DEPARTMENT OF HEALTH

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER 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.	0 000	Minnesota Department of Health is documenting the State Licensing 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 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 DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 470 SS=I	144A.472, Subd. 2 Comprehensive License Applications	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 1 Subd. 2.Comprehensive home care license applications. In addition to the information and fee required in subdivision 1, applicants applying for a comprehensive home care license must also provide verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures in this subdivision and keep them current: (1) conducting initial and ongoing assessments of the client's needs by a registered nurse or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate; (2) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (3) medication and treatment management; (4) delegation of home care tasks by registered nurses or licensed health professionals; (5) supervision of registered nurses and licensed health professionals; and (6) supervision of unlicensed personnel performing delegated home care tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to disclose or acknowledge admission of a client (C2) who admitted to the licensee, eloped, and was missing at the time of survey. The licensee failed to immediately report	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 2 the client's elopement to the Minnesota Adult Abuse Reporting Center (MAARC), and failed to provide C2's requested client records. This deficient practice had the potential to affect any current or future clients. This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: Notification of start of survey provided to unlicensed personnel/owner (ULP-A) on April 6, 2021, at 7:23 a.m., via phone call with message left and an email sent to ULP-A. ULP-A contacted surveyor back on April 6, 2021, at 8:08 a.m., and did not leave a message. Surveyor follow up call conducted on April 6, 2021, at 8:25 a.m., ULP-A stated there was no clients at the housing with services location and the house was empty. He stated the licensee had one client however, the client discharged. During the survey entrance conference on April 6, 2021, at 10:50 a.m., ULP-B, who identified as the housing manager, stated the licensee had no current clients. He stated the licensee had one client (C1) who admitted for services in the community on March 1, 2021, discharged on March 7, 2021, and moved to Ohio.	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 3 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 "6790", 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.	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 4 During a follow-up email dated April 23, 2021, at 2:03 p.m., surveyor requested all C2's records by April 26, 2021, at 12:00 p.m. C2's records were not provided by the licensee. Client 2 C2's medical records received from county case manager (CM)-D. CM-D included an email dated March 15, 2021, at 11:47 a.m., to the licensee, which included 19 attachments of C2's records including medical and clinical history. C2's "MnChoices Assessment Report" dated December 23, 2020, indicated "yes" to 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, ULP-B, 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	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 5 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 of services dated March 23, 2021. C2's services listed on the 6790 included meal preparation, managing wandering, managing anxiety, managing repetitive behavior, managing anxiety, socialization, and assistance with dressing, grooming, bathing, eating, medication set up and monitoring, assistance with self-administration of medications, and non-medical transportation. An email dated March 24, 2021, at 8:06 a.m., from CM-D to the licensee indicated "Could you please fill out the snack field in the 6790". A return email dated March 24, 2021, at 10:09 a.m., from the licensee indicated "I will do that". An email dated March 24, 2021, at 10:54 a.m., from the licensee to CM-D indicated "Hi By the way I received the bus card and will give to [C2] today". Case notes dated April 1, 2021, indicated CM-D received a phone call from ULP-B that C2 had been aggressive, smoking a substance in his room, burned holes in bed sheets from his pipe, shared a substance with other residents, declined the health assessment, declined medications, leaves early in the morning and comes back extremely late without telling ULP-B where he was. Mental health case manager (MHCM)-E, and ULP-B conducted a care conference	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 6 regarding C2's behavior that included aggression with staff, leaving early and coming home late, burning holes in the sheets from his pipe, lack of showering or personal hygiene habits, non sensical statements exhibited, and disorganized thinking. ULP-B stated C2 did not return to the 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	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 7 otherwise) had been filed for C2. She requested the licensee to file the report, since he was living at their facility. An email dated April 13, 2021, at 3:10 p.m., from licensee to CM-D stated per their email conversation with MHCM-E, ULP-B informed CM-D and MHCM-E that he notified the police and even gave MHCM-E the address where he saw C2 at. A police report could not be filed since he is technically not missing and the only thing that he could do was notify the police of him not being at the group home. An email dated April 13, 2021, at 3:14 p.m., from CM-D to the licensee indicated the police had no record of the call. She spoke to an officer yesterday morning and he did not have C2's name in their system at all. CM-D indicated the licensee absolutely can and need to make a 'Missing Person's Report' even if he has been physically seen in a different city a week ago. CM-D explained, C2 had eloped from the licensee's facility while under Civil Commitment and Jarvis. CM-D wrote, the officer she spoke to reinforced that the licensee should make a report even if he went to the shelter last week. During an interview on April 26, 2021, at 2:26 p.m., MHCM-E stated C2 was under Civil Commitment and Jarvis. She stated C2 crossed paths with ULP-B who was the licensee's housing manager, while at a community center. C2 was interested in moving to the licensee and this suggested to his case manager, CM-D. She stated C2 had a "friend" that lived at the same group home and the group home manager felt C2 was a great kid and the friend also living at the facility would be a positive influence for C2. MHCM-E stated C2 moved in and does not know	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 8 how C2 transported to the facility. She stated after C2 admitted, ULP-B informed her that C2 was distributing substances in the household, utilizing substances, and substance abuse was occurring at the facility. She stated the way ULP-B determined this was due to burn holes in C2's bed sheets. She stated on April 1, 2021, ULP-B informed her that C2 did not return back to the facility on March 31, 2021, and had been missing since. She stated when she asked ULP-B about filing a missing person report, he stated he did not file a report because he had seen C2 at a community shelter. She stated when C2 saw ULP-B he took off running and did not want to go back to facility. She stated she does not know when C2 was last seen and does not have documented dates when ULP-B stated he had last seen C2 in the community. She stated ULP-B said he spoke with the police department and C2 was not missing he is just choosing not to go back to the facility. MHCM-E stated she does not know if a missing person report had been filed. She stated she has not seen C2 face to face and had only spoken to C2 once and this was during the transition move to the licensee. MHCM-E stated C2 had a history of elopement. During an interview on April 27, 2021, at 10:00 a.m., CM-D stated she was assigned C2's case on March 15, 2021, and C2 was under Civil Commitment and Jarvis. She stated she had never physically seen C2. She stated C2 was at the "opportunity center" (shelter) which was a drop in center that provides meals, desktop computers, and basic hygiene products but does not offer overnight sleeping arrangements. She stated ULP-B was at the opportunity center looking for clients and had introduced himself to C2. She stated she coordinated a phone meeting on March 16, 2021, between ULP-B, C2, and	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 9 herself. During the phone meeting, C2 was very focused on admission to the licensee and wanted placement. CM-D stated this was the only time she had spoken directly to C2 and had not seen C2 face to face. She stated she did not arrange transport of C2 to the facility; C2 had a bus card 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 agreed. She stated on April 6, 2021, she spoke with ULP-B and he stated C2 had not returned to the facility since March 31, 2021. She stated ULP-B stated he had not called 911, nor MHCM-E to update. She stated she did not confirm 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	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 470	Continued From page 10 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 to file the report as he was living at the licensee. CM-D stated C2 had a history of elopement and this was mentioned to the licensee as well as noted in C2's medical history that sent to ULP-B on March 15, 2021, prior to admission. An email dated April 29, 2021, 10:11 a.m., from CM-D indicated to surveyor that C2 was found April 28, 2021, and was brought to the hospital. TIME PERIOD FOR CORRECTION: Immediate	0 470		
0 645 SS=I	144A.475, Subd. 1 Conditions Subdivision 1.Conditions. (a) The commissioner may refuse to grant a temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider: (1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482; (2) permits, aids, or abets the commission of any illegal act in the provision of home care; (3) performs any act detrimental to the health, safety, and welfare of a client; (4) obtains the license by fraud or misrepresentation;	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 645	Continued From page 11 (5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the home care provider's clients; (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; (9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter; (10) refuses to initiate a background study under section 144.057 or 245A.04; (11) fails to timely pay any fines assessed by the department; (12) violates any local, city, or township ordinance relating to home care services; (13) has repeated incidents of personnel performing services beyond their competency level; or (14) has operated beyond the scope of the home care provider's license level. (b) A violation by a contractor providing the home	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 645	Continued From page 12 care services of the home care provider is a violation by the home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to fully cooperate with the survey process by the Minnesota Department of Health (MDH). The licensee failed to disclose or acknowledge a current client (C2) who admitted to the licensee, eloped, and was missing at the time of survey. This deficient practice had the potential to affect any current or future clients. This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). Notification of start of survey provided to unlicensed personnel/owner (ULP-A) on April 6, 2021, at 7:23 a.m., via phone call with message left and email sent to ULP-A. On April 6, 2021, at 8:08 a.m., ULP-A contacted surveyor back and did not leave a message. On April 6, 2021, at 8:25 a.m., surveyor conducted follow up call and ULP-A stated there was no clients at the housing with services location and the house sat empty. He stated the licensee had one client however, the client discharged. He stated unlicensed personnel/house coordinator (ULP-B) was currently not onsite due to no clients. ULP-A	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 645	Continued From page 13 stated his family member is out ill pending results of COVID-19 test, that he does not feel well, and will not be onsite. On April 6, 2021, at 8:50 a.m., surveyor conducted follow up call and informed ULP-A that surveyor will arrive to the licensee to conduct the initial temporary license survey. ULP-A stated he would have ULP-B meet surveyor at the housing with services location. During the survey entrance conference on April 6, 2021, at 10:50 a.m., ULP-B, who identified as the housing manager, stated the licensee had no current clients. He stated the licensee had one client (C1) who admitted for services in the community on March 1, 2021, discharged on March 7, 2021, and moved to Ohio. A review of "Discharged or Deceased Client Roster" indicated C1 started services on March 4, 2021, and discharged on March 7, 2021. On April 6, 2021, at 11:45 a.m., ULP-B contacted registered nurse (RN)-C using his phone and put RN-C on speaker phone. During an interview on April 6, 2021 at 11:45 a.m., RN-C stated C1 admitted to services in the community for medication set up. He stated C1 admitted on March 1, 2021, and discharged on March 7, 2021. When asked where the physician orders were for what medications to set up he stated he was in process of getting orders however the client discharged due to his travels and moved. RN-C stated C1 was a truck driver, traveled, and the plan was to provide medication set up services and meet with C1 every two weeks. RN-C stated during the admission process C1 was not interested in services due to	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 645	Continued From page 14 travel and services would not be feasible. RN-C stated he was in the process of getting physician orders and did not provide services for C1. During an interview on April 6, 2021, at 12:40 a.m., surveyor informed ULP-A that survey would stop due to concerns that services were not provided within a year of granting the temporary license. Surveyor informed ULP-A that RN-C stated he did not provide services to C1, was in the process of starting services, when C1 discharged due to his travels and moved. During an interview on April 6, 2021, at 12:50 p.m., ULP-B verified he heard RN-C state he did not provide services for C1. A review of Minnesota Adult Abuse Reporting Center (MAARC) report indicated a client (C2) currently under Civil Commitment and Jarvis, lived at the licensee, and eloped on 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 "6790", 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	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 645	Continued From page 15 records. ULP-B stated he would send C2's record by email. During a follow-up email dated April 23, 2021, at 2:03 p.m., surveyor requested all C2's records by April 26, 2021, at 12:00 p.m. C2's records were not provided by the licensee. C2's medical records received from county case manager (CM)-D. CM-D included an email dated March 15, 2021, at 11:47 a.m., to the licensee, which included 19 attachments of C2's records including medical and clinical history. C2's case notes dated March 16, 2021, indicated an initial meeting held by phone that included CM-D, ULP-B, 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, 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 of services dated March 23, 2021. C2's services listed on the 6790 included meal preparation, managing wandering, managing anxiety, managing repetitive behavior, managing anxiety,	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 645	Continued From page 16 socialization, and assistance with dressing, grooming, bathing, eating, medication set up and monitoring, assistance with self-administration of medications, and non-medical transportation. An email dated March 24, 2021, at 8:06 a.m., from CM-D to the licensee indicated "Could you please fill out the snack field in the 6790". A return email dated March 24, 2021, at 10:09 a.m., from the licensee indicated "I will do that". An email dated March 24, 2021, at 10:54 a.m., from the licensee to CM-D indicated "Hi By the way I received the bus card and will give to [C2] today". Case notes dated April 1, 2021, indicated CM-D received a phone call from ULP-B that C2 had been aggressive, smoking a substance in his room, burned holes in bed sheets from his pipe, shared a substance with other residents, declined the health assessment, declined medications, leaves early in the morning and comes back extremely late without telling ULP-B where he was. Mental health case manager (MHCM)-E, and ULP-B conducted a care conference regarding C2's behavior that included aggression with staff, leaving early and coming home late, burning holes in the sheets from his pipe, lack of showering or personal hygiene habits, non sensical statements exhibited, and disorganized thinking. ULP-B stated C2 did not return to the facility as of March 31, 2021. ULP-B was advised to call 911 when C2 returned. During an interview on April 27, 2021, at 10:00 a.m., CM-D stated she was assigned C2's case on March 15, 2021, and C2 was under Civil Commitment and Jarvis. She stated she had never physically seen C2. She stated C2 was at the "opportunity center" (shelter) which was a drop in center that provides meals, desktop	0 645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 645	Continued From page 17 computers, and basic hygiene products but does not offer overnight sleeping arrangements. She stated ULP-B was at the opportunity center looking for clients and had introduced himself to C2. She stated she coordinated a phone meeting on March 16, 2021, between ULP-B, C2, and herself. During the phone meeting, C2 was very focused on admission to the licensee and wanted placement. CM-D stated this was the only time she had spoken directly to C2 and had not seen C2 face to face. She stated she did not arrange transport of C2 to the facility; C2 had a bus card 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. TIME PERIOD FOR CORRECTION: Immediate	0 645		
0 805 SS=I	144A.479, Subd. 6(a) Reporting Maltrx of Vulnerable Adults/Minors	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 805	Continued From page 18 Subd. 6.Reporting maltreatment of vulnerable adults and minors. (a) All home care providers must comply with requirements for the reporting of maltreatment of minors in section 626.556 and the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. Each home care provider must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to report suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) immediately, but no longer than 24 hours for one of one clients (C2) reviewed. C2 eloped on March 31, 2021, while under Civil Commitment and Jarvis. This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C2's medical records received from county case manager (CM)-D. CM-D included an email dated March 15, 2021, at 11:47 a.m., to the licensee, which included 19 attachments of C2's records including medical and clinical history. C2's "MnChoices Assessment Report" dated December 23, 2020, indicated "yes" to	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 805	Continued From page 19 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 of services dated March 23, 2021. C2's services listed on the 6790 included meal preparation,	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 805	Continued From page 20 managing wandering, managing anxiety, managing repetitive behavior, managing anxiety, socialization, and assistance with dressing, grooming, bathing, eating, medication set up and monitoring, assistance with self-administration of medications, and non-medical transportation. An email dated March 24, 2021, at 8:06 a.m., from CM-D to the licensee indicated "Could you please fill out the snack field in the 6790". A return email dated March 24, 2021, at 10:09 a.m., from the licensee indicated "I will do that". An email dated March 24, 2021, at 10:54 a.m., from the licensee to CM-D indicated "Hi By the way I received the bus card and will give to [C2] today". Case notes dated April 1, 2021, indicated CM-D received a phone call from ULP-B that C2 had been aggressive, smoking a substance in his room, burned holes in bed sheets from his pipe, shared a substance with other residents, declined the health assessment, declined medications, leaves early in the morning and comes back extremely late without telling ULP-B where he was. Mental health case manager (MHCM)-E, and ULP-B conducted a care conference regarding C2's behavior that included aggression with staff, leaving early and coming home late, burning holes in the sheets from his pipe, lack of showering or personal hygiene habits, non sensical statements exhibited, and disorganized thinking. ULP-B stated C2 did not return to the 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	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 805	Continued From page 21 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. An email dated April 13, 2021, at 3:10 p.m., from licensee to CM-D stated per their email conversation with MHCM-E, ULP-B informed CM-D and MHCM-E that he notified the police and even gave MHCM-E the address where he saw C2 at. A police report could not be filed since he is technically not missing and the only thing that he could do was notify the police of him not being at the group home.	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 805	Continued From page 22 An email dated April 13, 2021, at 3:14 p.m., from CM-D to the licensee indicated the police had no record of the call. She spoke to an officer yesterday morning and he did not have C2's name in their system at all. CM-D indicated the licensee absolutely can and need to make a 'Missing Person's Report' even if he has been physically seen in a different city a week ago. CM-D explained, C2 had eloped from the licensee's facility while under Civil Commitment and Jarvis. CM-D wrote, the officer she spoke to reinforced that the licensee should make a report even if he went to the shelter last week. During an interview on April 26, 2021, at 2:26 p.m., MHCM-E stated C2 was under Civil Commitment and Jarvis. She stated C2 crossed paths with ULP-B who was the licensee's housing manager, while at a community center. C2 was interested in moving to the licensee and this suggested to his case manager, CM-D. She stated C2 had a "friend" that lived at the same group home and the group home manager felt C2 was a great kid and the friend also living at the facility would be a positive influence for C2. MHCM-E stated C2 moved in and does not know how C2 transported to the facility. She stated after C2 admitted, ULP-B informed her that C2 was distributing substances in the household, utilizing substances, and substance abuse was occurring at the facility. She stated the way ULP-B determined this was due to burn holes in C2's bed sheets. She stated on April 1, 2021, ULP-B informed her that C2 did not return back to the facility on March 31, 2021, and had been missing since. She stated when she asked ULP-B about filing a missing person report, he stated he did not file a report because he had seen C2 at a community shelter. She stated when C2 saw ULP-B he took off running and did not	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 805	Continued From page 23 want to go back to facility. She stated she does not know when C2 was last seen and does not have documented dates when ULP-B stated he had last seen C2 in the community. She stated ULP-B said he spoke with the police department and C2 was not missing he is just choosing not to go back to the facility. MHCM-E stated she does not know if a missing person report had been filed. She stated she has not seen C2 face to face and had only spoken to C2 once and this was during the transition move to the licensee. MHCM-E stated C2 had a history of elopement. During an interview on April 27, 2021, at 10:00 a.m., CM-D stated she was assigned C2's case on March 15, 2021, and C2 was under Civil Commitment and Jarvis. She stated she had never physically seen C2. She stated C2 was at the "opportunity center" (shelter) which was a drop in center that provides meals, desktop computers, and basic hygiene products but does not offer overnight sleeping arrangements. She stated ULP-B was at the opportunity center looking for clients and had introduced himself to C2. She stated she coordinated a phone meeting on March 16, 2021, between ULP-B, C2, and herself. During the phone meeting, C2 was very focused on admission to the licensee and wanted placement. CM-D stated this was the only time she had spoken directly to C2 and had not seen C2 face to face. She stated she did not arrange transport of C2 to the facility; C2 had a bus card 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	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 805	Continued From page 24 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 agreed. She stated on April 6, 2021, she spoke with ULP-B and he stated C2 had not returned to the facility since March 31, 2021. She stated ULP-B stated he had not called 911, nor MHCM-E to update. She stated she did not confirm 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 to file the report as he was living at the licensee. CM-D stated C2 had a history of elopement and this was mentioned to the licensee as well as noted in C2's medical history that sent to ULP-B on March 15, 2021, prior to admission. There was no record the licensee filed a MAARC report. TIME PERIOD FOR CORRECTION: Immediate	0 805		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 25	02015		
02015 SS=I	626.557, Subd. 3 Timing of Report Subd. 3.Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 26 reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to report suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) immediately, but no longer than 24 hours for one of one clients (C2) reviewed. C2 eloped on March 31, 2021, while under Civil Commitment and Jarvis. This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include:	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 27 C2's medical records received from county case manager (CM)-D. CM-D included an email dated March 15, 2021, at 11:47 a.m., to the licensee, which included 19 attachments of C2's records including medical and clinical history. C2's "MnChoices Assessment Report" dated December 23, 2020, indicated "yes" to 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	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 28 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 of services dated March 23, 2021. C2's services listed on the 6790 included meal preparation, managing wandering, managing anxiety, managing repetitive behavior, managing anxiety, socialization, and assistance with dressing, grooming, bathing, eating, medication set up and monitoring, assistance with self-administration of medications, and non-medical transportation. An email dated March 24, 2021, at 8:06 a.m., from CM-D to the licensee indicated "Could you please fill out the snack field in the 6790". A return email dated March 24, 2021, at 10:09 a.m., from the licensee indicated "I will do that". An email dated March 24, 2021, at 10:54 a.m., from the licensee to CM-D indicated "Hi By the way I received the bus card and will give to [C2] today". Case notes dated April 1, 2021, indicated CM-D received a phone call from ULP-B that C2 had been aggressive, smoking a substance in his room, burned holes in bed sheets from his pipe, shared a substance with other residents, declined the health assessment, declined medications, leaves early in the morning and comes back extremely late without telling ULP-B where he was. Mental health case manager (MHCM)-E, and ULP-B conducted a care conference regarding C2's behavior that included aggression with staff, leaving early and coming home late, burning holes in the sheets from his pipe, lack of showering or personal hygiene habits, non sensical statements exhibited, and disorganized thinking. ULP-B stated C2 did not return to the	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	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 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. An email dated April 13, 2021, at 3:10 p.m., from licensee to CM-D stated per their email	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 30 conversation with MHCM-E, ULP-B informed CM-D and MHCM-E that he notified the police and even gave MHCM-E the address where he saw C2 at. A police report could not be filed since he is technically not missing and the only thing that he could do was notify the police of him not being at the group home. An email dated April 13, 2021, at 3:14 p.m., from CM-D to the licensee indicated the police had no record of the call. She spoke to an officer yesterday morning and he did not have C2's name in their system at all. CM-D indicated the licensee absolutely can and need to make a 'Missing Person's Report' even if he has been physically seen in a different city a week ago. CM-D explained, C2 had eloped from the licensee's facility while under Civil Commitment and Jarvis. CM-D wrote, the officer she spoke to reinforced that the licensee should make a report even if he went to the shelter last week. During an interview on April 26, 2021, at 2:26 p.m., MHCM-E stated C2 was under Civil Commitment and Jarvis. She stated C2 crossed paths with ULP-B who was the licensee's housing manager, while at a community center. C2 was interested in moving to the licensee and this suggested to his case manager, CM-D. She stated C2 had a "friend" that lived at the same group home and the group home manager felt C2 was a great kid and the friend also living at the facility would be a positive influence for C2. MHCM-E stated C2 moved in and does not know how C2 transported to the facility. She stated after C2 admitted, ULP-B informed her that C2 was distributing substances in the household, utilizing substances, and substance abuse was occurring at the facility. She stated the way ULP-B determined this was due to burn holes in	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 31 C2's bed sheets. She stated on April 1, 2021, ULP-B informed her that C2 did not return back to the facility on March 31, 2021, and had been missing since. She stated when she asked ULP-B about filing a missing person report, he stated he did not file a report because he had seen C2 at a community shelter. She stated when C2 saw ULP-B he took off running and did not want to go back to facility. She stated she does not know when C2 was last seen and does not have documented dates when ULP-B stated he had last seen C2 in the community. She stated ULP-B said he spoke with the police department and C2 was not missing he is just choosing not to go back to the facility. MHCM-E stated she does not know if a missing person report had been filed. She stated she has not seen C2 face to face and had only spoken to C2 once and this was during the transition move to the licensee. MHCM-E stated C2 had a history of elopement. During an interview on April 27, 2021, at 10:00 a.m., CM-D stated she was assigned C2's case on March 15, 2021, and C2 was under Civil Commitment and Jarvis. She stated she had never physically seen C2. She stated C2 was at the "opportunity center" (shelter) which was a drop in center that provides meals, desktop computers, and basic hygiene products but does not offer overnight sleeping arrangements. She stated ULP-B was at the opportunity center looking for clients and had introduced himself to C2. She stated she coordinated a phone meeting on March 16, 2021, between ULP-B, C2, and herself. During the phone meeting, C2 was very focused on admission to the licensee and wanted placement. CM-D stated this was the only time she had spoken directly to C2 and had not seen C2 face to face. She stated she did not arrange transport of C2 to the facility; C2 had a bus card	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 32 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 agreed. She stated on April 6, 2021, she spoke with ULP-B and he stated C2 had not returned to the facility since March 31, 2021. She stated ULP-B stated he had not called 911, nor MHCM-E to update. She stated she did not confirm 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 to file the report as he was living at the licensee. CM-D stated C2 had a history of elopement and this was mentioned to the licensee as well as	02015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35804	A. BUILDING: _____ B. WING _____	04/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02015	Continued From page 33 noted in C2's medical history that sent to ULP-B on March 15, 2021, prior to admission. There was no record the licensee filed a MAARC report. TIME PERIOD FOR CORRECTION: Immediate	02015		