

STATE LICENSING COMPLIANCE REPORT

Report #: HL35804002C Date Concluded: April 6, 2021

Name, Address, and County of Facility
Investigated:
Unison Group Home LLC
6924 Scott Avenue North
Brooklyn Center, MN 55429
Hennepin County

Facility Type: Home Care Provider Investigator's Name: Angela Vatalaro, 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 144 and 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

NAME OF PROVIDER OR SUPPLIER UNISON GROUP HOME LLC SPAS SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429 SUMMARY STATEMENT OF DEFICIENCIES EGAN DEFICIENCY MUST BE PRECEDED BY PULL (EACH DEFICIENCY MUST BE PRECEDED BY YPUL (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) O 000 Initial Comments O 000 Initial Comments O 000 Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota Statutes, section 144A. 43 to 144A. 482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: Project # Sta5804001 & HL35804002C On April 6, 2021, a surveyor of this Department's staff, visited the above temporary comprehensive home care licensed provider and initiated an initial survey (SL35804001), and again on April 16, 2021 to initiate an investigation of compliant #HL35804002C. The following correction orders were issued. At the time of the survey, there were 0 (zero) active clients receiving services under the temporary comprehensive license. PLEASE DISREGARON THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDERS 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 1444A 474 SUBDIVISION 11 (b)(1)(2).	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	 ` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
UNISON GROUP HOME LLC SOUTH CAN ID SOUTH CONTROL		H35804	B. WING		04/16/2021	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 1		6924 SCC	TT AVENUE	NORTH		
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documenting the State Licensing Correction Orders using federal software. In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: Project # SL35804001 & HL35804002C On April 6, 2021, a surveyor of this Department's staff, visited the above temporary comprehensive home care licensed provider and initiated an initial survey (SL35804001), and again on April 16, 2021 to initiate an investigation of complaint #HL35804002C. The following correction orders were issued. At the time of the survey, there were 0 (zero) active clients receiving services under the temporary comprehensive license. Determination of whether a violation has been corrected requires compliance with all requirements provided at the 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 surveyors' 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 DEFICIONIES 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 144A.474 SUBDIVISION 11 (b)(1)(2).	0 000 Initial Comments		0 000			
SS=I Applications	HOME CARE PRO CORRECTION OR In accordance with 144A.43 to 144A.43 been issued pursual Determination of whome care licensed initial survey (SL35 16, 2021 to initiate #HL35804002C. The were issued. At the 0 (zero) active clien.	Minnesota Statutes, section 32, this correction order(s) has ant to a survey. The Minnesota Statute of the Statute number then Minnesota Statute of the Statute of the Minnesota Statute of the Sta		documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Hom Providers. The assigned tag num appears in the far left column entit Prefix Tag." The state Statute num the corresponding text of the state out of compliance is listed in the "Summary Statement of Deficience column. This column also includes findings which are in violation of the requirement after the statement, " Minnesota requirement is not met evidenced by." Following the surve findings is the Time Period for Cor PLEASE DISREGARD THE HEAD THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION VIOLATIONS OF MINNESOTA ST STATUTES. THE LETTER IN THE LEFT COLU USED FOR TRACKING PURPOS REFLECTS THE SCOPE AND LE ISSUED PURSUANT TO 144A.47	oftware. to e Care ber ded "ID aber and e Statute ies" as the as eyors' rection. DING OF TO THIS O ON FOR TATE JMN IS ES AND EVEL	
Minnesota Department of Health		Comprehensive License	0 470			

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

TITLE (X6) DATE

Minnesota Department of Health

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021
	PROVIDER OR SUPPLIER	6924 SCC	DRESS, CITY, SONTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 470	applications. In add fee required in subd for a comprehensive also provide verificate following policies are if a license is issued the policies and propared the policies and propared the client's needs be appropriate licensed including how changare identified, manastaff and other heal appropriate; (2) ensuring that numprofessionals have practice; (3) medication and (4) delegation of homourses or licensed including the professionals have practice; (5) supervision of respect to the professionals including the professionals have practice; (6) supervision of the professionals including the professionals including the professionals including the professionals including the profession of the performing delegated to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee, eloped, are included to diadmission of a clier licensee.	nsive home care license ition to the information and division 1, applicants applying e home care license must ation that the applicant has the nd procedures in place so that d, the applicant will implement ocedures in this subdivision rent: all and ongoing assessments of y a registered nurse or d health professional, ges in the client's conditions aged, and communicated to th care providers, as arses and licensed health current and valid licenses to treatment management; ame care tasks by registered health professionals; egistered nurses and licensed	0 470			

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STATEMENT OF DEFICION AND PLAN OF CORRECT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021
NAME OF PROVIDER OF		6924 SCC	DRESS, CITY, S OTT AVENUE ON CENTER,			
PREFIX (EACH	DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
Abuse Reprovide Codeficient current of this praction of the finding of a violation of a violation of a violation of the finding fi	s elopement of the service of the se	ent to the Minnesota Adult enter (MAARC), and failed to sted client records. This ad the potential to affect any ents. ed in a level three violation (a ed a client's health or safety, as injury, impairment, or death, as the potential to lead to airment, or death), and was read scope (when problems present a systemic failure that a potential to affect a large clients).	0 470			

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NAME OF PROVIDER OR SUPPLIER UNISON GROUP HOME LLC B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 6924 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	COMP	LETED	
UNISON GROUP HOME LLC			H35804	B. WING		04/1	6/2021
UNISON GROUP HOME LLC	NAME OF P	PROVIDER OR SUPPLIER		,			
	UNISON	GROUP HOME LLC					
	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
Review of "Discharged or Deceased Client Roster" indicated C1 started services on March 4, 2021, and discharged on March 7, 2021. A review of MAARC report dated April 6, 2021, indicated C2, under Civil Commitment and Jarvis, lived at the Unison Group Home LLC (the licensee), and was last seen by ULP-B identified as the manager of Unison Group Home LLC on March 31, 2021. The same report indicated ULP-B reported that C2 was decompensating, not taking medications, smoking in his room, and was aggressive with staff and burning holes in his bed sheets with his glass pipe. The same report indicated ULP-B stated he had not contacted law enforcement or filed a missing person report and had not updated C2's mental health case manager of C2 not being seen at Unison Group Home since March 31, 2021. During an interview on April 23, 2021, at 1:31 p.m., ULP-A stated C1 was the only client admitted for services to the licensee. During the same interview ULP-A patched ULP-B onto the phone call. During an interview on April 23, 2021, at 1:31 p.m., ULP-B stated the licensee "almost" admitted another client, completed a "6750", received approval, but the client never admitted. Surveyor asked for the client's name. ULP-B provided a name, which was C2. When asked why he did not mention C2 when surveyor was onsite on April 6, 2021, he stated C2 was not a client yet and was in the process of doing paperwork. He stated C2 had not moved in and never admitted. Surveyor requested all C2's records. ULP-B stated he would send C2's record by email.		Review of "Dischard Roster" indicated C 2021, and dischard indicated C2, under lived at the Unison licensee), and was as the manager of UMarch 31, 2021. The ULP-B reported that taking medications, aggressive with starsheets with his glassindicated ULP-B starenforcement or filed had not updated C2 manager of C2 not Home since March During an interview p.m., ULP-A stated admitted for service same interview ULF phone call. During an interview ULF phone call. During an interview ULF phone call. Surveyor asked for provided a name, why he did not men onsite on April 6, 20 client yet and was in paperwork. He statenever admitted. Surrecords. ULP-B statenever admitted. Surrecords.	ged or Deceased Client 1 started services on March 4, ed on March 7, 2021. 2 report dated April 6, 2021, 2 Civil Commitment and Jarvis, Group Home LLC (the last seen by ULP-B identified Unison Group Home LLC on the same report indicated the C2 was decompensating, not the smoking in his room, and was find burning holes in his bed the spipe. The same report thated he had not contacted law the da missing person report and the seen at Unison Group 31, 2021. The same report and the seen at Unison Group 31, 2021. The same report and the licensee. During the the change of the set of the licensee. The set of the licensee of the license of the licensee				

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ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
H35804	B. WING		04/	16/2021	
6924 SC	OTT AVENUE	NORTH			
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m. evided by the licensee. evided from county case included an email dated a.m., to the licensee, nents of C2's records ical history. C2's Report" dated cated "yes" to son would without a or group without telling supervision staff increased vulnerability. I dated December d a mental health and ive November 12, 2020, 0, 2021. Erification Form" dated es included es included estamine use disorder, marijuana use arch 16, 2021, indicated phone that included he case notes indicated the "opportunity center" M-D on speaker phone.					
	ENTIFICATION NUMBER: H35804 STREET A 6924 SC BROOKI OF DEFICIENCIES BE PRECEDED BY FULL TIFYING INFORMATION) Hated April 23, 2021, at sted all C2's records by m. Evided by the licensee. Evided from county case ical history. C2's records ical history. C2's Report" dated cated "yes" to son would without a or group without telling supervision staff increased vulnerability. Inent" dated December d a mental health and ive November 12, 2020, 0, 2021. Evident of C21, indicated phone that included interest included included interest included inte	A BUILDING: H35804 STREET ADDRESS, CITY, S' 6924 SCOTT AVENUE BROOKLYN CENTER, TOF DEFICIENCIES 3E PRECEDED BY FULL TIFYING INFORMATION) Deficiency at Sted all C2's records by m. Provided by the licensee. Served from county case included an email dated a.m., to the licensee, nents of C2's records ical history. C2's Report" dated cated "yes" to son would without a or group without telling supervision staff increased vulnerability. Beneficiation Form" dated are included netamine use disorder, a marijuana use Britantia arch 16, 2021, indicated phone that included netamine use disorder, a marijuana use Britantia arch 16, 2021, indicated phone that included netamine use disorder, a marijuana use Britantia arch 16, 2021, indicated phone that included netamine use disorder, a marijuana use Britantia arch 16, 2021, indicated phone that included netamine use disorder, a marijuana use Britantia arch 16, 2021, indicated phone that included netamine use disorder, a marijuana use Britantia arch 16, 2021, indicated phone that included netamine use disorder, a marijuana use	STREET ADDRESS, CITY, STATE, ZIP CODE 6924 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429 FOF DEFICIENCIES 3E PRECEDED BY FULL TIFYING INFORMATION) PROVIDERS PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN 0 470 dated April 23, 2021, at sted all C2's records by m. wided by the licensee. sived from county case ncluded an email dated a.m., to the licensee, nents of C2's records ical history. C2's Report" dated cated "yes" to son would without a or group without telling supervision staff increased vulnerability. nent" dated December d a mental health and ve November 12, 2020, 0, 2021. erification Form" dated set sincluded netamine use disorder, I marijuana use arch 16, 2021, indicated phone that included ne case notes indicated the "opportunity center" M-D on speaker phone. In included discharge	H35804 B. WING	

Minnesota Department of Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021	
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCC	DRESS, CITY, S OTT AVENUE YN CENTER,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
0 470	notes indicated C2 into the licensee. An email dated Marsent by the licensee was the 6790 form please review and good help him mov "Continuing Care Rompleted by provided dated March 16, 20 of services dated March 16, 20 of services dated Misted on the 6790 in managing wandering managing repetitive socialization, and as grooming, bathing, monitoring, assistant medications, and not the licensee fill out the stream of the licensee to CM-received the bus can calculate the licensee to CM-received the bus can calculate the licensee to CM-received a phone can been aggressive, stroom, burned holes shared a substance the health assessmall leaves early in the received late withow was. Mental health was. Mental health	ge 5 It or shelter since. The same was very motivated to move with 16, 2021, at 1:00 p.m., at to CM-D indicated attached for C2. ULP-B asked CM-D to get back to him, so that he e in. The email included C2's ates Worksheet" (6790) der "Unison Group Home" 21, indicated C2's start date arch 23, 2021. C2's services included meal preparation, ag, managing anxiety, a behavior, managing anxiety, asistance with dressing, eating, medication set up and ince with self-administration of con-medical transportation. In 24, 2021, at 8:06 a.m., consee indicated "Could you mack field in the 6790". A warch 24, 2021, at 10:09 a.m., dicated "I will do that". An 24, 2021, at 10:54 a.m., from D indicated "Hi By the way I and will give to [C2] today". In 2021, indicated CM-D all from ULP-B that C2 had moking a substance in his in bed sheets from his pipe, with other residents, declined ent, declined medications, morning and comes back but telling ULP-B where he case manager (MHCM)-E, ed a care conference	0 470				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1 ` ′	(X3) DATE SURVEY COMPLETED	
	H35804	B. WING		04/	16/2021	
NAME OF PROVIDER OR SUPPLIER UNISON GROUP HOME LLC	6924 SCC	DRESS, CITY, ST OTT AVENUE I YN CENTER, I	NORTH			
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
with staff, leaving ear burning holes in the showering or person sensical statements thinking. ULP-B state facility as of March 3 to call 911 when C2 Case notes dated Aprindicated CM-D contoce (March 31, 2021). Che had taken; ULP-B steps. ULP-B stated 2021, he had told CM day before. CM-D statewer than 24 hours C2 did not return CM responsibility would aperson report as he notes indicated ULP-get to it today. An email dated April the licensee to CM-D had notified the policity would not talk to him a return phone call to Case notes dated Aprindicated CM-D condepartment and spoll "No report had ever An email dated April	vior that included aggression orly and coming home late, sheets from his pipe, lack of hall hygiene habits, non exhibited, and disorganized ed C2 did not return to the 31, 2021. ULP-B was advised returned. Oril 6, 2021, at 9:00 a.m., tacted ULP-B and he stated since last Wednesday M-D asked ULP-B what steps 3 stated he had not taken any that on Thursday April 1, M-D, C2 had not returned the ated that would have been of C2 being gone, given that M-D informed ULP-B that the fall on him to file a missing saw C2 last. The same case -B stated "he would probably" 6, 2021, at 3:36 p.m., sent by 2 and MHCM-E indicated he ce that C2 was missing from he went to a shelter and saw ed to speak to him and C2 in ULP-B indicated he wanted to discuss further. Oril 12, 2021, at 11:30 a.m., stacted the law enforcement ke to an officer who stated					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY	
		H35804	B. WING		04/1	6/2021
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCC	DRESS, CITY, S OTT AVENUE YN CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 470	the licensee to file to at their facility. An email dated Aproporticensee to CM-D so conversation with M CM-D and MHCM-E and even gave MHC saw C2 at. A police he is technically not that he could do was being at the group of the call. So yesterday morning name in their system licensee absolutely 'Missing Person's Exphysically seen in a CM-D explained, Collicensee's facility who and Jarvis. CM-D woreinforced that the leven if he went to the even if he even if he went to the even	n filed for C2. She requested he report, since he was living at 13, 2021, at 3:10 p.m., from tated per their email at the notified the police CM-E the address where he report could not be filed since the missing and the only thing as notify the police of him not				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		 ` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCO	DRESS, CITY, S TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
0 470	after C2 admitted, It was distributing substances occurring at the facult P-B determined C2's bed sheets. Stulp-B informed he the facility on March missing since. She ULP-B about filing a stated he did not file seen C2 at a comm C2 saw ULP-B he twant to go back to not know when C2 have documented to had last seen C2 in ULP-B said he spok and C2 was not mis go back to the facili not know if a missing filed. She stated she face and had only swas during the tran MHCM-E stated C2. During an interview a.m., CM-D stated she face and had only swas during the tran MHCM-E stated C2. Commitment and Janever physically see the "opportunity cerd drop in center that promputers, and bas not offer overnight stated ULP-B was a looking for clients a C2. She stated she	ge 8 I to the facility. She stated JLP-B informed her that C2 ostances in the household, and substance abuse was ility. She stated the way this was due to burn holes in the stated on April 1, 2021, and that C2 did not return back to a 31, 2021, and had been stated when she asked a missing person report, he are a report because he had bunity shelter. She stated when look off running and did not facility. She stated she does was last seen and does not lates when ULP-B stated he the community. She stated ke with the police department asing he is just choosing not to the ty. MHCM-E stated she does and person report had been the has not seen C2 face to poken to C2 once and this sition move to the licensee. I had a history of elopement. On April 27, 2021, at 10:00 she was assigned C2's case and C2 was under Civil arvis. She stated she had an C2. She stated C2 was at a ter" (shelter) which was a covides meals, desktop sic hygiene products but does to be sheeping arrangements. She at the opportunity center and had introduced himself to coordinated a phone meeting between UI P-B. C2 and				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		H35804	B. WING		04/16/2021
	PROVIDER OR SUPPLIER GROUP HOME LLC		DRESS, CITY, S	STATE, ZIP CODE NORTH	
UNISON	GROUP HOWLE LLC	BROOKLY	N CENTER,	MN 55429	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE
0 470	focused on admissing placement. CM-D is she had spoken dir C2 face to face. She transport of C2 to the and she was unsured She stated March 2 moved into the facility 6790 approved by the ULP-B called her of C2 had been aggree burned holes in his morning and came ULP-B where he was with other residents phone care conferent included herself, Ultime phone care conferent included herself, Ultime phone confe	phone meeting, C2 was very on to the licensee and wanted tated this was the only time ectly to C2 and had not seen e stated she did not arrange he facility; C2 had a bus card how he got to the facility. S9, 2021, was the date C2 lity, and this was the date the he county. CM-D stated had April 1, 2021, and reported ssive, smoked in his room, bed sheets, left early in the back late without telling as, also C2 shared substances and She stated she set up a since for April 1, 2021, that LP-B, and MHCM-E. During had and ULP-B stated he had warch 31, 2021. She stated B that C2 is violating his ge due to not taking his illegal substances, and ed she instructed ULP-B to ergency police number and	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCO	DRESS, CITY, S TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 470	and informed him the of C2's missing perfile the report as he CM-D stated C2 has this was mentioned noted in C2's medic on March 15, 2021, An email dated April CM-D indicated to say April 28, 2021, and	ort. CM-D contacted ULP-B ne police did not have record son and instructed ULP-B to was living at the licensee. d a history of elopement and to the licensee as well as cal history that sent to ULP-B	0 470			
0 645 SS=I	Subdivision 1.Cond may refuse to grant a license as ownership, refuse to revoke a license, or if the home care proofficial of the home (1) is in violation of, license has violated sections 144A.471 (2) permits, aids, or illegal act in the pro	itions. (a) The commissioner a temporary license, refuse a result of a change in prenew a license, suspend or impose a conditional license evider or owner or managerial care provider: or during the term of the larged, any of the requirements in to 144A.482; abets the commission of any vision of home care; at detrimental to the health, of a client;	0 645			

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Minnesota Department of Health STATE FORM

Minnesota Department of Health

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS. CITY. S	STATE, ZIP CODE	•	
			TT AVENUE	,		
UNISON	GROUP HOME LLC	BROOKLY	'N CENTER,	MN 55429		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 645	Continued From pa	ge 11	0 645			
	of a material fact in	or makes a false statement the application for a license or or report required by this				
	` '	tatives of the department of the home care provider's s, or employees;				
		r impedes a representative of ontacting the home care				
	(8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department;					
	other evidence relat	es unavailable any records or ting to the home care ce with this chapter;				
	(10) refuses to initial section 144.057 or 2	ate a background study under 245A.04;				
	(11) fails to timely podepartment;	ay any fines assessed by the				
	(12) violates any loc relating to home car	cal, city, or township ordinance re services;				
	` '	ncidents of personnel beyond their competency				
	(14) has operated becare provider's licer	eyond the scope of the homense level.				
	(b) A violation by a	contractor providing the home				

Minnesota Department of Health STATE FORM

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	· /	(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/	16/2021
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SC	DDRESS, CITY, S OTT AVENUE YN CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOOL CROSS-REFERENCED TO THE APPROPRIES (PROSS-REFERENCE)	OULD BE	(X5) COMPLETE DATE
0 645	This MN Requirements by: Based on interview licensee failed to fur process by the Minit (MDH). The license acknowledge a curre to the licensee, elog time of survey. This potential to affect at the license are pervasive or regular and email sent to the licensed personne 2021, at 7:23 a.m., left and email sent to the licensee had one clicensee had one cl	e home care provider is a ne care provider. ent is not met as evidenced and record review, the lly cooperate with the survey nesota Department of Health refailed to disclose or rent client (C2) who admitted bed, and was missing at the adeficient practice had the ny current or future clients. ed in a level three violation (and a client's health or safety, sinjury, impairment, or death, as the potential to lead to irment, or death), and was read scope (when problems bresent a systemic failure that potential to affect a large clients). of survey provided to rel/owner (ULP-A) on April 6, via phone call with message to ULP-A. 8:08 a.m., ULP-A contacted did not leave a message. 8:25 a.m., surveyor or call and ULP-A stated there e housing with services use sat empty. He stated the ient however, the client				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/	16/2021
	PROVIDER OR SUPPLIER	6924 SCO	DRESS, CITY, S TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRIES (EACH)	ULD BE	(X5) COMPLETE DATE
0 645	of COVID-19 test, the will not be onsite. On April 6, 2021, at conducted follow up surveyor will arrive initial temporary lice would have ULP-B with services location. During the survey e 2021, at 10:50 a.m. housing manager, so current clients. He so client (C1) who admonstrated (C1) who admonstrated (C1) who admonstrated (C1) and discharged (C2) and discharged	ember is out ill pending results hat he does not feel well, and 8:50 a.m., surveyor o call and informed ULP-A that to the licensee to conduct the ense survey. ULP-A stated he meet surveyor at the housing on. Intrance conference on April 6, ULP-B, who identified as the stated the licensee had no stated the licensee had one nitted for services in the ch 1, 2021, discharged on moved to Ohio. Intrance conference on April 6, who identified as the stated the licensee had no stated the licensee had one nitted for services in the ch 1, 2021, discharged on moved to Ohio. Intrance conference on April 6, who identified as the stated the licensee had no stated the licensee had one nitted for services in the ch 1, 2021, discharged on moved to Ohio. Intrance conference on April 6, who identified as the stated the licensee had no stated the licensee had one nitted for services in the ch 1, 2021, discharged on moved to Ohio. Intrance conference on April 6, who identified as the stated the licensee had no stated the licensee had no stated the licensee had one nitted for services in the ch 1, 2021, discharged on moved to Ohio. In the charge of the licensee had no stated the	0 645			
		t interested in services due to				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/1	6/2021
	PROVIDER OR SUPPLIER	6924 SCC	DRESS, CITY, S OTT AVENUE YN CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 645	buring an interview a.m., surveyor inforstop due to concern provided within a yelicense. Surveyor instated he did not provided to he process of start discharged due to he buring an interview p.m., ULP-B verified not provide services. A review of Minness Center (MAARC) recurrently under Civilived at the licenses 2021. During an interview p.m., ULP-A stated admitted for services ame interview ULF phone call. During an interview ULF phone call. During an interview ULF phone call. Surveyor asked for provided a name, why he did not men onsite on April 6, 20 client yet and was in paperwork. He stated	would not be feasible. RN-C e process of getting physician provide services for C1. on April 6, 2021, at 12:40 med ULP-A that survey would as that services were not ear of granting the temporary aformed ULP-A that RN-C ovide services to C1, was in ing services, when C1 has travels and moved. on April 6, 2021, at 12:50 do he heard RN-C state he did as for C1. ota Adult Abuse Reporting eport indicated a client (C2) I Commitment and Jarvis, e, and eloped on March 31, on April 23, 2021, at 1:31 C1 was the only client es to the licensee. During the P-A patched ULP-B onto the elon April 23, 2021, at 1:31 the licensee "almost" ient, completed a "6790", but the client never admitted. The client's name. ULP-B which was C2. When asked tion C2 when surveyor was 121, he stated C2 was not a not the process of doing ed C2 had not moved in and	0 645			
		rveyor requested all C2's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		H35804	B. WING		04/1	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
UNISON	GROUP HOME LLC		TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 645	Continued From pa	ge 15	0 645			
	records. ULP-B starby email.	ted he would send C2's record				
		email dated April 23, 2021, at requested all C2's records by 2:00 p.m.				
	C2's records were r	not provided by the licensee.				
	manager (CM)-D. C March 15, 2021, at	ds received from county case CM-D included an email dated 11:47 a.m., to the licensee, attachments of C2's records and clinical history.				
	an initial meeting he CM-D, ULP-B, and ULP-B physically we met with C2 and care C2's current living strom inpatient psychologroup home within staying on the street	ted March 16, 2021, indicated eld by phone that included C2. The case notes indicated ent to the "opportunity center" lled CM-D on speaker phone. situation included discharge hiatric unit on January 28, ed to a group home, left that 24 hours and had been et or shelter since. The same was very motivated to move				
	sent by the licenses was the 6790 form please review and good could help him move "Continuing Care Recompleted by provided March 16, 20 of services dated March 16, 20 in managing wandering managing wandering wanderin	rch 16, 2021, at 1:00 p.m., e to CM-D indicated attached for C2. ULP-B asked CM-D to get back to him, so that he re in. The email included C2's ates Worksheet" (6790) der "Unison Group Home" 21, indicated C2's start date larch 23, 2021. C2's services ncluded meal preparation, ng, managing anxiety, e behavior, managing anxiety,				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
UNISON	GROUP HOME LLC		TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	JLD BE	(X5) COMPLETE DATE
0 645	Continued From pa	ge 16	0 645			
	grooming, bathing, monitoring, assistar medications, and no An email dated Mar	eating, medication set up and nee with self-administration of on-medical transportation. Tech 24, 2021, at 8:06 a.m., censee indicated "Could you				
	return email dated from the licensee in	nack field in the 6790". A March 24, 2021, at 10:09 a.m., dicated "I will do that". An 24, 2021, at 10:54 a.m., from				
	the licensee to CM- received the bus ca	D indicated "Hi By the way I and will give to [C2] today".				
	received a phone can been aggressive, so room, burned holes shared a substance the health assessmale aves early in the restremely late without was. Mental health and ULP-B conduct regarding C2's behavith staff, leaving each burning holes in the showering or person sensical statements thinking. ULP-B stafacility as of March to call 911 when C2					
	a.m., CM-D stated son March 15, 2021, Commitment and Janever physically see the "opportunity cer	on April 27, 2021, at 10:00 she was assigned C2's case and C2 was under Civil arvis. She stated she had en C2. She stated C2 was at ter" (shelter) which was a provides meals, desktop				

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
UNISON G	ROUP HOME LLC		TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
	not offer overnight stated ULP-B was a looking for clients a C2. She stated she on March 16, 2021, herself. During the placement. CM-D state and she was unsured the stated March 2 moved into the facil 6790 approved by the State of C2 had been aggreed burned holes in his morning and came ULP-B where he was with other residents phone care confered included herself, UL the phone care confered holes in his phone care confered holes included herself, UL the phone confered holes in his phone confered holes in his phone confered herself, UL the phone confered herself, UL the phone confered herself, UL the phone confered herself	sic hygiene products but does sleeping arrangements. She at the opportunity center and had introduced himself to coordinated a phone meeting between ULP-B, C2, and ohone meeting, C2 was very on to the licensee and wanted tated this was the only time ectly to C2 and had not seen e stated she did not arrange are facility; C2 had a bus card e how he got to the facility. 9, 2021, was the date C2 ity, and this was the date the he county. CM-D stated a April 1, 2021, and reported ssive, smoked in his room, bed sheets, left early in the back late without telling as, also C2 shared substances and Sheets and MHCM-E. During ce on April 1, 2021, that LP-B, and MHCM-E. During ce on April 1, 2021, C2's did and ULP-B stated he had March 31, 2021. She stated is that C2 is violating his ge due to not taking his	0 645	DEFICIENCY)		
	behaviors. She state contact the non-em have C2 brought to	illegal substances, and ed she instructed ULP-B to ergency police number and the hospital. R CORRECTION: Immediate				
· · · · · · · · · · · · · · · · · · ·	144A.479, Subd. 6(Vulnerable Adults/N	a) Reporting Maltrx of linors	0 805			

Minnesota Department of Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCO	ORESS, CITY, S TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 805	adults and minors. In must comply with resoft maltreatment of rule for the requirements for maltreatment of vule 626.557. Each home and implement a weall cases of suspects. This MN Requirements by: Based on interview licensee failed to rest to the Minnesota Act (MAARC) immediate hours for one of one eloped on March 31 Commitment and Jac This practice results violation that harment including serious or a violation that has erious injury, impairs and at a widesprare pervasive or rephase affected or has portion or all of the The findings included C2's medical record manager (CM)-D. Of March 15, 2021, at which included 19 a including medical at "MnChoices Assess"	maltreatment of vulnerable (a) All home care providers equirements for the reporting minors in section 626.556 and r the reporting of nerable adults in section e care provider must establish etten procedure to ensure that ted maltreatment are reported. ent is not met as evidenced and record review, the port suspected maltreatment fult Abuse Reporting Center ely, but no longer than 24 eclients (C2) reviewed. C2 1, 2021, while under Civil arvis. ed in a level three violation (and a client's health or safety, as injury, impairment, or death, as the potential to lead to irment, or death), and was ead scope (when problems oresent a systemic failure that potential to affect a large clients).	0 805			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	STRUCTION (X3) DATE SURVEY COMPLETED
H35804 B. WING	04/16/2021
NAME OF PROVIDER OR SUPPLIER UNISON GROUP HOME LLC STREET ADDRESS, CITY, STATE, 2 6924 SCOTT AVENUE NORT BROOKLYN CENTER, MN 5	ТН
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG C	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
wandering/elopement person would without intervention, leave an area or group without telling others or depart from the supervision staff unexpectedly resulting in increased vulnerability. C2's "Functional Assessment" dated December 31, 2020, indicated C2 had a mental health and commitment status effective November 12, 2020, and terminating on May 20, 2021. C2's "ICD-10 Diagnosis Verification Form" dated January 4, 2021, diagnoses included schizophrenia, methamphetamine use disorder, cocaine use disorder, and marijuana use disorder. C2's case notes dated March 16, 2021, indicated an initial meeting held by phone that included CM-D, unlicensed personnel (ULP)-B (the licensee housing manager), and C2. The case notes indicated ULP-B physically went to the "opportunity center" met with C2 and called CM-D on speaker phone. C2's current living situation included discharge from inpatient psychiatric unit on January 28, 2021. He discharged to a group home in, left that group home within 24 hours and had been staying on the street or shelter since. The same notes indicated C2 was very motivated to move into the licensee. An email dated March 16, 2021, at 1:00 p.m., sent by the licensee to CM-D indicated attached was the 6790 form for C2. ULP-B asked CM-D to please review and get back to him, so that he could help him move in. The email included C2's "Continuing Care Rates Worksheet" (6790) completed by provider "Unison Group Home" dated March 16, 2021, indicated C2's start date	

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/	16/2021	
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCC	DRESS, CITY, STATE OF THE PROPERTY OF THE PROP	NORTH			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
0 805	managing repetitive socialization, and a grooming, bathing, monitoring, assistar medications, and not an email dated Mar from CM-D to the liplease fill out the streturn email dated I from the licensee in email dated March the licensee to CM-received the bus can been aggressive, stroom, burned holes shared a substance the health assessmaleaves early in the restremely late without was. Mental health and ULP-B conduct regarding C2's behavior was. Mental health and ULP-B conduct regarding C2's behavior to call 911 when C2 Case notes dated A facility as of March to call 911 when C2 Case notes dated CM-D corticated CM-D	ang, managing anxiety, a behavior, managing anxiety, assistance with dressing, a pating, medication set up and note with self-administration of con-medical transportation. The 24, 2021, at 8:06 a.m., consee indicated "Could you nack field in the 6790". A March 24, 2021, at 10:09 a.m., adicated "I will do that". An 24, 2021, at 10:54 a.m., from D indicated "Hi By the way I and and will give to [C2] today". April 1, 2021, indicated CM-D all from ULP-B that C2 had moking a substance in his in bed sheets from his pipe, with other residents, declined medications, morning and comes back but telling ULP-B where he case manager (MHCM)-E, ted a care conference avior that included aggression arly and coming home late, a sheets from his pipe, lack of nal hygiene habits, non a exhibited, and disorganized ted C2 did not return to the 31, 2021. ULP-B was advised a returned. April 6, 2021, at 9:00 a.m., a tacted ULP-B and he stated					
	(March 31, 2021). (d since last Wednesday CM-D asked ULP-B what steps B stated he had not taken any					

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/1	6/2021
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCO	ORESS, CITY, S TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 805	2021, he had told C day before. CM-D s fewer than 24 hours C2 did not return Cl responsibility would person report as he notes indicated ULF get to it today. An email dated Aprithe licensee to CM-had notified the polithe group home but him there. ULP-B tr would not talk to him a return phone call Case notes dated A indicated CM-D co department and sport would not talk to him a return phone call Case notes dated A indicated CM-D co department and sport would not talk to him a return phone call Case notes dated A indicated CM-D co department and sport would not talk to him a return phone call Case notes dated A indicated CM-D condepartment and sport would not talk to him a return phone call Case notes dated A indicated CM-D condepartment and sport would not talk to him a return phone call Case notes dated A prid it is the licensee to CM-D condepartment and sport would not talk to him a return phone call Case notes dated A prid it is the licensee to CM-D condepartment and sport would not talk to him a return phone call	d that on Thursday April 1, cM-D, C2 had not returned the stated that would have been so of C2 being gone, given that M-D informed ULP-B that the fall on him to file a missing e saw C2 last. The same case P-B stated "he would probably" if 6, 2021, at 3:36 p.m., sent by D and MHCM-E indicated he ice that C2 was missing from the went to a shelter and saw ied to speak to him and C2 m. ULP-B indicated he wanted to discuss further. April 12, 2021, at 11:30 a.m., intacted the law enforcement oke to an officer who stated been filed" for C2. if 12, 2021, at 2:53 p.m., sent insee indicated she informed out (missing person or in filed for C2. She requested the report, since he was living if 13, 2021, at 3:10 p.m., from tated per their email MHCM-E, ULP-B informed in the the the address where he report could not be filed since the missing and the only thing its notify the police of him not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/1	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	-	
			OTT AVENUE			
UNISON	GROUP HOME LLC		YN CENTER,			
(X4) ID		TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRODE		DATE
0 805	Continued From pa	ge 22	0 805			
	cM-D to the license record of the call. So yesterday morning a name in their system licensee absolutely 'Missing Person's Roysically seen in a CM-D explained, Calicensee's facility when and Jarvis. CM-D wareinforced that the I	It 13, 2021, at 3:14 p.m., from the indicated the police had no he spoke to an officer and he did not have C2's must all. CM-D indicated the can and need to make a deport' even if he has been different city a week ago. It is a w				
	p.m., MHCM-E state Commitment and Japaths with ULP-B was manager, while at a interested in moving suggested to his castated C2 had a "frigroup home and the was a great kid and facility would be a part of the manager occurring at the facility substances occurring at the facility on March missing since. She ULP-B informed he the facility on March missing since. She ULP-B about filing a stated he did not file.	on April 26, 2021, at 2:26 ed C2 was under Civil arvis. She stated C2 crossed tho was the licensee's housing a community center. C2 was g to the licensee and this se manager, CM-D. She end" that lived at the same e group home manager felt C2 the friend also living at the positive influence for C2. It moved in and does not know to the facility. She stated JLP-B informed her that C2 estances in the household, and substance abuse was fility. She stated the way this was due to burn holes in the stated on April 1, 2021, and that C2 did not return back to a 31, 2021, and had been stated when she asked a missing person report, he a report because he had bunity shelter. She stated when				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/1	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1 0 17 1	0.2021
LINISON	CDOUD HOME LIC	6924 SCO	TT AVENUE	NORTH		
UNISUN	GROUP HOME LLC	BROOKLY	N CENTER,	MN 55429		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 805	not know when C2 have documented of had last seen C2 in ULP-B said he spokand C2 was not mis go back to the facili not know if a missin filed. She stated she face and had only swas during the trans MHCM-E stated C2 During an interview a.m., CM-D stated son March 15, 2021, Commitment and Janever physically see the "opportunity cerdrop in center that promputers, and bas not offer overnight stated ULP-B was a looking for clients a C2. She stated she on March 16, 2021, herself. During the focused on admissin placement. CM-D she had spoken direct C2 face to face. She transport of C2 to the state of C	facility. She stated she does was last seen and does not lates when ULP-B stated he the community. She stated we with the police department is ing he is just choosing not to try. MHCM-E stated she does ag person report had been e has not seen C2 face to poken to C2 once and this sition move to the licensee. It had a history of elopement. On April 27, 2021, at 10:00 she was assigned C2's case and C2 was under Civil arvis. She stated she had en C2. She stated C2 was at a tere!" (shelter) which was a provides meals, desktop sic hygiene products but does sleeping arrangements. She at the opportunity center and had introduced himself to coordinated a phone meeting between ULP-B, C2, and phone meeting, C2 was very on to the licensee and wanted tated this was the only time estated she did not arrange he facility; C2 had a bus card e how he got to the facility.	0 805			
	She stated March 2 moved into the facil 6790 approved by t ULP-B called her or C2 had been aggre burned holes in his	19, 2021, was the date C2 ity, and this was the date the he county. CM-D stated a April 1, 2021, and reported ssive, smoked in his room, bed sheets, left early in the back late without telling				

Minnesota Department of Health

STATE FORM RTQV11 If continuation sheet 24 of 34

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			,			
		H35804	B. WING		04/1	6/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
UNISON	GROUP HOME LLC		TT AVENUE ′N CENTER,			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
0 805	Continued From pa	ge 24	0 805			
0 805	ulp-B where he way with other residents phone care conference included herself, Ult the phone conference behaviors discussed not seen C2 since It she informed Ulp-provisional dischargemedications, using behaviors. She state contact the non-emhave C2 brought to transportation hold. April 6, 2021, she stated C2 had not remarked She did not called 911, nor stated called 911, nor stated she did not called 911, nor stated called 911, nor stat	as, also C2 shared substances is. She stated she set up a ence for April 1, 2021, that LP-B, and MHCM-E. During ince on April 1, 2021, C2's id and ULP-B stated he had March 31, 2021. She stated B that C2 is violating his ge due to not taking his illegal substances, and red she instructed ULP-B to ergency police number and ithe hospital on a ULP-B agreed. She stated on poke with ULP-B and he eturned to the facility since he stated ULP-B stated he had MHCM-E to update. She confirm with ULP-B the date is shelter or the date ULP-B encent of a report filed in the licensee needed to file the ort. CM-D contacted ULP-B he police did not have record son and instructed ULP-B to was living at the licensee. It is a history of elopement and to the licensee as well as cal history that sent to ULP-B prior to admission.	0 805			
	TIME PERIOD FOR	R CORRECTION: Immediate				

Minnesota Department of Health

AND DIAN OF CODDECTION TO IDENTIFICATION NUMBERS		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/1	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
UNISON	GROUP HOME LLC		TT AVENUE			
			N CENTER,		ON	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02015	Continued From pa	ge 25	02015			
02015 SS=I	626.557, Subd. 3 Ti	ming of Report	02015			
	Subd. 3. Timing of rewho has reason to his being or has been knowledge that a vua physical injury whexplained shall immediate to the common entrouling admitted to a facility required to report suindividual that occur unless: (1) the individual was another facility and believe the vulnerate previous facility; or (2) the reporter know that the individual is	eport. (a) A mandated reporter believe that a vulnerable adult in maltreated, or who has ulnerable adult has sustained ich is not reasonably nediately report the information by point. If an individual is a ely because the individual is a nandated reporter is not uspected maltreatment of the red prior to admission, as admitted to the facility from the reporter has reason to be adult was maltreated in the laws or has reason to believe a vulnerable adult as defined subdivision 21, paragraph				
	(a), clause (4).	quired to report under the				
		ection may voluntarily report as				
	known or suspected	ection requires a report of maltreatment, if the reporter on to know that a report has ommon entry point.				
	, , ,	ection shall preclude a eporting to a law enforcement				
	(e) A mandated rep	orter who knows or has				

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/1	6/2021
	PROVIDER OR SUPPLIER	6924 SCO	TT AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
02015	(5), occurred must in subdivision. If the rebelieves that an invinvestigative agency determine that the reaccording to the critisubdivision 17, parareporter or facility mentry point or direct agency information meets the criteria usubdivision 17, paralead investigative aginformation when method in the report under subdivision 17 and lead investigative aginformation when method in the method in the Minnesota Action (MAARC) immediate hours for one of one eloped on March 3 and Commitment and Jacobs This practice results violation that harmen are pervasive or rephas affected or has portion or all of the	nat an error under section on 17, paragraph (c), clause make a report under this eporter or a facility, at any time estigation by a lead y will determine or should reported error was not neglect teria under section 626.5572, agraph (c), clause (5), the nay provide to the common ly to the lead investigative explaining how the event inder section 626.5572, agraph (c), clause (5). The gency shall consider this naking an initial disposition of bidivision 9c. The port suspected maltreatment full Abuse Reporting Center rely, but no longer than 24 ecclients (C2) reviewed. C2 I, 2021, while under Civil arvis. The din a level three violation (and a client's health or safety, so injury, impairment, or death, as the potential to lead to irment, or death), and was lead scope (when problems or sent a systemic failure that potential to affect a large clients).	02015	DELIGITIES ()		
	The findings include	3.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	16/2021
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCC	DRESS, CITY, S OTT AVENUE YN CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
02015	manager (CM)-D. C March 15, 2021, at which included 19 a including medical a "MnChoices Assess December 23, 2020 wandering/elopeme intervention, leave a others or depart fro unexpectedly result C2's "Functional As 31, 2020, indicated commitment status and terminating on C2's "ICD-10 Diagn January 4, 2021, dia schizophrenia, meth cocaine use disorded disorder. C2's case notes data an initial meeting he CM-D, unlicensed policensee housing menotes indicated ULF "opportunity center" on speaker phone, included discharge on January 28, 202 home in, left that great phad been staying of The same notes income inc	ds received from county case CM-D included an email dated 11:47 a.m., to the licensee, attachments of C2's records and clinical history. C2's sment Report" dated D, indicated "yes" to ent person would without an area or group without telling in the supervision staffing in increased vulnerability. sessment" dated December C2 had a mental health and effective November 12, 2020, May 20, 2021. cosis Verification Form" dated agnoses included namphetamine use disorder, er, and marijuana use sted March 16, 2021, indicated eld by phone that included personnel (ULP)-B (the anager), and C2. The case P-B physically went to the met with C2 and called CM-D C2's current living situation from inpatient psychiatric unit 1. He discharged to a group oup home within 24 hours and in the street or shelter since. dicated C2 was very motivated				

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Minnesota Department of Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		` ′) DATE SURVEY COMPLETED	
		H35804	B. WING		04/1	6/2021	
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCO	DRESS, CITY, S TT AVENUE 'N CENTER,				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE	
02015	please review and goodle help him move "Continuing Care Recompleted by provide dated March 16, 20 of services dated March 16	ge 28 for C2. ULP-B asked CM-D to get back to him, so that he e in. The email included C2's ates Worksheet" (6790) der "Unison Group Home" 21, indicated C2's start date arch 23, 2021. C2's services included meal preparation, g, managing anxiety, seletation, managing anxiety, seletating, medication set up and ince with self-administration of con-medical transportation. The Carlot of the Car	02015				

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Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8924 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429 SUMMARY STATEMENT OF DEFICIENCIES TAG CO115 Continued From page 29 4 facility as of March 31, 2021. ULP-B was advised to call 911 when C2 Tenturned. Case notes dated April 6, 2021, at 9:00 a.m., indicated CM-D contacted ULP-B and he stated C2 had not returned since last Wednesday (March 31, 2021). CM-D asked ULP-B what steps he had taken; ULP-B stated had not taken any steps. ULP-B stated that on the runned the day before. CM-D stated that would have been fewer than 24 hours of C2 being gone, given that C2 did not return CM-D informed ULP-B that the responsibility would fall on him to file a missing person report as he saw C2 last. The same case notes indicated ULP-B stated had not returned the had notified the police that C2 was missing from the group home but he went to a shelter and saw him there. ULP-B tried to speak to him and C2 would not talk to him. ULP-B indicated he wanted a return phone call to discuss further. Case notes dated April 12, 2021, at 11:30 a.m., indicated CM-D contacted the law enforcement department and spoke to an officer who stated "No report had ever been filed" for C2. An email dated April 12, 2021, at 2:53 p.m., sent by CM-D to the licensee indicated she informed the licensee on report (missing person or otherwise) had been filed for C2. She requested the licensee to file the report, since he was living at their facility.		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ´	E CONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
UNISON GROUP HOME LLC CALL DEPCE SUMMARY STATEMENT OF DEFICIENCIES ID PREVIX REACH DEFICIENCY MUST BE PRECEDED BY FULL TAG RECULATORY OR LSE IDENTIFYING INFORMATION TAG RECULA			H35804	B. WING		04/	16/2021	
PRÉETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG Continued From page 29 facility as of March 31, 2021. ULP-B was advised to call 911 when C2 returned. Case notes dated April 6, 2021, at 9:00 a.m., indicated CM-D contacted ULP-B and he stated C2 had not returned since last Wednesday (March 31, 2021). CM-D asked ULP-B what steps he had taker; ULP-B stated he had not taken any steps. ULP-B stated the had not taken any steps. ULP-B stated that on Thursday April 1, 2021, he had told CM-D, C2 had not returned the day before. CM-D stated that would have been fewer than 24 hours of C2 being gone, given that C2 did not return CM-D informed ULP-B that the responsibility would fall on him to file a missing person report as he saw C2 last. The same case notes indicated ULP-B stated "he would probably" get to it today. An email dated April 6, 2021, at 3:36 p.m., sent by the licensee to CM-D and MHCM-E indicated he had notified the police that C2 was missing from the group home but he went to a shelter and saw him there. ULP-B tried to speak to him and C2 would not talk to him ULP-B indicated he wanted a return phone call to discuss further. Case notes dated April 12, 2021, at 11:30 a.m., indicated CM-D contacted the law enforcement department and spoke to an officer who stated "No report had ever been filed" for C2. An email dated April 12, 2021, at 2:53 p.m., sent by CM-D to the licensee in filed for C2. She requested the licensee or file the report, since he was living at their facility.			6924 SCO	TT AVENUE	NORTH			
facility as of March 31, 2021. ULP-B was advised to call 911 when C2 returned. Case notes dated April 6, 2021, at 9:00 a.m., indicated CM-D contacted ULP-B and he stated C2 had not returned since last Wednesday (March 31, 2021). CM-D asked ULP-B what steps he had taken; ULP-B stated he had not taken any steps. ULP-B stated that on Thursday April 1, 2021, he had told CM-D. C2 had not returned the day before. CM-D stated that would have been fewer than 24 hours of C2 being gone, given that C2 did not return CM-D informed ULP-B that the responsibility would fall on him to file a missing person report as he saw C2 last. The same case notes indicated ULP-B stated "he would probably" get to it today. An email dated April 6, 2021, at 3:36 p.m., sent by the licensee to CM-D and MHCM-E indicated he had notified the police that C2 was missing from the group home but he went to a shelter and saw him there. ULP-B tried to speak to him and C2 would not talk to him. ULP-B indicated he wanted a return phone call to discuss further. Case notes dated April 12, 2021, at 11:30 a.m., indicated CM-D contacted the law enforcement department and spoke to an officer who stated "No report had ever been filed" for C2. An email dated April 12, 2021, at 2:53 p.m., sent by CM-D to the licensee indicated she informed the licensee no report (missing person or otherwise) had been filed for C2. She requested the licensee to file the report, since he was living at their facility.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE	
An email dated April 13, 2021, at 3:10 p.m., from licensee to CM-D stated per their email	02015	facility as of March to call 911 when C2 Case notes dated A indicated CM-D cor C2 had not returned (March 31, 2021). One had taken; ULP-steps. ULP-B stated 2021, he had told Cd day before. CM-D stewer than 24 hours C2 did not return Cl responsibility would person report as he notes indicated ULF get to it today. An email dated Aprithe licensee to CM-had notified the polithe group home but him there. ULP-B tr would not talk to him a return phone call. Case notes dated A indicated CM-D cordepartment and specified the licensee no report had every the licensee no report had every the licensee to file the licensee the licensee the licensee the licensee the licensee the licen	31, 2021. ULP-B was advised returned. April 6, 2021, at 9:00 a.m., stacted ULP-B and he stated disince last Wednesday CM-D asked ULP-B what steps B stated he had not taken any dithat on Thursday April 1, cM-D, C2 had not returned the stated that would have been sof C2 being gone, given that M-D informed ULP-B that the fall on him to file a missing saw C2 last. The same case P-B stated "he would probably" If 6, 2021, at 3:36 p.m., sent by D and MHCM-E indicated he ce that C2 was missing from the went to a shelter and saw ied to speak to him and C2 m. ULP-B indicated he wanted to discuss further. April 12, 2021, at 11:30 a.m., shatcted the law enforcement oke to an officer who stated been filed" for C2. If 12, 2021, at 2:53 p.m., sent shatched in been filed for C2. She requested the report, since he was living at 13, 2021, at 3:10 p.m., from					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		H35804	B. WING		04/1	6/2021
	PROVIDER OR SUPPLIER GROUP HOME LLC	6924 SCO	DRESS, CITY, S TT AVENUE 'N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02015	CM-D and MHCM-E and even gave MHC saw C2 at. A police he is technically not that he could do was being at the group of that he could do was being at the group of that he could do was being at the group of the call. So yesterday morning name in their syster licensee absolutely of the call. So yesterday morning name in their syster licensee absolutely of the call of	HCM-E, ULP-B informed that he notified the police CM-E the address where he report could not be filed since missing and the only thing and the police of him not	02015			

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AND DIAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		H35804	B. WING		04/10	6/2021			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE ZIP CODE	-				
TVAIVIL OF T	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6924 SCOTT AVENUE NORTH								
UNISON	GROUP HOME LLC		'N CENTER,						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	COMPLETE DATE			
02015	Continued From pa	ge 31	02015						
	ULP-B informed he the facility on March missing since. She ULP-B about filing a stated he did not file seen C2 at a comm C2 saw ULP-B he to want to go back to had last seen C2 in ULP-B said he spok and C2 was not missing back to the facility not know if a missing filed. She stated she face and had only so was during the trans MHCM-E stated C2	r that C2 did not return back to a 31, 2021, and had been stated when she asked a missing person report, he a report because he had aunity shelter. She stated when ook off running and did not facility. She stated she does was last seen and does not dates when ULP-B stated he the community. She stated ke with the police department using he is just choosing not to ty. MHCM-E stated she does no person report had been e has not seen C2 face to spoken to C2 once and this sition move to the licensee. It had a history of elopement.							
	a.m., CM-D stated son March 15, 2021, Commitment and Janever physically see the "opportunity cer	she was assigned C2's case and C2 was under Civil arvis. She stated she had en C2. She stated C2 was at ter" (shelter) which was a							
	not offer overnight stated ULP-B was a	orovides meals, desktop sic hygiene products but does sleeping arrangements. She at the opportunity center							
	C2. She stated she on March 16, 2021, herself. During the focused on admissi placement. CM-D she had spoken directly care to face.	nd had introduced himself to coordinated a phone meeting between ULP-B, C2, and phone meeting, C2 was very on to the licensee and wanted tated this was the only time ectly to C2 and had not seen e stated she did not arrange							
		e stated sne did not arrange ne facility; C2 had a bus card							

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMED TO THE APPROPRIATE DEFICIENCY)	URVEY ETED
NAME OF PROVIDER OR SUPPLIER UNISON GROUP HOME LLC (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 6924 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMBET C	10004
UNISON GROUP HOME LLC 6924 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY)	/2021
(X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) BROOKLYN CENTER, MN 55429 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) BROOKLYN CENTER, MN 55429 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMBET	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
00045	(X5) COMPLETE DATE
and she was unsure how he got to the facility. She stated March 29, 2021, was the date C2 moved into the facility, and this was the date the 6790 approved by the county. CM-D stated ULP-B called her on April 1, 2021, and reported C2 had been aggressive, smoked in his room, burned holes in his bed sheets, left early in the morning and came back late without telling ULP-B where he was, also C2 shared substances with other residents. She stated she set up a phone care conference for April 1, 2021, that included herself, ULP-B, and MHCM-E. During the phone conference on April 1, 2021, C2's behaviors discussed and ULP-B stated he had not seen C2 since March 31, 2021. She stated she informed ULP-B that C2 is violating his provisional discharge due to not taking his medications, using illegal substances, and behaviors. She stated she instructed ULP-B to contact the non-emergency police number and have C2 brought to the hospital on a transportation hold. ULP-B and he stated C2 had not returned to the facility since March 31, 2021. She stated the had not called 911, nor MHCM-E to update. She stated she ind not returned to the facility since March 31, 2021. She stated VLP-B to date the had not called 911, nor MHCM-E to update. She stated she ind not ronfirm with ULP-B the date C2 was seen at the shelter or the date ULP-B contacted the police. CM-D stated She contacted the police on April 12, 2021, and spoke to an officer and asked him to verify if C2 was listed as a missing person. She stated the officer informed her that he had no record of a report filed regarding C2, and the licensee needed to file the missing person report. CM-D contacted ULP-B and informed him the police did not have record of C2's missing person and instructed ULP-B and informed him the police of April filed the report as he was living at the licensee. CM-D stated C2 had a history of elopement and	

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	AND DUAN OF CODDECTION INTERCATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H35804	B. WING		04/16/2021	
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
UNISON	GROUP HOME LLC		TT AVENUE N CENTER,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
02015	Continued From pa	ge 33	02015			
	noted in C2's media on March 15, 2021,	cal history that sent to ULP-B prior to admission.				
	There was no recorreport.	d the licensee filed a MAARC				
	TIME PERIOD FOR	R CORRECTION: Immediate				