



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL273285722C

**Date Concluded:** March 26, 2024

**Name, Address, and County of Facility**

**Investigated:**

Golden Pond Home  
12270 87<sup>th</sup> Avenue North  
Maple Grove, MN 55369  
Hennepin County

**Facility Type:** Home Care Provider

**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 144A. 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:  H27328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/15/2024
NAME OF PROVIDER OR SUPPLIER  GOLDEN POND HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 12270 87TH AVENUE NORTH MAPLE GROVE, MN 55369		
(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>*****ATTENTION*****</p> <p>HOME CARE PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, 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>#HL273285722C</p> <p>On March 15, 2024 through March 19, 2024, 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) clients receiving services under the provider's Comprehensive Home Care Provider license.</p> <p>The following correction order is issued for #HL273285722C, tag identification 0475.</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 Home Care Providers. 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 144A.474 SUBDIVISION 11 (b)(1)(2).</p>		
0 475	144A.472, Subd. 3 License Renewal  (a) Except as provided in section 144A.475, a	0 475			

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  H27328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/15/2024
NAME OF PROVIDER OR SUPPLIER  GOLDEN POND HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 12270 87TH AVENUE NORTH MAPLE GROVE, MN 55369			
(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
0 475	<p>Continued From page 1</p> <p>license may be renewed for a period of one year if the licensee satisfies the following:</p> <p>(1) submits an application for renewal in the format provided by the commissioner at least 30 days before expiration of the license;</p> <p>(2) submits the renewal fee in the amount specified in subdivision 7;</p> <p>(3) has provided home care services within the past 12 months;</p> <p>(4) complies with sections 144A.43 to 144A.4798;</p> <p>(5) provides information sufficient to show that the applicant meets the requirements of licensure, including items required under subdivision 1;</p> <p>(6) provides verification that all policies under subdivision 1 are current; and</p> <p>(7) provides any other information deemed necessary by the commissioner.</p> <p>(b) A renewal applicant who holds a comprehensive home care license must also provide verification that policies listed under subdivision 2 are current.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to meet the renewal requirements when the licensee applied for a renewal of their comprehensive home care provider (COMP) license. The licensee identified they had served 25 clients in the last year, however the licensee owner provided housing and services to individuals, within the facility and covered by a single contract through their assisted living facility (ALF) licenses. The licensee did not provide services to individuals in the community outside of their assisted living facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or</p>	0 475			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H27328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/15/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN POND HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>12270 87TH AVENUE NORTH MAPLE GROVE, MN 55369</b>			
(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
0 475	<p>Continued From page 2</p> <p>safety but had the potential to have harmed a client'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 clients).</p> <p>The findings include:</p> <p>Minnesota Statute 144A.472, subdivision 3, part 3, indicates eligibility for renewal includes the licensee has provided home care services within the past 12 months.</p> <p>An ALF renewal application signed by owner (OW)-A on April 7, 2023. OW-B indicated the ALF operated at the same address as the licensee with a resident capacity of four. OW-B indicated on the application she held no other licenses. OW-A indicated the ALF provided services in the past year.</p> <p>The licensee renewal application of the COMP license signed by OW-A on June 27, 2023, indicated the licensee served 25 clients.</p> <p>Review of Minnesota Department of Health (MDH) survey notes regarding a licensee survey initiated on August 30, 2023, OW-A responded to the surveyor phone call on September 1, 2023 at 8:22 a.m. OW-A stated the COMP license served no clients in the community and the 25 listed clients were served by OW-A's ALF licenses and resided in those ALF residential homes.</p> <p>Per email correspondence sent to MDH evaluator by OW-A on March 15, 2024, at 11:26 p.m., OW-A replied the she was out of the country but included the home coordinators to provide lists of</p>	0 475			



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  H27328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/15/2024
NAME OF PROVIDER OR SUPPLIER  GOLDEN POND HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 12270 87TH AVENUE NORTH MAPLE GROVE, MN 55369			
(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
0 475	<p>Continued From page 3</p> <p>all of the home care clients. She provided the names of staff who worked at the ALF locations to assist. OW-A indicated a list of the locations, which was a list of all eight of the ALF licensed locations.</p> <p>Per email correspondence sent to MDH evaluator by OW-A on March 19, 2024, at 12:45 p.m., OW-A indicated all the resident's who receive services by the licensee reside at a home managed by the licensee.</p> <p>Per email correspondence sent to MDH evaluator by RN-A on March 19, 2024, at 1:46 p.m., OW-A indicated the licensee has not provided services to individuals who live outside of a home managed by the licensee in the last 12 months. OW-A wrote all of the residents are severed by the ALF licenses because their housing is also managed by their company and arranged with the residents' case managers.</p> <p>Review of the licensee's resident roster indicated all the identified residents lived in a building managed by the licensee.</p> <p>All locations provided by OW-A were verified to have active and current ALF licenses, and one location held a provisional ALF license.</p> <p>Time Period for Correction: Twenty-One (21) Days</p>	0 475			