STATE LICENSING COMPLIANCE REPORT

Report #: HL410983798C

Date Concluded: September 10, 2026

Name, Address, and County of Facility Investigated:
Golden Touch Health Care
5012 66th Avenue North
Brooklyn Center, MN 55429
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Nicole Myslicki, RN
Special Investigator
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41098	A. BUILDING: _____ B. WING _____	C 08/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN TOUCH HEALTH CARE LLC	5012 66TH 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****** 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: HL410983798C On August 19, 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 4 residents receiving services under the provider's Assisted Living license. The following correction order is issued for HL410983798C, tag identification 1640. On August 19, 2026, MDH issued an immediate temporary suspension and a notice of revocation of the assisted living facility license of Golden Touch. As of the issuance of these correction orders, the immediate temporary suspension was in effect, but the revocation was not final. Therefore, the enclosed violations do not include a time period for correction. If Golden Touch is	0 000	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 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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0 000	Continued From page 1 permitted to resume providing assisted living services, Golden Touch is required to immediately correct these violations. If the revocation becomes final, no follow-up visit will be conducted.	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 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 county waiver services for 4 of 4 residents reviewed.	01640		

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01640	Continued From page 2 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 admitted to the licensee June 23, 2026. R1's facesheet failed to include any diagnoses, identify an emergency contact, nor a case manager. The licensee identified R1's evacuation status as level 1, self-sufficient, walked, required no or minimal nursing care and required no or minimal assistance in an evacuation. R1's customized living worksheet (6790 form) dated June 16, 2026, written by the licensee and submitted to the case manager (CM) for payment of services June 20, 2026 through October 31, 2026. The form indicated the licensee would provide the following services: -breakfast, lunch, dinner and snacks -Home Management, including housekeeping, 0.25 hours per day -Shopping assistance, 0.5 hours per day -Assistance with making appointments, 0.5 hours per day -Arranging non-medical transportation, 0.25 hours per day -Providing non-medical transportation by licensee staff, 1 hour per week -One staff to one resident (1:1) socialization, 2 hours per day	01640		

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01640	Continued From page 3 -One staff to two to five residents (1:2-5) socialization, 1 hour per day -Assistance with dressing, providing prompts, 0.2 hours per day -Assistance with grooming, providing prompts, 0.3 hours per day -Assistance with bathing, providing prompts, 0.2 hours per day -Assistance with self-administration of medication, the staff will document medication administration and store medications in a safe place, 0.75 hours per day -Medication reminders with a note "remind "him" to check "his" blood sugar", 0.15 hours per day -Medication set-up by the registered nurse (RN) 1.5 hours per week -Management of anxiety, 2 hours per day -Management of self-injurious behavior, 2 hours per day -Management of verbal aggression, 1 hour per day -Management of physical aggression, 3 hours per day -Management of "other" behavior, 1 hour per day Totaling 16.85 hours of individual services per day. R1's service plan dated June 23, 2026, included the following services R1 required assistance with identified on the 6790 form: -Activities twice per day (as management of behaviors) -Dressing assistance twice per day -Grooming assistance twice per day -Home management services, including housekeeping and laundry twice per day -Behavior monitoring for agitation, anxiety, "other", physical aggression, self-injurious behavior and verbal aggression three times daily -Meal preparation three times daily	01640		

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01640	Continued From page 4 -Medication Reminders twice per day -Socialization twice per day -Shopping once per week R1's service plan failed to include bathing assistance as required on the 6790. R1's assessment dated August 15, 2026, indicated R1 was independent with grooming. R1's service recap summary dated July 2026, indicated all services on the service plan were listed to provide by staff. Behavior monitoring for "other" mental health need was not defined as what staff were required to observe for. Socialization and activity services failed to include the staffing ratio to provide those services indicated by the 6790 form. Services listed were signed as provided with a few declinations of the service by R1. Other notes indicated R1 prepared her own meals. Behavior notes on the service recap summary dated July 2026, indicated R1 had 3 out of 31 days where R1 displayed verbal aggression. R1 had 2 out of 31 days where R1 displayed physical aggression, breaking a fan and smeared food on her bedroom wall. Notes indicated R1 did not display self-injurious behavior or anxiety. R1's service recap summary dated August 1 through 18, 2026, indicated all services on the service plan were listed to provide by staff. Behavior monitoring for "other" mental health need was not defined as what staff were required to observe for. Socialization and activity services failed to include the staffing ratio to provide those services indicated by the 6790 form. Services listed were signed as provided with a few declinations of the service by R1. Other notes	01640		

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01640	Continued From page 5 indicated R1 prepared her own meals. Behavior notes on the service recap summary dated August 1 through 18, 2026, indicated R1 had 1 out of 18 days where R1 displayed verbal aggression. Notes indicated R1 did not display self-injurious behavior, anxiety, agitation or physical aggression. An email correspondence dated September 9, 2026, from the licensee, indicated R1 completed her own medications independently and the facility did not have a medication administration record (MAR) for July or August 2026. The licensee inappropriately requested county payments for services R1 did not require, including grooming assistance, behavior monitoring for self-injurious behavior and anxiety, medication set-up, assist with self-medication by documentation and a duplicate service of medication reminders. The licensee failed to provide bathing assistance, 1:1 socialization and daily appointment assistance. R2 R2 admitted to the licensee June 20, 2026. R2's facesheet indicated R2's diagnoses included chronic pain syndrome. The licensee identified R2's evacuation status as level 1, self-sufficient, walked, required no or minimal nursing care and required no or minimal assistance in an evacuation. R2's customized living worksheet (6790 form) dated June 15, 2026, written by the licensee and submitted to the CM for payment of services June 20, 2026 through June 11, 2027. The form indicated the licensee would provide the following	01640		

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01640	Continued From page 6 services: -breakfast, lunch, dinner and snacks -Home Management, including housekeeping, 1 hour per day -Shopping assistance, 1 hour per week -Providing transportation by licensee staff to visit friends and family, 0.5 hours per day - 1:1 socialization provided by staff out in the community, 2.5 hours per day - 1:2-5 socialization, 1 hour per day -Assistance with bathing, 0.75 hours per day -Medication reminders, 0.25 hours per day -Medication set-up by the RN, 1 hour per day -Management of delegated tasks for fall risk and daily vital sign monitoring, 0.75 hours per day -Management of anxiety, 1 hour per day -Management of verbal aggression, 1 hour per day Totaling 9.5 hours of individual services per day. R2's service plan dated June 23, 2026, included the following services R2 required assistance with identified on the 6790 form: -Activities twice per day (as management of behaviors) -Home management services, including housekeeping and laundry twice per day -Behavior monitoring for anxiety and verbal aggression three times daily -Meal preparation three times daily -Medication Reminders twice per day -Socialization twice per day -Shopping once per week -Vitals once per month R2's service plan failed to include bathing service daily, RN medication set up daily and daily vital signs as required by the 6790 form. R2's assessment dated August 10, 2026,	01640		

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indicated R2 was independent with bathing and did not require assistance. Although, R2 was independent with bathing, R2's assessment indicated she intermittent needed help with dressing and grooming due to pain. R2's assessment indicated R2 went into the community "as needed" and failed to indicated R2 required 1:1 socialization in the community daily for 2.5 hours. R2's assessment indicated R2 had no behaviors.

R2's service recap summary dated July 2026, indicated all services on the service plan were listed to provide by staff. Socialization and activity services failed to include the staffing ratio to provide those services indicated by the 6790 form. Services listed were signed as provided with a few declinations of the service by R2. R2 was absent from the facility starting overnight on July 27, 2026 through evening shift on July 28, 2026, returning by the night shift.

Behavior notes on the service recap summary dated July 2026, indicated R2 had 1 out of 31 days where R2 displayed verbal aggression, yelling with her roommate. Notes indicated R2 did not display anxiety.

R2's service recap summary dated August 1 through 18, 2026, indicated all services on the service plan were listed to provide by staff. Socialization and activity services failed to include the staffing ratio to provide those services indicated by the 6790 form. Services listed were signed as provided with a few declinations of the service by R2. R2 was absent from the facility starting on the morning shift of August 11, 2026 through the overnight shift.

Behavior notes on the service recap summary

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dated August 1 through 18, 2026, indicated R2 had 3 out of 18 days where R2 displayed verbal aggression. The note dated August 4, 2026 about R2 being upset about food and rude to staff was duplicated on August 5, 2026. Notes indicated R2 did not display anxiety.

An email correspondence dated September 9, 2026, from the licensee, indicated R2 completed her own medications independently and the facility did not have a MAR for July or August 2026.

The licensee inappropriately requested county payments for services R2 did not require, including bathing assistance, daily 1:1 socialization in the community, 1 hour of daily RN medication set-up, daily vital sign monitoring and behavior monitoring for anxiety. The licensee failed to provide bathing assistance, 1:1 socialization, and daily appointment assistance. Medication set-up was completed weekly and vital sign monitoring was completed monthly.

During an interview on August 19, 2026, at 9:48 a.m., R2 stated she has been living at the facility for two to three months. She admitted because of back surgery and thought she was going to get help. R2 stated had not had any help [from staff]. R2 stated she does her own room cleaning, buys her own food and prepares meals herself. She spends $200 per month on her food. R2 stated she had a fridge in her closet. R2 stated she manages her own medications and named the two prescriptions she required and an inhaler. R2 stated the nurse would show up every week or two and she has only seen her once or twice. R2 stated the staff do not talk to her. R2 stated the facility does not do activities and she told administrator (A)-A, but he does not reply. She

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01640	Continued From page 9 met the previous licensed assisted living director (LALD) (and owner) once when she signed paperwork. R3 R3 admitted to the licensee June 18, 2025. R3's facesheet indicated R3's diagnoses included schizoaffective disorder, substance disorder, anxiety, depression, diabetes, "stiff man syndrome" and enlarged prostrate. The licensee identified R3's evacuation status as level 1, self-sufficient, walked, required no or minimal nursing care and required no or minimal assistance in an evacuation. R3's customized living worksheet (6790 form) dated June 24, 2025, written by the licensee and submitted to the CM for payment of services August 1, 2025 through July 31, 2026. The form indicated the licensee would provide the following services: -breakfast, lunch, dinner and snacks -Home Management, including housekeeping, 0.57 hours per day -Shopping assistance, 0.14 hours per day -Money management, 0.14 hours per day -Assistance with making appointments, 0.28 hours per day -Arranging non-medical transportation, 0.28 hours per day -One staff to one resident (1:1) socialization, 2 hours per day -One staff to two to five residents (1:2-5) socialization, 1 hour per day -Assistance with dressing, 0.5 hours per day -Assistance with grooming, 0.28 hours per day -Assistance with bathing, 0.28 hours per day -Assistance with eating for positioning and monitor for choking, 0.5 hours per day	01640		

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01640	Continued From page 10 -Assistance with self-administration of medication, the staff will document medication administration and store medications in a safe place, 0.75 hours per day -Medication reminders, 0.28 hours per day -Insulin Injections, checking blood sugars three times daily and administration of insulin, 1 hour per day -Medication set-up by RN, 0.5 hours per day -Delegated clinical monitoring for overnight medication reminder and daily RN onsite, 1 hour per day -Insulin draws and administration three times daily, 1 hour per day (duplicative of the Insulin Injection service) -Management of orientation, 2 hours per day -Management of anxiety, 1 hour per day -Management of repetitive behavior, 1 hour per day -Management of agitation, 2 hours per day -Management of self-injurious behavior, 2 hours per day -Management of verbal aggression, 1 hour per day -Management of two "other" behavior (one defined as depression), 1 hour per day each (2 hours total) Totaling 20.5 hours of individual services per day. The 6790 form also indicated R3 sleeps four to five hours per day. R3's service plan dated June 1, 2026, included the following services R3 required assistance with identified on the 6790 form: -Activities twice per day (as management of behaviors) -Dressing assistance twice per day -Grooming assistance twice per day -Bathing assistance daily -Home management services, including	01640		

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housekeeping and laundry twice per day
-Behavior monitoring for agitation, physical aggression, repetitive behaviors, self-injurious behavior, verbal aggression, wandering, depression three times daily. Anxiety monitoring daily. Other behavior monitoring included resistance and self-isolation, that could have been consider as the "other" behavior on the 6790 form.
-Meal preparation three times daily
-Medication Reminders twice per day
-Socialization twice per day
-Blood sugar monitoring three times daily

R3's service plan failed to include assistance with insulin administration, medication set up by the RN daily and overnight medication administration, daily walking assistance and daily eating assistance as required by the 6790 form.

R3's assessment dated August 10, 2026, indicated R3 was independent for walking, mobility and eating. Additionally, the assessment indicated R3 was assessed to self-administer his insulin and the RN set up medications. R3's vulnerability indicated R3 did not have any behaviors and a history of self-harming thoughts with no actual harm.

R3's service recap summary dated July 2026, indicated all services on the service plan were listed to provide by staff. Socialization and activity services failed to include the staffing ratio to provide those services indicated by the 6790 form. Services listed were signed as provided with a few declinations of the service by R3. Although, medication administration was not included on the service plan, the service delivery record did include medication administration six times per day.

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01640	Continued From page 12 Behavior notes on the service recap summary dated July 2026, indicated R3 had no behaviors for the month. Notes indicated R3 did not display agitation, physical aggression, repetitive behaviors, self-injurious behavior, verbal aggression, wandering, depression, anxiety, resistance nor self-isolation. R3's customized living worksheet (6790 form) dated August 20, 2026, written by the licensee and submitted to the CM for payment of services for year 2026 through 2027 (per labeling of the record by the CM) because the form indicated in error services dates of 2025. The form indicated the licensee would provide the following services the same services as indicated in the previous 6790 form, except the following changes to services: -Assistance with dressing, 0.14 hours per day -Assistance with grooming, 0.07 hours per day -Management of agitation, 1 hour per day Totaling approximately 19 hours of individual services per day. R3's service recap summary dated August 1 through 18, 2026, indicated all services on the service plan were listed to provide by staff. Socialization and activity services failed to include the staffing ratio to provide those services indicated by the 6790 form. Services listed were signed as provided with a few declinations of the service by R3. Although, medication administration was not included on the service plan, the service delivery record did include medication administration six times per day. Behavior notes on the service recap summary dated August 1 through 18, 2026, indicated R3 had no behaviors for the month. Notes indicated	01640		

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	41098	A. BUILDING: _____ B. WING _____	C 08/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN TOUCH HEALTH CARE LLC	5012 66TH AVENUE NORTH BROOKLYN CENTER, MN 55429

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01640	Continued From page 13 R3 did not display agitation, physical aggression, repetitive behaviors, self-injurious behavior, verbal aggression, wandering, depression, anxiety, resistance nor self-isolation. R3's MAR dated July 2026, indicated R3 received insulin three times per day with meals. R3 had a continous blood sugar monitoring device. R3 had no medications scheduled on the overnight shift and did not receive any as needed (PRN) medications for the month. R3's MAR dated August 2026, indicated the same schedule of medications as July. R3 did not receive any PRN medications for the month. The licensee inappropriately requested county payments for services R3 did not require, including walking assistance, eating assistance, 0.5 hours of daily RN medication set-up, daily RN clinical monitoring, medication administration when R3 was assessed to self-administer medications, duplicative insulin administration service and behavior monitoring for agitation, physical aggression, repetitive behaviors, self-injurious behavior, verbal aggression, wandering, depression, anxiety, resistance nor self-isolation. The licensee failed to provide 1:1 socialization.. R4 R4 admitted to the licensee August 6, 2026. R4's facesheet indicated R4's diagnoses included stroke and gastro-intestinal dysfunction. The licensee identified R4's evacuation status as level 1, self-sufficient, walked, required no or minimal nursing care and required no or minimal assistance in an evacuation.	01640		

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01640	Continued From page 14 On August 20, 2026, an email to R4's case manager was sent to request R4's customized living worksheet. On September 3, 2026, a follow up email was sent to R4's case manager indicating the investigator was still awaiting the record. The case manager replied and indicated R4 had another case manager responsible for the customized living worksheet and forwarded the request the same day. R4's customized living worksheet was not received. R4's service plan dated August 7, 2026, indicated R4 received assistance with the following services: -meal preparation three times per day -Appointment reminders weekly -Bathing daily -Dressing assistance twice per day -Grooming assistance twice per day -Home Management, including housekeeping and laundry twice per day -Safety checks four times daily -Intake monitoring three times per day -Vital sign monitoring weekly -Behaviors monitoring of agitation, anxiety, "other", physical aggression, property destruction, repetitive behaviors, self-injurious behavior, self-isolation, and verbal aggression three times per day R4's assessment dated August 6, 2026, indicated R4 was independent with bathing, dressing and grooming and required no assistance with those services and would not have needed those services. R4's service recap summary dated August 6 through 18, 2026, indicated all services of the	01640		

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01640	Continued From page 15 service plan were listed to provide, however none of the services from the time of admission, August 6, 2026 until the onsite date August 23, 2026, were signed as provided except for morning bed making, weekly appointment reminders, bathing assistance and medication administration. R4 refused some bathing services. The licensee failed to provide R4 assistance with dressing, grooming, home management (housekeeping, laundry), managing behaviors, weekly vital signs, safety checks, recording meal intake, fluids and bowel movements. Staff schedules dated July 2026 and August 6 through 18, 2026, indicated one staff worked at the facility per shift. The shift hours were 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. Occasionally one or two other staff, an activities staff and house manager were scheduled to work between three different facilities, including the licensee. There was no extra staff, so one staff per shift for the following dates: July 11, 12, 16, 17, 25, 26, 27, 28, 30 and 31, 2026 August 1, 4, 8, 9, 11, 13, 14, 18, 22, and 23, 2026 R1, R2, R3's scheduled daily 1:1 socialization service would not have been provided when there was not a second staff to provide the 1:1 ratio. Excluding R4 because the number of hours per service was unavailable to review, the total hours of resident individual services required to provide each day for the month of July 2026 was 46.85 hours per day compared to 24 hours per day of staff available to provide services when only staffed one per shift and potentially at most 32	01640		

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01640	Continued From page 16	01640		

hours if the house manager worked the whole shift at just the licensee location.

Excluding R4, the total hours of resident individual services required to provider each day for the month of August 2026 was approximately 45.35 hours per day compared to 24 hours per day of staff available to provide services when only staffed one per shift and potentially at most 32 hours if the house manager worked the whole shift at just the licensee location.

During an interview on August 19, 2026, at 9:40 a.m., unlicensed personnel (ULP)-C stated all of the residents were pretty independent. R1 and R3 do not come out of their rooms much. R2 is always going out and in from the facility. R4 did not require redirection.

During an interview on August 19, 2026, at 10:14 a.m., A-A stated the facility has a house manager (HM)-D who does the schedule and takes residents to their appointments and personal activities.

During an interview on August 19, 2026, at 11:26 a.m., RN-B stated the licensee catered to the mental health population. The behaviors managed in residents' service plans were based on behaviors they saw often in the mental health population, as well as their assessments and diagnoses. RN-B stated most residents completed their own cares.

During an interview on August 19, 2026, at 11:42 a.m., RN-B stated R4's service delivery record had a glitch in the system and that was why services were not signed off.

R1, R2, R3 all had documentation on their August

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01640	Continued From page 17 2026 service delivery records, including some services documented on R4's service delivery record that would not indicate a system error. The licensee-provided policy titled, Service Plan, dated August 1, 2021, indicated service plans were based on the outcomes of assessments, monitoring, and individual reviews of the resident's needs and preferences. The licensee would implement and provide all services indicated in the service plan.	01640		