



# STATE LICENSING COMPLIANCE REPORT

Report #: HL329452040C

Date Concluded: May 9, 2023

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

**Investigated:**

Grace Home  
5802 56<sup>th</sup> Avenue North  
Crystal, MN 55429  
Hennepin County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Michele R. Larson, 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:  32945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/04/2023
NAME OF PROVIDER OR SUPPLIER  GRACE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE  5802 56TH AVENUE NORTH CRYSTAL, MN 55429		
(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>ASSISTED LIVING PROVIDER LICENSING 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>#HL329452040C</p> <p>On May 4, 2023, 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 at the facility.</p> <p>The following correction order is issued for #HL329452040C, tag identification 330.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing 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>	
0 330 SS=F	144G.30 Subd. 4 Information provided by facility	0 330		
(a) The assisted living facility shall provide accurate and truthful information to the department during a survey, investigation, or other licensing activities.				
(b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and				

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

TITLE

(X6) DATE

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0 330	<p>Continued From page 1</p> <p>their legal representatives and designated representatives that includes addresses and telephone numbers and any other information requested about the services to residents.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide accurate and truthful information to the Minnesota Department of Health (MDH). The licensee provided inconsistent information to MDH regarding whether the facility had residents during the time the licensee converted from a housing with services establishment to an assisted living facility. This had the potential to affect all residents, staff and visitors.</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) 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).</p> <p>Findings Include:</p> <p>Minnesota (MN) Statute 144G.16, Subd., 2 (a), indicates during the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident.</p> <p>On May 17, 2021, owner (OW)-A applied for an assisted living license. OW-A indicated she read and understood MN assisted living Statute 144G, and MN Rules 4659.</p>	0 330		

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0 330	<p>Continued From page 2</p> <p>Assisted Living Facility provisional license #404047, HFID# 32945, issued August 1, 2021, effective until July 31, 2022, was issued for operations located at 5802 56th Avenue North. License #404047 was activated on July 29, 2021.</p> <p>On December 13, 2021, at 9:30 a.m., a provisional survey was attempted at HFID #32945, the licensee's 5802 56th Avenue North facility. Review of MDH surveyor #1's notes indicated no one was available when surveyor #1 arrived at the facility. Surveyor #1 called OW-A who indicated the facility had not had any residents since 2015. Surveyor #1's supervisor was notified of the findings and the survey was discontinued. OW-A was informed MDH would contact her regarding the license.</p> <p>The licensee was ineligible to renew it's license for July 2022, due to not providing services to residents. Effective July 31, 2022, the licensee was unlicensed.</p> <p>An email dated March 15, 2023, at 11:06 a.m., from OW-A to MDH, indicated the licensee submitted a license renewal for HFID #32945 but had not received a license for the period August 1, 2022-July 31, 2023.</p> <p>An MDH email to OW-A dated March 17, 2023, at 10:22 a.m., indicated per MN Statute 144G.191, Subd. 4 (a), only housing with services establishments registered under 144D, providing home care services according to chapter 144A to at least one resident, and intending to providing assisted living services on or after August 1, 2021, were eligible to convert to assisted living licensure. The email indicted the licensee's facility HFID#32945 was not eligible to convert since</p>	0 330		

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0 330	<p>Continued From page 3</p> <p>services were not being provided at the time of the assisted living conversion.</p> <p>An email dated March 21, 2023, at 4:24 p.m., from OW-A to MDH, indicated the licensee did provide assisted living services in 2021.</p> <p>An email from MDH dated March 21, 2023, at 4:41 p.m., indicated OW-A was required to submit documentation to MDH indicating a resident received home care services at the time of the conversion in order to be eligible to convert to an assisted living license.</p> <p>An email dated March 23, 2021, at 8:00 a.m., from OW-A to MDH, indicated OW-A submitted the following documents for one resident (R1): a signed assisted living contract, service plan, and an invoice dated June 14, 2021, for R1's paid assisted living services for the period June 14, 2021-June 30, 2021.</p> <p>Review of R1's signed assisted living contract, dated June 14, 2021, page 2, listed the licensee's provisional assisted living license, #404047 for HFID #32945, 5802 56th Avenue North location.</p> <p>The licensee's provisional license #404047 was not activated until July 29, 2021 and the HFID number was not assigned until the licensee as in effect, six weeks after R1's signed assisted living contract dated June 14, 2021..</p> <p>On May 4, 2023, at 10:40 a.m., MDH surveyors #2 and #3 arrived at HFID #32945, 5802 56th Avenue North facility and knocked on the door. Surveyors #2 and #3 observed no residents or staff at the facility. Surveyors #2 and #3 observed multiple unopened COVID-19 test strips on the ground next to the front door. In addition,</p>	0 330		

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0 330	<p>Continued From page 4</p> <p>surveyors #2 and #3 observed large boxes of dried food goods stacked up on the kitchen counter when they looked through the back door window. An additional room and the garage was full of stacked boxes.</p> <p>On May 4, 2023, at 10:45 a.m., a neighbor stepped out of her home and told surveyors #2 and #3 the facility did not have residents residing in the facility and stated she never saw anyone living there. The neighbor stated OW-A also owned two facilities across the street, addresses 5724 56th Avenue North, and 5708 56th Avenue North.</p> <p>On May 4, 2023, at 10:50 a.m., surveyors #2 and #3 walked across the street to the 5724 56th Avenue North facility and were met by unlicensed personnel (ULP)-B. ULP-B stated facility 5724 56th Avenue North was the "home base" facility and had a census of 13 residents. ULP-B stated the facility next door, 5708 56th Avenue North (Olivia Home) and 5802 56th Avenue North (Grace Home), currently had no residents. ULP-B called OW-A. ULP-B stated could not recall a time Grace Home had resident's living there.</p> <p>On May 4, 2023, at 11:00 a.m., OW-A stated R1 resided at Grace Home, but was not sure when her discharge date was. OW-A stated Grace Home was pending a new admit from another facility and was unable to do so because they were not licensed. Surveyor #3 explained because the licensee did not have resident's it was not eligible to renew it's license. OW-A then stated she had a resident (R2) living at Grace Home and was discharged four months ago. OW-A did not recall R2's last name nor when R2 admitted but stated she would provide R2's documents to the surveyors. When asked about</p>	0 330		

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0 330	<p>Continued From page 5</p> <p>the survey in December 2021, OW-A stated she was the one who spoke to surveyor #1 on the phone. OW-A confirmed she was not at the home at the time of the surveyor. When if asked if ULP-B or someone else could assist the MDH surveyors with reviewing records for Grace Home, OW-A stated only she had access that to that information and she was in a conference.</p> <p>On May 4, 2023, at 3:30 p.m., surveyor #1 stated on December 13, 2021, he immediately called OW-A when he found there was no one at Grace Home. Surveyor #1 stated he documented he and OW-A's conversation while they talked on the phone when OW-A stated the licensee did not have any residents residing there since 2015.</p> <p>An email dated May 8, 2023, at 8:28 a.m., from OW-A to surveyors #2 and #3, listed the subject title, "HFID 32945-5802 56th Avenue North". The email contained R2's service plan dated December 29, 2022, and an invoice for assisted living services R2 received between December 29, 2022-January 4, 2023.</p> <p>On May 8, 2023, at 11:00 a.m., R2's family member (FM)-C stated R2 received assisted living services at the licensee's 5708 56th avenue north location, (Olivia Home) not HFID #32945.</p> <p>TIME PERIOD TO CORRECT: Two (2) days.</p>	0 330		