STATE LICENSING COMPLIANCE REPORT

Report #: HL364903939C **Date Concluded:** September 23, 2026

Name, Address, and County of Facility Investigated:
Care Homes LLC,
3241 73rd Lane North
Brooklyn Park, MN
Hennepin County

Facility Type: Assisted Living Facility (ALF) **Evaluator's Name:** Erin Johnson-Crosby, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36490	A. BUILDING: _____ B. WING _____	C 08/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE HOMES LLC	3241 73RD LANE NORTH BROOKLYN CENTER, MN 55443

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0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER/ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL364903939C On August 27, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were four residents receiving services under the provider's Assisted Living license. The following correction order is issued for #HL364903939C, tag identification 1640.	0 000		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the	01640		

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01640	Continued From page 1 facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and provide all services within the service plan and support plan for county waivered services for 3 of 3 (R1, R2, R3) residents reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1's profile document indicated R1 was admitted	01640	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH	

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01640	Continued From page 2 on June 2, 2025, with diagnoses including autism, bipolar disorder, substance abuse, and schizoaffective disorder. R1's evacuation status indicated R1 was self- sufficient, ambulatory, and required minimal or no nursing care and minimal to no assistance in evacuation. R1's support plan effective March 1, 2026, through February 28, 2027, indicated the licensee received $17,563.00 monthly to provide R1 services. The support plan indicated R1 received 19.89 hours of individual services per day. Review of R1's licensee assessment dated July 22, 2026, undated and unsigned service plan, and support plan effective through February 28, 2027, included discrepancies of services provided, and county payment received for R1 including: Housekeeping and Laundry, - Assessment - weekly - Service plan - weekly - Support plan indicated 1.5 hours per day Socialization 1:1, - Assessment did not indicate need for 1:1 socialization - Was not included in the service plan - Support plan indicated 1 hour per day Self-administration of medication, Verbal or visual medication reminders, Medication setups and monitoring, - Assessment indicated staff administered four medications daily - Service plan indicated daily - Support plan indicated 4 hours per day Transportation 1:1 - assessment indicated staff will take to appointments as needed - Service plan indicated daily	01640	STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

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01640	Continued From page 3 - Support plan indicated 1 hour per day Assistance with bathing - Assessment indicated set up weekly - Service plan indicated weekly - Support plan indicated 0.5 hours per day Manage wandering, - Assessment indicated no history of wandering - Not included in the service plan - Support plan, 0.6 hours per day Managing orientation issues, - Assessment indicated disorientation - Service plan did not include managing orientation - Support plan, 1 hour per day Managing anxiety, - Assessment did not include anxiety - Service plan did not include managing anxiety - Support plan, 1 hour per day Managing agitation, - Assessment did not include agitation - Service plan did not include managing agitation - Support plan, 1 hour per day Managing self-injurious behavior, - Assessment indicated keeps sharp objects in room - Service plan indicated manage three times a day but did not include interventions - Support plan, 1 hour per day Managing verbal aggression, - Assessment indicated verbal aggression yelling, screaming or swearing - Service plan indicated verbal aggression three times daily but did not include a description or interventions. - Support plan indicated 1.5 hours per day Managing physical aggression, - Assessment did not indicate physical	01640		

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01640	Continued From page 4 aggression - Service plan did not include physical aggression - Support plan indicated 0.5 hours per day Managing property destruction, - Assessment did not include property destruction - Service plan did not include property destruction - Support plan indicated 1.5 hours per day Meeting other cognitive/mental health needs, 3 hours per day - Assessment did not include cognitive or other mental health needs - Service plan indicated to manage other mental health needs three times daily but did not include a description or interventions. - Support plan indicated 3 hours per day R1's service plan indicated the registered nurse (RN) would document behaviors weekly. July and August 2026, progress notes did not include documentation regarding R1's behaviors. R2 R2 was admitted June 5, 2025, with diagnoses including disruptive mood dysregulation, and mood disorder. R2's service plan dated May 19, 2025, but was not signed by R2. R2's provider's worksheet for customized living submitted by the licensee for payment of services effective through December 31, 2026, indicated R2 would receive 23.94 hours of individual services. R2's support plan was requested but not provided.	01640		

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01640	Continued From page 5 Review of R2's licensee assessment dated June 6, 2026, service plan dated May 19, 2025, and the licensee's 6790 effective through December 31, 2026, included discrepancies of services provided, and county payment received for R2 including: Bathing Assistance - Assessment, verbal reminders for bathing - Service plan, reminders daily due to incontinence - 6790, 19 minutes daily - July and August 2026, service summary record indicated R2 was not incontinent Laundry and housekeeping - Assessment - housekeeping weekly, laundry-twice weekly - Service plan, laundry twice weekly, housekeeping weekly - 6790- 1 hour per day Shopping - Assessment- staff and family provided assistance - Service plan, was not included - 6790- 14 minutes per day 1:1 socialization - Assessment, staff provide verbal reminders for activities - Service plan, was not included - 6790- 30 minutes per day 1:1 transportation - Assessment, staff will set up appointments and arrange rides - Service plan, did not include transportation - 6790, 45 minutes daily Continence care - Assessment, no concerns during the day and occasional incontinence at night - Service plan, incontinence care three times daily	01640		

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01640	Continued From page 6 - 6790, 3 hours per day - Service summary, July and August 2026, indicated R2 did not receive continence care Medication administration, Verbal or visual medication reminders, Medication set up and monitoring - Assessment, staff administer daily - Service plan, daily - 6790, 5 hours per day Manage wandering - Assessment, will leave house without notifying staff - Service plan, three times daily - 6790, 1 hour per day - July, August 2026, service summary indicated no elopement Manage orientation issues - Assessment, oriented to person, place and time - Service plan, not included - 6790, 1 hour per day - July, August 2026, service summary indicated orientation issues Manage anxiety and agitation - Assessment, becomes agitated when staff cleans room - Service plan, three times daily but did not include description - 6790, 3 hours per day Manage self- injurious behaviors - Assessment, not included in the assessment - Service plan, not included in the service plan - 6790, 1.5 hours per day Manager verbal and physical aggression - Assessment, will yell at staff, and punch doors - Service plan, verbal aggression three times a day, did not include description, Physical aggression, not included - 6790, 3 hours per day	01640		

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01640	Continued From page 7 Manage property destruction - Assessment, will punch walls and slam door, - Service plan, three times daily but did not include description - 6790, 2 hours per day R3 R3 was admitted June 5, 2025, with diagnoses including paranoid schizophrenia, anxiety, and post-traumatic stress disorder. R3's service plan was requested but not provided. R3's profile was printed on August 27, 2026 and included R3's scheduled services. R3's support plan effective November 1, 2025, through October 31, 2026, indicated R3 received $1,000.00 monthly for transportation services through public transit. R3's support plan indicated R3 would receive 14 hours of individual services per day. Review of R3's assessment dated July 22, 2026, R3's profile dated August 27, 2026, and R3's support plan effective through October 31, 2026, indicated discrepancies on which services were provided and county payment received for R3 including: Housekeeping and laundry - Assessment, weekly - R3 profile, weekly - Support plan, 45 minutes per day Shopping - Assessment, staff and family will assist - R3 profile, daily - Support plan, 1 hour per day Assistance making appointments - Assessment, not identified - R3 profile, daily	01640		

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01640	Continued From page 8 - Support plan, 30 minutes per day Arranging non-medical transportation, - Assessment, staff and family would assist with transportation - R3 profile, daily - Support plan, 15 minutes per day 1:1 socialization - Assessment, not identified - R3 profile, as needed - Support plan, 1 hour per day 1:1 transportation - Assessment, staff and family assist with transportation - R3 profile, not included - Support plan, 1 hour per day- R3 received $1,000 monthly for transportation Continence care - Assessment, occasional incontinence at night - R3 profile, daily as needed - Support plan indicated 1.5 hours per day Assistance with self-administration of medication, Verbal or visual medication reminders and Medication setups and monitoring - Service summary, monthly injection, one as needed - R3 profile, monthly injection - Support plan 3.5 hours daily - July and August 2026, service recap, received medication administration three times Manage wandering - Assessment, no history or wandering - R3 profile, not included - Support plan 0.5 hours per day Manage anxiety and agitation - Assessment, history of anxiety - R3 profile, Three times daily - Support plan 1.5 hours per day Managing self-injurious behavior -Assessment, not identified -R3 profile, not included	01640		

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01640	Continued From page 9 - Support plan 0.5 hours per day Managing verbal aggression Assessment, not identified R3 profile, not included Support plan, 0.5 hours per day Managing property destruction - Assessment, not identified - R3 profile, not included - Support plan 0.5 hours per day Meeting other cognitive/mental health needs - Assessment, normal mental functioning - R3 profile, not included - Support plan, 1 hour per day The total number of hours for R1, R2, and R3 totaled 57 hours of individualized services provided daily with staffing 24 hours per day. The licensee's schedule dated August 23, 2026, through August 29, 2026, posted on the facility wall indicated there was one staff onsite per shift. The staffing plan dated June 4, 2026, indicated there was one direct care staff scheduled per shift based on resident needs, acuity level based on the assessment, service plan and assisted living contract. On August 27, 2026, at 8:05 a.m., unlicensed personnel (ULP)-A stated there were four residents, but two residents were currently out on leave. ULP-A stated the residents were mostly independent and required reminders. ULP-A stated when R1 and R2 would become angry at times and the only thing staff could do is avoid them. On August 27, 2026, at 8:10 a.m., LALD-B stated there was one staff per shift and there were three shifts in 24 hours.	01640		

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01640	Continued From page 10 On August 28, 2026, at 7:36 a.m., LALD-B sent an email indicating the licensee did not have a current support plan for R2. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01640		