Electronically Delivered

August 6, 2026

Licensee
Risen Home Care LLC
2208 69th Ave N
Brooklyn Center, MN 55430

RE: Project Number(s) SL36999016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 22, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

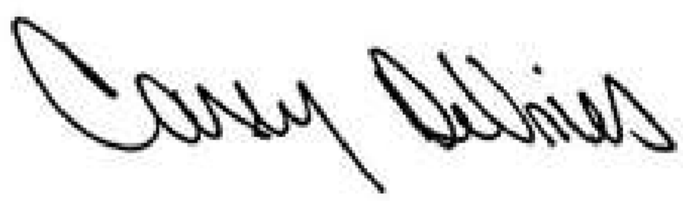
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
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Telephone: 651-201-5917 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36999	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN HOME CARE LLC	2208 69TH AVE N 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
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL33999016-0 On July 20, 2026, through July 22, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were three resident(s); three receiving services under the Assisted Living Facility license.	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.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 20, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents.	0 680		

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0 680	Continued From page 4 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 was 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). The findings include: On June 8, 2026, at 12:30 p.m., the surveyor reviewed the licensee's EPP dated June 2, 2025, and the following content was missing: - maintain and annual EPP updates; - development of EPP policies and procedures; - subsistence needs for staff and patients; - procedures for tracking of staff and patients; - policies and procedures for sheltering; - policies and procedures for medical documents; - policies and procedures for volunteers; - arrangement with other facilities; - roles under a waiver declared by secretary; - development of communication plan; - names and contact information; - primary/alternate means for communication; and - LTC family notifications. On July 22, at 12:40 p.m., clinical nurse supervisor (CNS)-A stated they had not updated their EPP for the current year as they were in the process of settling in their new location. The licensee's undated Emergency Preparedness Evacuation policy indicated the facility will establish and maintain guidelines in planning for the evacuation of residents and the	0 680		

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0 680	Continued From page 5 facility's office as a component of their emergency preparedness program. This is to prepare with a goal of enduring safety and mitigate harm to residents and the staff. Minnesota Administrative Rule 4659.0100 Emergency Disaster and Preparedness Plan dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. The code references documents, specifications, methods, and standards in the State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and	0 950		

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0 950	Continued From page 6 advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include the required statutory language giving residents the right to identify a designated representative on its own page separate from the contract for three of three residents (R1, R2, R3). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was 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 the residents). The findings include: R1's Assisted Living Contract was signed on April 21, 2026. R2's Assisted Living Contract was signed on April	0 950		

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0 950	Continued From page 7 21, 2026. R3's Assisted Living Contract was signed on February 5, 2026. R1, R2, and R3's assisted living contract did not include the required statutory notice language about designated representative on a document separate from the contract. On July 22, 2026, at 12:50 p.m., clinical nurse supervisor (CNS)-A stated they are aware of the requirements for designated representative and did have the blank designated representative form in their contract. CNS-A stated they thought they had the completed form in the resident's record but confirmed they did not have it, and it was not done. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
01330 SS=E	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides	01330		

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01330	Continued From page 8 or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of three employees (unlicensed personnel (ULP)-B, ULP-D). 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 was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: ULP-B ULP-B started employment with the licensee on September 20, 2024, to provide assisted living services. On July 21, 2026, at 9:07 a.m., the surveyor observed ULP-B administer medications to R3. ULP-B's record lacked documentation on the completion of the following required training topics:	01330		

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01330	Continued From page 9 - basic nutrition, meal preparation, food safety, and assistance with eating; and - preparation of modified diets as ordered by a licensed health professional. ULP-D ULP-D started employment with the licensee on December 26, 2024, to provide assisted living services. ULP-D's record lacked documentation on the completion of the following required competency training topic: - standby assistance techniques and how to perform them. On July 22, 2026, at 12:45 p.m., clinical nurse supervisor (CNS)-A stated all employees are assigned to all required training topics through Residex (training software). CNS-A also stated they completed audits to ensure all topics assigned are completed prior to performing tasks. CNS-A further stated they may have missed ULP-B and ULP-D's files during the audit. The licensee's undated Staff Orientation and Annual Training Policy indicated [licensee] will provide and document all required staff orientation and annual training in accordance with Minnesota Statutes §144G.63 and other applicable assisted living requirements. The policy lacked verbiage to include training and competency in the required 22 areas (144G.61, Subd. 2). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330		

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01470	Continued From page 10	01470		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this	01470		

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01470	Continued From page 11 subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees completed required orientation training prior to providing services, for three of three employees (clinical nurse supervisor (CNS)-A, unlicensed personnel (ULP)-B, ULP-D). 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 was 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).	01470		

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01470	Continued From page 12 The findings include: CNS-A CNS-A started employment with the licensee on February 28, 2022, to provide assisted living services and clinical oversight. ULP-B ULP-B started employment with the licensee on September 20, 2024, to provide assisted living services. On July 21, 2026, at 9:07 a.m., the surveyor observed ULP-B administer medications to R3. ULP-D ULP-D started employment with the licensee on December 26, 2024, to provide assisted living services. CNS-A, ULP-B, and ULP-D's record lacked documentation of the following required orientation topic: - review of provider's policies and procedures. On July 22, 2026, at 12:55 p.m., CNS-A stated they had not trained their employees on their policies and procedures. CNS-A also stated they missed the topic in Rtask (training software) and that they had assigned all the other topics. The licensee's undated Staff Orientation and Annual Training Policy indicated all staff who provide or supervise direct services must complete an orientation to Minnesota assisted living licensing requirements and regulations before independently providing assisted living services. The policy also included the missing topic.	01470		

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	36999	A. BUILDING: _____ B. WING _____	07/22/2026

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01470	Continued From page 13 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning	01500		

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01500	Continued From page 14 and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure annual training included at least eight hours for each 12 months of employment for three of three employees (clinical nurse supervisor (CNS)-A, unlicensed personnel (ULP)-D, ULP-E). 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 was issued at a widespread scope (when problems are pervasive or represent a systemic	01500		

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01500	Continued From page 15 failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: CNS-A CNS-A started employment with the licensee on February 28, 2022, to provide assisted living services and clinical oversight. CNS-A's annual training transcript dated January 27, 2026, indicated CNS-A had completed 7.5 hours of annual training on the following topics: - reporting maltreatment of vulnerable adults or minors - 1.25 hours; - Assisted Living Bill of Rights - 0.75 hours; - infection control techniques - 1.0 hour; - effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders - 1.0 hour; - principles of person-centered planning/service delivery - 0.5 hours; - dementia training - 2 hours; and - mental illness and de-escalation training - 1 hour. CNS-A's employee record lacked the following topic(s): - review of provider's policies and procedures. ULP-B ULP-B started employment with the licensee on September 20, 2024, to provide assisted living services. On July 21, 2026, at 9:07 a.m., the surveyor observed ULP-B administer medications to R3.	01500		

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01500	Continued From page 16 ULP-B's annual training transcript dated February 2, 2026, indicated ULP-B had completed 5.25 hours of annual training on the following topics: - Assisted Living Bill of Rights - 0.75 hours; - infection control techniques - 1.0 hour; - principles of person-centered planning/service delivery - 0.5 hours; - dementia training - 2 hours; and - mental illness and de-escalation training - 1 hour. ULP-B's employee record lacked the following topic(s): - reporting maltreatment of vulnerable adults or minors; - effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; - review of provider's policies and procedures. ULP-D ULP-D started employment with the licensee on December 26, 2024, to provide assisted living services. ULP-D's annual training transcript dated February 10, 2026, indicated ULP-D had completed 6.0 hours of annual training on the following topics: - reporting maltreatment of vulnerable adults or minors - 0.75 hours; - Assisted Living Bill of Rights - 0.75 hours; - infection control techniques - 1.0 hour; - principles of person-centered planning/service delivery - 0.5 hours; - dementia training - 2 hours; and - mental illness and de-escalation training - 1 hour.	01500		

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01500	Continued From page 17 ULP-D's employee record lacked the following topic(s): - reporting maltreatment of vulnerable adults or minors; - effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; - review of provider's policies and procedures. On July 22, 2026, at 12:45 p.m., CNS-A stated they had assigned all employees their annual training topics. CNS-A also stated they had not audited employee records to ensure everyone had completed their assigned annual training. CNS-A further stated they had not trained their staff on their policies and procedures and that they were not aware they needed to review them annually. The licensee's undated Staff Orientation and Annual Training Policy indicated [licensee] will provide and document all required staff orientation and annual training in accordance with Minnesota Statutes §144G.63 and other applicable assisted living requirements. The policy also indicated all staff who perform direct services must complete at least eight hours of training during each 12 months of employment. The policy lacked verbiage to include all required annual training topics. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		

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01530	Continued From page 18	01530		
01530 SS=E	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on	01530		

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01530	Continued From page 19 topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure eight hours of initial dementia training and two hours of initial mental illness and de-escalation training was conducted within 160 hours of providing direct care to residents for two of four employees (unlicensed personnel (ULP)-B, ULP-E). 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 was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: ULP-B ULP-B started employment with the licensee on September 20, 2024, to provide assisted living services. On July 21, 2026, at 9:07 a.m., the surveyor observed ULP-B administer medications to R3. ULP-B's training transcript dated February 2, 2026, indicated ULP-B had completed 8 hours of required dementia training, and only one hour of mental illness training in the following topic:	01530		

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01530	Continued From page 20 - mental illness - response strategy - 1.0 hour. ULP-B's record lacked the required initial two hours of mental illness and de-escalation training within 160 hours of providing care. ULP-E ULP-E started employment with the licensee on February 6, 2026, to provide assisted living services. ULP-E's training transcript dated February 17, 2026, indicated ULP-E had completed 7.5 hours of required dementia training, and only one hour of mental illness training in the following topic(s): - dementia activity - 0.75 hours; - dementia communication overview - 1.0 hour; - dementia problem solving - 0.75; - dementia introduction and overview - 1.0 hour - dementia communication - 1.25 hours; - dementia activities of daily living - 1.0 hour; - dementia behaviors verses symptoms - 1.0 hour; - dementia the journey - 0.75 hours; and - mental illness - response strategy - 1.0 hour. ULP-E's record lacked the required initial eight hours of dementia and two hours of mental illness and de-escalation training within 160 hours of providing care. On July 22, 2026, at 1:10 p.m., clinical nurse supervisor (CNS)-A stated they had assigned all employees required dementia training and mental illness and de-escalation topics. CNS-A stated they may have missed the training shortages during their employee record audit. The licensee's undated Dementia and Related Disorders Training and Disclosure Policy	01530		

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01530	Continued From page 21 indicated [licensee] shall ensure that applicable direct care staff and supervisors receive dementia education and training appropriate to their job responsibilities and the needs of residents with Alzheimer's disease, dementia, and related disorders. The policy lacked the verbiage to include the required dementia and mental illness topics and number of hours. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01650 SS=F	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;	01650		

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01650	Continued From page 22 and (iv) the circumstances in which emergency 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 interview and record review, the licensee failed to ensure the service plan included all required content for three of three residents (R1, R2, R3). 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 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). The findings include: R1 R1 was admitted to the licensee on April 21, 2026, and began receiving assisted living services. R1's Service Plan (Waiver) - Addendum to Contract dated April 21, 2026, indicated R1 received medication administration, behavior management, meal preparation, grooming, housekeeping, laundry, bathing, ace wraps, compression stockings, walking assistance, transfer assistance, safety check, skin care, deep room clean, and registered nurse monitoring and assessments.	01650		

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01650	Continued From page 23 R2 R2 was admitted to the licensee on April 21, 2026, and began receiving assisted living services. R2's Service Plan (Waiver) - Addendum to Contract dated April 21, 2026, indicated R2 received medication administration, behavior management, meal preparation, grooming, housekeeping, laundry, bathing, walking assistance, activity assistance, incontinency care, deep room clean, hearing aids, and registered nurse monitoring and assessments. R3 R3 was admitted to the licensee on February 5, 2026, and began receiving assisted living services. R3's Service Plan (Waiver) - Addendum to Contract dated February 5, 2026, indicated R3 received medication administration, behavior management, meal preparation, grooming, housekeeping, laundry, bathing, walking assistance, activity assistance, prosthetic care, deep room clean, shopping assistance, and registered nurse monitoring and assessments. R1, R2, and R3's service plan lacked the following required content: - the fees for services; and - 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. On July 22, 2026, at 1:30 p.m., clinical nurse	01650		

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01650	Continued From page 24 supervisor (CNS)-A stated they thought their resident service plan had all required content. The licensee's undated Service Plan policy indicated the service plan would include the following: - a description of the services to be provided and the description may be in the form of the residents care plan developed with the responsible party; - fees for services and the frequency of each service, according to the resident's current review or assessment and resident preferences; - the identification of the staff or categories of staff who would provide the services; - the schedule and methods of monitoring reviews or assessments of the resident; - the schedule and method of monitoring staff providing services; and - a contingency plan that included the following: - action to be taken if the scheduled service could not be provided; - information and method for a resident or resident's representative to contact the facility; - names and contact information of people the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition; - the identification of and information as to who has the authority to sign for the resident in an emergency; - circumstances in which emergency medical services are not to be summoned and declarations made by the resident related to health care directives. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650		

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01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a current treatment or therapy management plan (TTMP) to include all required content for one of	01940		

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RISEN HOME CARE LLC	2208 69TH AVE N BROOKLYN CENTER, MN 55430

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01940	Continued From page 26 one resident (R1) who received compression stocking application services. 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 was 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). The findings include: R1 was admitted to the licensee on April 21, 2026, and began receiving assisted living services. R1's Service Plan (Waiver) - Addendum to Contract dated April 21, 2026, indicated R1 received medication administration, behavior management, meal preparation, grooming, housekeeping, laundry, bathing, ace wraps, compression stockings, walking assistance, transfer assistance, safety check, deep room clean, and registered nurse monitoring and assessments. R1's physical therapy (PT) order dated July 14, 2026, indicated staff were to assist with donning and doffing compression socks daily. R1's Service Recap Summary - Month dated July 2026, indicated R1 received compression stocking services every day as from July 15, 2026, in the morning at 8:00 a.m., and nights at 7:00 p.m. R1's record lacked TTMP with required content to	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36999	A. BUILDING: _____ B. WING _____	07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RISEN HOME CARE LLC	2208 69TH AVE N 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
01940	Continued From page 27 include: - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On July 22, 2026, at 1:20 p.m., clinical nurse supervisor (CNS)-A stated they had trained all staff on the procedures to follow to don and doff compression socks. CNS-A also stated they were not aware of the requirement for a TTMP. The licensee's undated Treatment & Therapy Management Services Policy indicated all treatments and therapies are provided only under the order of an authorized prescriber, incorporated into the resident's individualized service plan, and implemented with appropriate registered nurse (RN) assessment, delegation, supervision, and documentation. The policy lacked the verbiage to include the content of TTMP. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

DEPARTMENT OF HEALTH

, MN
Phone:

Food & Beverage Inspection Report

Establishment Info

RISEN HOME CARE LLC
2208 69TH AVE N
Brooklyn Park, MN 55430
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36999

Risk:
License:
Expires on:
CFPM: Angelique Biakasasa Kapilu
CFPM #: CFPM 31337; Exp: 2/11/2028

Inspection Info

Report Number: F1068261040
Inspection Type: Full - Joint
Date: 7/20/2026 Time: 3:42:42 PM
Duration: minutes
Announced Inspection: Yes
Total Priority 1 Orders: 0
Total Priority 2 Orders: 2
Total Priority 3 Orders: 0
Delivery: Emailed

New Order: 4-300 Equipment Numbers and Capacities
4-302.12B *Priority Level: Priority 2 CFP#: 36*
MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
COMMENT: NO PROBE THERMOMETER PRESENT. PERSON IN CHARGE PROVIDED PICTURE OF NEWLY AQUIRED PROBE THERMOMETER AFTER THE INSPECTION. CORRECTED.
Comply By: 7/20/2026 Originally Issued On: 7/20/2026

New Order: 4-300 Equipment Numbers and Capacities
4-302.14 *Priority Level: Priority 2 CFP#: 48*
MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.
COMMENT: HIGH TEMPERATURE REGISTERING STICKERS NOT PRESENT TO TEST FINAL RINSE TEMPERATURE OF DISH MACHINE. PERSON IN CHARGE PROVIDED PICTURES OF HIGH TEMPERATURE REGISTERING STICKERS AFTER THE INSPECTION. CORRECTED.
Comply By: 7/20/2026 Originally Issued On: 7/20/2026

Food & Beverage General Comment

THE INSPECTION WAS COMPLETED AND DISCUSSED WITH THE PERSON IN CHARGE AND HEALTH REGULATION DIVISION NURSING EVALUATOR, BENARD NYANGENA (MDH).

THE ESTABLISHMENT HAS A RESIDENTIAL GRADE KITCHEN, INCLUDING THE REFRIGERATOR AND DISH MACHINE. THE KITCHEN FINISHES ARE AS FOLLOWS:

FLOORS: TILE
WALLS: SMOOTH, PAINTED DRYWALL AND WOOD
CEILINGS: SMOOTH, PAINTED

THE ESTABLISHMENT HAS A PREDETERMINED, MEAL MENU FOR RESIDENTS. THE PERSON IN CHARGE STATED THAT ALL FOOD PREPARED FOR RESIDENTS IS KEPT NO LONGER THAN A DAY, USING SAME DAY SERVICE.

FOOD FOR RESIDENTS IS SOURCED FROM WALMART AND CUB FOODS.

THE FOLLOWING TOPICS WERE DISCUSSED DURING THE INSPECTION:
-HANDWASHING & DISPOSABLE GLOVE USE
-SANITIZATION CYCLE ON THE RESIDENTIAL DISH MACHINE

-SERVING A HIGHLY SUSCEPTIBLE POPULATION
-SAME DAY SERVICE
-BODILY FLUID CLEAN-UP PROCEDURES
-EMPLOYEE ILLNESS POLICY AND REPORTING PROCEDURES

THE FOLLOWING WERE NOT OBSERVED DURING THE INSPECTION:
-RESIDENTIAL DISH MACHINE FINAL RINSE TEMPERATURE
-THIN DIAMETER PROBE THERMOMETER

THE PERSON IN CHARGE PROVIDED PICTURES OF THE UNOBSERVED ITEMS POST INSPECTION.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the inspection report number F1068261040 from 7/20/2026

Gabriel Stark

Rebecca Kubi
Person in charge

Gabe Stark,
Public Health Sanitarian 2
gabe.stark@state.mn.us

, MN

DEPARTMENT OF HEALTH

Temperature Observations/Recordings

Establishment Info

RISEN HOME CARE LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1068261040
Inspection Type: Full
Date: 7/20/2026
Time: 3:42:42 PM

Food Temperature: Product/Item/Unit: MILK**; Temperature Process:** Cold-Holding
Location: Refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: TURKEY**; Temperature Process:** Cold-Holding
Location: Refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

New Record: Product/Item/Unit: STEW**; Temperature Process:** Cooking
Location: Stove at 182 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: AMBIENT**; Temperature Process:** Ambient Air
Location: FREEZER at 7 Degrees F.
Comment:
Violation Issued?: No

, MN

Sanitizer Observations/Recordings

Establishment Info

RISEN HOME CARE LLC
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1068261040
Inspection Type: Full
Date: 7/20/2026
Time: 3:42:42 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** RESIDENTIAL DISH MACHINE
Location: Kitchen **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No