p> <p>R1's service plan dated March 3, 2025, indicated R1 received services including assistance with medication management, behavioral management, meals, housekeeping, and reminders.</p> <p>An email dated October 24, 2025, sent by owner (OW)-A to R1's case manager, indicated the OW-A was informing R1's case manager a new landlord terminated the licensees' lease effective November 30, 2025. OW-A spoke to R1, and R1 agreed to move to a new facility where OW-A will continue to service as the licensed assisted living director. OW-A indicated the transition process would begin as soon as possible.</p> <p>R1's progress note dated November 3, 2025,</p>	01110		
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01110	<p>Continued From page 3</p> <p>indicated R1 was discharged from the licensee on November 3, 2025. This was the only documentation regarding discharge in R1's medical record. R1's record lacked documentation the licensee provided R1 with alternate housing options.</p> <p>R2's diagnoses included schizophrenia and an eating disorder. R2's service plan dated May 3, 2025, indicated R2 received services including assistance with grooming, dressing, medication management, behavioral management, housekeeping, and reminders.</p> <p>R2's progress note dated November 3, 2025, indicated R2 was discharged from the licensee on November 3, 2025. This was the only documentation regarding discharge in R2's medical record. R2's record lacked documentation, the licensee provided R2 with alternate housing options.</p> <p>R3's diagnoses included bipolar disorder, adult failure to thrive, and alcohol abuse. R3's service plan dated March 17, 2025, indicated R3 received services including assistance with grooming, dressing, medication management, behavioral management, housekeeping, and reminders.</p> <p>An email dated October 24, 2025, sent by OW-A to R3's case manager, indicated the OW-A was informing R3's case manager a new landlord terminated the licensees' lease effective November 30, 2025. OW-A spoke to R3, and R3 agreed to move to a new facility where OW-A will continue to service as the licensed assisted living director. OW-A indicated the transition process would begin as soon as possible.</p> <p>R3's progress note dated November 3, 2025,</p>	01110		
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01110	<p>Continued From page 4</p> <p>indicated R3 was discharged from the licensee on November 3, 2025. This was the only documentation regarding discharge in R3's medical record. R3's record lacked documentation the licensee provided R3 with alternate housing options.</p> <p>R4's diagnoses included bipolar disorder, anxiety disorder, and depression. R4's service plan dated March 3, 2025, indicated R4 received services including assistance with medication management, dressing, bathing reminders, housekeeping, and behavioral management.</p> <p>An email dated October 24, 2025, sent by OW-A to R4's case manager, indicated the OW-A was informing R4's case manager a new landlord terminated the licensees' lease effective November 30, 2025. OW-A spoke to R4, and R4 agreed to move to a new facility where OW-A will continue to service as the licensed assisted living director. OW-A indicated the transition process would begin as soon as possible.</p> <p>R4's progress note dated November 3, 2025, indicated R4 was discharged from the licensee on November 3, 2025. This was the only documentation regarding discharge in R4's medical record. R4's record lacked documentation that the licensee provided R4 with alternate housing options.</p> <p>On March 18, 2025, at 2:15 p.m., OW-B said the previous landlord planned to sell the house. OW-B's relative purchased the house so the licensee could remain open. While OW-B was on vacation, OW-A moved the residents and staff to a new location without informing him. OW-B said the residents never complained about the facility or expressed they wanted to move. He said the</p>	01110		
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01110	<p>Continued From page 5</p> <p>residents could have remained at the facility.</p> <p>On March 25, 2026, at 1:00 p.m., OW-A said he received a notice from the housing landlord their lease was ending on November 30, 2025. He moved the residents to another facility he owned a few miles away. He sent the case mangers an email informing them the residents must move based on the lease termination. He sent the emails to all four case mangers a week before they moved. OW-A said the staff also moved with the residents to the new location and were employed by A1 quality Living LLC now. Although the staff no longer worked for licensee he said the residents could have remained at the licensee if they wanted. He said he did not tell OW-B he planned to discharge and move the residents to A1 Quality Living LLC. He said he did not offer the residents alternate housing options other than the A1 Quality Living LLC which he owned.</p> <p>On March 24, 2026, at 10:20 a.m., R2 said he liked living at licensee but was told he had to move. He was not given any other housing options. He said he never heard of an Ombudsman. R2 was reluctant to answer questions and said he didn't want to say something he wasn't supposed to say.</p> <p>On March 24, 2026, at 10:35 a.m., R3 said they moved because the two owners at the previous facility "didn't get along". She was never asked if she wanted to move to a new facility.</p> <p>The licensee's policy titled Discharge and Transfer of Residents, dated July 20, 2022, indicated when a resident discharges or transfers from the facility for any reason, the licensee would assist the resident to access assisted ling, home care of alternative services by proving and</p>	01110		

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01110	Continued From page 6 list of appropriate providers to the resident and the resident's representative. Time Period to Correct: Seven (7) Days	01110		
01120 SS=F	144G.55 Subdivision 1 Duties of facility (d) A facility has met its obligations under this section, following a termination completed in accordance with section 144G.52 if: (1) for residents of facilities in the seven-county metropolitan area, the facility identifies at least three other facilities willing and able to meet the individual's service needs, one of which is within the seven-county metropolitan area; (2) for residents of facilities outside of the seven-county metropolitan area, the facility identifies at least two other facilities willing and able to meet the individual's service needs, and to the extent such facilities exist, one must be within two hours or 120 miles from the resident's current location; and (3) the facility documents, in writing, the resident or the resident's designated representative has: (i) consented to move; or (ii) expressly refused to relocate to any of the facilities identified in accordance with this subdivision. (e) Sixty days before the facility plans to reduce or eliminate one or more services for a particular resident, the facility must provide written notice of the reduction that includes: (1) a detailed explanation of the reasons for the reduction and the date of the reduction; (2) the contact information for the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the name and contact information of the person employed by	01120		

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01120	<p>Continued From page 7</p> <p>the facility with whom the resident may discuss the reduction of services;</p> <p>(3) a statement that if the services being reduced are still needed by the resident, the resident may remain in the facility and seek services from another provider; and</p> <p>(4) a statement that if the reduction makes the resident need to move, the facility must participate in a coordinated move of the resident to another provider or caregiver, as required under this section.</p> <p>(f) In the event of an unanticipated reduction in services caused by extraordinary circumstances, the facility must provide the notice required under paragraph (d) (e) as soon as possible.</p> <p>(g) If the facility, a resident, a legal representative, or a designated representative determines that a reduction in services will make a resident need to move to a new location, the facility must ensure a coordinated move in accordance with this section, and must provide notice to the Office of Ombudsman for Long-Term Care.</p> <p>(h) Nothing in this section affects a resident's right to remain in the facility and seek services from another provider.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide at least 60 days advance written notice prior to reducing or eliminating services for four of four residents (R1, R2, R3, and R4) with records reviewed.</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</p>	01120		
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01120	<p>Continued From page 8</p> <p>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> <p>Findings Include:</p> <p>R1's service plan dated March 3, 2025, indicated R1 received services including assistance with medication management, behavioral management, meals, housekeeping, and reminders.</p> <p>An email dated October 24, 2025, sent by owner (OW)-A to R1's case manager, indicated R1 was moving to a new facility. The email failed to indicate the date R1 was moving.</p> <p>R1's record lacked documentation the licensee provided the resident and guardian with a written notice including all required information at least 60 days prior to eliminating services and discharging the resident from the licensee. R1 discharged from the licensee November 3, 2025.</p> <p>R2's service plan dated May 3, 2025, indicated R2 received services including assistance with grooming, dressing, medication management, behavioral management, housekeeping, and reminders.</p> <p>R2's record lacked documentation the licensee provided the resident and guardian with a written notice including all required information at least 60 days prior to eliminating services and discharging the resident from the licensee. R2 discharged from the licensee November 3, 2025.</p> <p>R3's service plan dated March 17, 2025,</p>	01120		

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01120	<p>Continued From page 9</p> <p>indicated R3 received services including assistance with grooming, dressing, medication management, behavioral management, housekeeping, and reminders.</p> <p>An email dated October 24, 2025, sent by OW-A to R3's case manager, indicated R3 was moving to a new facility. The email failed to indicate the date R3 was moving.</p> <p>R3's record lacked documentation the licensee provided the resident and guardian with a written notice including all required information at least 60 days prior to eliminating services and discharging the resident from the licensee. R3 discharged from the licensee November 3, 2025.</p> <p>R4's service plan dated March 3, 2025, indicated R4 received services including assistance with medication management, dressing, bathing reminders, housekeeping, and behavioral management.</p> <p>An email dated October 24, 2025, sent by OW-A to R4's case manager, indicated R4 was moving to a new facility. The email failed to indicate the date R4 was moving.</p> <p>R4's record lacked documentation the licensee provided the resident and guardian with a written notice including all required information at least 60 days prior to eliminating services and discharging the resident from the licensee. R4 discharged from the licensee November 3, 2025.</p> <p>On March 18, 2025, at 2:15 p.m., OW-B said the previous landlord planned to sell the house. OW-B's relative purchased the house so the licensee could remain open.</p>	01120		
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01120	<p>Continued From page 10</p> <p>During an interview on March 25, 2026, at 4:05 p.m., OW-A stated the facility required the residents to move locations because he was given a lease termination notice by the landlord. He notified each resident's case manager about the move via email. He said he verbally told each resident individually they needed to move facilities but never provided the residents with a written notice. He denied a discharge meeting was set up with the residents, case managers, and ombudsman.</p> <p>The licensee's policy titled Discharge and Transfer of Residents, dated July 20, 2022, failed to address the requirement the licensee must provide at least 60 calendar days written notice prior to reducing or eliminating services.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	01120		