



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL376574659C

**Date Concluded:** October 14, 2022

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

**Investigated:**

All Home Care LLC  
1425 Trollhagen Drive Northeast  
Fridley, MN 55421  
Anoka County

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

**Evaluator's Name:** Jennifer Segal RN, BSN  
Special Investigator

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

To view a copy of the correction orders, if any, please visit:

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>37657</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/14/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALL HOME CARE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 TROLLHAGEN DRIVE NE</b> <b>FRIDLEY, MN 55421</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>Initial comments HL376574659C</p> <p>On October 14, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider. At the time of the complaint investigation, there were no known residents receiving services under the provider's Assisted Living license.</p>	0 000			

Minnesota Department of Health

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

TITLE

(X6) DATE