

STATE LICENSING COMPLIANCE REPORT

Report #: HL399944259C

Date Concluded: June 13, 2024

Name, Address, and County of Facility

Investigated:

Safe Hands LLC
2818 Nash Road
Brooklyn Center, MN 55430
Hennepin County

**Facility Type: Provisional Assisted Living
Facility (PALF)**

Evaluator's Name: Rhylee Gilb, RN
Special Investigator

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

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39994	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2024
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NAME OF PROVIDER OR SUPPLIER SAFE HANDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2818 NASH ROAD BROOKLYN CENTER, MN 55430
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are 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.</p> <p>INITIAL COMMENTS: HL399944259C</p> <p>On June 10, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were zero residents receiving services under the provider's Provisional Assisted Living Facility license.</p> <p>The following correction orders are issued for HL399944259C, tag identification 130 and 180.</p>	0 000	<p>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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 130 SS=I	<p>144G.12, Subd. 1 Application for Licensure</p> <p>Each application for an assisted living facility</p>	0 130		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 130	Continued From page 1 license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater	0 130		

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0 130	Continued From page 2 and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or	0 130		

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0 130	Continued From page 3 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked	0 130		

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0 130	<p>Continued From page 4</p> <p>under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide accurate and truthful information on the application for a new assisted living license. The owners had been denied licensure during a survey of their provisional assisted living license and failed to disclose the denial on their new application. This had the potential to affect all current and future residents, staff and visitors.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident'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 residents).</p> <p>The findings include:</p> <p>The Minnesota Department of Health (MDH) Provisional Assisted Living Licensure Information and Application form indicates on page one, "If an applicant provides inaccurate or incomplete information on the application, the commissioner of health may deny, revoke, suspend, restrict or refuse to renew the license or impose conditions according to Minn. Stat. section 144G.15</p>	0 130		

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0 130	<p>Continued From page 5</p> <p>(https://www.revisor.mn.gov/statutes/cite/144g.15)."</p> <p>An application for a provisional assisted living license signed October 6, 2021, by owner (OW)-A, to operate at 2818 Nash Road Brooklyn Center, MN, indicated OW-A was the assisted living director (ALD), authorized agent and managerial official. The application indicated OW-B was the clinical nurse supervisor (CNS). The application indicated OW-A was the sole owner with 100 percent ownership. A provisional assisted living facility license (PALF) was issued and provided a health facility identification (HFID) number 38331.</p> <p>A MDH survey of the PALF HFID 38331, from August 8, 2022 through August 10, 2022, issued 31 licensing orders, including two licensing orders issued at a level three violation (a violation that harmed a resident'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).</p> <p>A MDH letter dated September 30, 2022, notified OW-A of the denial of HFID 38331. On February 7, 2023, MDH notified OW-A the denial decision was upheld after a request for reconsideration.</p> <p>MDH received the closure form and plan from OW-A on March 12, 2023 for HFID 38331 and the closure notice letter indicated the effective date of closure was March 13, 2023.</p> <p>An application for a provisional assisted living license signed March 16, 2023, by OW-B, to operate at 2818 Nash Road Brooklyn Center, MN, indicated OW-A was the ALD. OW-B was the authorized agent, managerial official, and CNS.</p>	0 130		

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0 130	<p>Continued From page 6</p> <p>The application indicated OW-B was the sole owner with 100 percent ownership. Page 12 included instruction for the applicant to identify if they have been an owner or operator of a previous health facility where the license has been denied. The application failed to include HFID 38331.</p> <p>The application signed October 6, 2021, indicated OW-A resided at the same permanent address as OW-B on her application signed March 16, 2023.</p> <p>The organizational description for the licensee indicated in addition to ALD, OW-A would serve has the licensee manager.</p> <p>An email from MDH to OW-B dated March 29, 2023, indicated the HFID 39994 had been issued and missing documents for the application included a landlord lease agreement.</p> <p>An email from OW-B to MDH dated March 31, 2023, indicated she owned the property and was not subject to a lease.</p> <p>Hennepin County parcel search indicated OW-A was the owner of the property located at 2818 Nash Road Brooklyn Center.</p> <p>An email from MDH to OW-B dated July 25, 2023, indicated a PALF license was issued and was valid for up to one year.</p> <p>During an onsite visit to the property address on June 10, 2024, at 1:00 p.m., registered nurse (RN)-C answered the door and indicated his employer was Jubilee Home Care and his supervisor was OW-D. RN-C stated the resident at the home was the only resident residing at the address and a resident of Jubilee Home Care.</p>	0 130		

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0 130	<p>Continued From page 7</p> <p>During an interview on June 10, 2024, at 1:45 p.m., OW-D, owner of Jubilee Home Care, stated she moved her resident to the property address in February 2024. OW-D stated she knows the property was a former group home, but did not know any other details. OW-D stated she rents the home from OW-A.</p> <p>On June 13, 2024, at 2:10 p.m., the MDH investigator called OW-A and left a voicemail to return the phone inquiring about Safe Hands LLC business status in regards to Jubilee Home Care occupying the home. The MDH investigator indicated an email will be sent in follow up to the voicemail.</p> <p>On June 13, 2024, at 2:22 p.m., an email to the Safe Hands business email and the personal emails of OW-A and OW-B from the MDH surveyor inquired about the rental relationship with Jubilee Home Care and inquired if Safe Hands had any residents since the issuance of their provisional license.</p> <p>On June 14, 2024, at 12:16 a.m., an email from OW-A indicated the licensee had been unable to find residents and decided to rent out the property.</p> <p>Time Period of Correction: Immediate</p>	0 130		
0 180 SS=F	<p>144G.16 Subd. 2 Initial survey</p> <p>(a) During the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident.</p>	0 180		

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0 180	<p>Continued From page 8</p> <p>(b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner.</p> <p>(c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply.</p> <p>(d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to notify the Minnesota Department of Health of providing assisted living services, including housing, to at least one resident within two days and did not have a resident receiving the licensee's services within 45 days of expiration. The licensee had one resident living at the address, however another provider identified the resident as their own and the provider rented the property from the licensee.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected</p>	0 180		

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0 180	<p>Continued From page 9</p> <p>or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Minnesota Statute 144G.08 Subd. 59, defines a resident as an adult living in an assisted living facility who has executed an assisted living contract.</p> <p>Minnesota Statute 144G.50 Subd. 1, indicates an assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract.</p> <p>An email from MDH to owner (OW)-B dated July 25, 2023, indicated a PALF license was issued and was valid for up to one year. The PALF license expires July 24, 2024.</p> <p>Hennepin County parcel search indicated OW-A was the owner of the property located at 2818 Nash Road Brooklyn Center.</p> <p>As of June 10, 2024, during review of the licensee records and notifications, the licensee lacked notification to MDH of providing services.</p> <p>During an onsite visit to the property address on June 10, 2024, at 1:00 p.m., registered nurse (RN)-C answered the door and indicated his employer was Jubilee Home Care and his supervisor was OW-D. RN-C stated the resident at the home was the only resident residing at the address and a resident of Jubilee Home Care. The resident's records in the home belonged to Jubilee Home Care. There were no records identified as Safe Hands.</p>	0 180		

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0 180	<p>Continued From page 10</p> <p>During an interview on June 10, 2024, at 1:45 p.m., OW-D, owner of Jubilee Home Care, stated she moved her resident to the property address in February 2024. OW-D stated she knows the property was a former group home, but did not know any other details. OW-D stated she rents the home from OW-A.</p> <p>On June 13, 2024, at 2:10 p.m., the MDH investigator called OW-A and left a voicemail to return the phone inquiring about Safe Hands LLC business status in regards to Jubilee Home Care occupying the home. The MDH investigator indicated an email will be sent in follow up to the voicemail.</p> <p>On June 13, 2024, at 2:22 p.m., an email to the Safe Hands business email and the personal emails of OW-A and OW-B from the MDH surveyor inquired about the rental relationship with Jubilee Home Care and inquired if Safe Hands had any residents since the issuance of their provisional license.</p> <p>On June 14, 2024, at 12:16 a.m., an email from OW-A indicated the licensee had been unable to find residents and decided to rent out the property.</p> <p>Time Period of Correction: Immediate</p>	0 180		