Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

June 25, 2026

Licensee
Amal Home Health Care Inc
1300 77th Way
Brooklyn Park, MN 55444

RE: Denial of License Number 419873
Health Facility Identification Number (HFID) 41249
Initial survey; SL41249015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on May 4, 2026 for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above-mentioned provider. Based on the survey(s), MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G. As a result, your authority to continue to operate under a provisional license or be approved for an assisted living facility license is being denied.

STATE CORRECTION ORDERS
The enclosed State Form documents the state licensing orders. The Department of Health documents state correction orders using federal software. Tag numbers are 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.16, Subd. 4, you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by the Minnesota Department of Health and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF RESIDENTS
You must comply with the requirements for notification and coordinated move of residents noted in Minn. Stat. § 144G.52 and Minn. Stat. § 144G55. Additionally, please provide the information described in Minn. Stat. § 144G.20, Subd. 15 (a) (1), (2), (3), (4) and (5) to this department's contact, Renee L. Anderson, via email at: Renee.L.Anderson@state.mn.us. Also provide this information to the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care no later than .

Pursuant to Minn. Stat. § 144G.16, Subd. 5 (3), a provisional licensee whose license is denied is permitted to continue operating as an assisted living facility during the period of time when a transfer of assisted living facility resident(s) from the provisional licensee to a new assisted living facility provider is in process.

Additionally, pursuant to Minn. Stat. § 144G.16, Subd. 5 (1), you may continue operating during the reconsideration process.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any additional questions, please do not hesitate to contact Renee L. Anderson, Supervisor, at Renee.L.Anderson@state.mn.us. Renee L. Anderson can also be reached by office phone at 651-201-5871.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAL HOME HEALTH CARE INC	1300 77TH WAY BROOKLYN PARK, MN 55444

(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 LICENSING CORRECTION ORDERS In accordance with Minnesota Statutes, section 144G.08 to 144G.95 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: SL41249015-0 On April 27, 2026, through May 4, 2026, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were zero (0) residents; zero residents receiving services under the provider's Provisional Assisted Living Facility license.	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.	
0 110 SS=C	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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: LALD-A began providing assisted living services for the licensee on April 23, 2025. On April 27, 2026, at 10:21 a.m., the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website indicated LALD-A currently held an assisted living director license, effective May 10, 2022; LALD-A was not identified as the Director of Record for the licensee. On April 27, 2026, at 10:50 a.m., LALD-A stated she had not registered with BELTSS as Director	0 110		

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0 110	Continued From page 2 of Record for the licensee. LALD-A further stated that she had been listed as Director of Record for other facilities, however, those facilities had since closed. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110		
0 180 SS=F	144G.16 Subd. 2 Initial survey (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. (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. (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. (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. This MN Requirement is not met as evidenced by:	0 180		

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0 180	Continued From page 3 Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of beginning to provide assisted living services under the Provisional Assisted Living Facility license. 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 is 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: The licensee's Discharged or Deceased Client Roster dated April 27, 2026, indicated R1 was admitted on April 23, 2025, and began receiving assisted living services. R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025.The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities,transportation, safety checks three times daily, behavior management, and medication management. The licensee's Notice of Providing Assisted Living Service, signed and dated by licensed assisted living director (LALD)-A on August 25, 2025, indicated the licensee began providing assisted living services to one resident on April 1, 2025. MDH records indicated the department received	0 180		

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0 180	Continued From page 4 the Notice of Providing Assisted Living Services from LALD-A on January 20, 2026. The notification was provided more than two days after R1 began receiving services. On April 27, 2026, at approximately 10:30 a.m., during the entrance conference, LALD-A stated she had completed the notice of providing services; however, did not realize it had not been sent to MDH within the required timeframe. LALD-A stated that when she realized, she sent the notice to MDH. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 180		
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's	0 460		

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0 460	Continued From page 5 unit; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect all residents. 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 was admitted to the licensee on April 23, 2025, and began receiving assisted living services. R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities, transportation, safety checks three times daily, behavior management, and medication management. R1's vulnerability assessment dated August 25, 2025, indicated R1 had a history of attempted suicide or thoughts of suicide.	0 460		

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0 460	Continued From page 6 R1's Rental Agreement (contract) signed April 22, 2025, indicated the licensee would provide 24-hour emergency call systems to each resident. The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) dated June 18, 2024, indicated in Section 6, page 10 under "Security and Monitoring", that licensee had hand bells available for residents to use for their non-emergency call system. On April 27, 2026, at 10:20 a.m., during the entrance conference, licensed assisted living director (LALD)-A stated since the licensee only had one resident in the home, they never installed any type of system for residents to summon assistance 24/7. LALD-A further stated that the one resident licensee had was total cares; therefore, the staff always sat with her during their working hours. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 460		
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius	0 480		

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0 480	Continued From page 7 and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be	0 480		

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0 480	Continued From page 8 provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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 or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 28, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who	0 550		

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0 550	Continued From page 9 are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to the grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances, and the contact information for the Office of Ombudsman for Long-Term Care (OOLTC), the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), and information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC). This had the potential to affect all residents, staff and visitors. 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 or has the potential to affect a large portion or all of the residents).	0 550		

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0 550	Continued From page 10 The findings include: On April 27, 2026, at 11:00 a.m., during a self-guided facility tour, the surveyor observed the common area in the main entry of the facility where postings were located. The facility lacked a posted grievance procedure with the current name, telephone number and email contact information for the individual who was responsible for handling resident grievances. In addition, the facility lacked posted contact information for the OOLTC, OMHDD, and information for reporting suspected maltreatment to MAARC. On April 27, 2026, at 11:30 a.m., licensed assisted living director (LALD)-A stated the licensee lacked the required postings as noted above. LALD-A further stated the only resident that had been admitted was discharged from the facility, so they did not follow-up to ensure the required information was posted. The licensee's Grievance policy dated August 1, 2021, indicated a copy of the grievance procedure would be conspicuously posted in the facility with the following information: - name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances; - the contact information for the OOLTC; - the contact information for the OMHDD; and - information for reporting suspected maltreatment to MAARC. No further information was available. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		

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0 570	Continued From page 11	0 570		
0 570 SS=C	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to display the current license at the main entrance of the assisted living facility as required. This had the potential to affect all the licensee's residents, staff and visitors. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), 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). The findings include: On April 27, 2026, at approximately 10:00 a.m., upon entering the facility, the surveyor observed the Assisted Living facility license was not posted at the main entrance, as required. On April 27, 2026, at 10:20 a.m., during the entrance conference in the nursing office, the surveyor observed the licensee's Provisional Assisted Living Facility license was posted on a bulletin board, inside the nursing office on the second floor of the facility. On April 27, 2026, at approximately 10:21 a.m., licensed assisted living director (LALD)-A stated	0 570		

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0 570	Continued From page 12 the assisted living license was not posted at the facility entrance because she was unaware of the requirement. LALD-A further stated the license was displayed in the staff office on the second level of the facility, and that the office door was occassionally locked. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 570		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility. This had the potential to affect all residents, staff	0 640		

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	41249	A. BUILDING: _____ B. WING _____	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAL HOME HEALTH CARE INC	1300 77TH WAY BROOKLYN PARK, MN 55444

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0 640	Continued From page 13 and visitors. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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: On April 27, 2026, at 11:00 a.m., during a self-guided facility tour, the surveyor observed the common areas and noted the facility lacked posted information and the reporting number for MAARC to report suspected maltreatment of a vulnerable adult. The surveyor further observed the facility lacked a posting of the 911 emergency number in common areas and near telephones provided by the assisted living facility. On April 27, 2026, at 11:30 a.m., licensed assisted living director (LALD)-A stated the licensee lacked the required postings as noted above. LALD-A further stated the only resident that had been admitted was discharged from the facility, so licensee did not follow-up to ensure the required information was posted. The licensee's Vulnerable Adult Maltreatment-Prevention and Reporting policy dated April 29, 2026, indicated the licensee would post the information and reporting number for the MAARC to report suspected maltreatment of a vulnerable adult, and the 911 emergency number in common areas and near telephones provided by the assisted living facility.	0 640		

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0 640	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency	0 680		

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0 680	Continued From page 15 preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors. 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 is 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: The licensee's emergency preparedness plan, dated 2021, lacked evidence of the following required content: - annual update of the EP plan; - quarterly review of missing resident policy; - develop and implement EP policies/procedures (P/P) based on the EP, risk assessment & communication plan, and reviewed/updated annually; - updated hazard vulnerability risk assessment; - alternate sources of energy to maintain temperatures to protect resident health/safety, safe/sanitary storage of provisions, and sewage and waste disposal; - system to track the location of on-duty staff and sheltered residents; - policy/procedure to address safe evacuation from the facility, including consideration of care/tx needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); primary/alternate communication means with external sources of assistance; - policy/procedure to address use of volunteers, including the process/role for integration;	0 680		

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0 680	Continued From page 16 - policy/procedure to address arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents; - roles under a waiver declared by secretary; - communication plan containing all required elements; - sharing information on occupancy and needs; - emergency preparedness training program including documentation of all initial and annual EP training; and - emergency preparedness testing requirements. On April 27, 2026, at approximately 1:45 p.m., licensed assisted living director (LALD)-A stated the licensee lacked the required EP content noted above. LALD-A further stated licensee received their EP plan from a third-party consultant, and she was not aware of all the requirements for the plan. Licensee's Emergency Preparedness policy dated 2021, indicated the licensee would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services, and would implement the program as soon as the agency became aware of the existence of an emergency. Furthermore, the program would be reviewed/updated at least annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 720 SS=F	144G.43 Subd. 2 Access to records The facility must ensure that the appropriate	0 720		

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0 720	Continued From page 17 records are readily available to employees and contractors authorized to access the records. Resident records must be maintained in a manner that allows for timely access, printing, or transmission of the records. The records must be made readily available to the commissioner upon request. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure that personnel and resident records were readily available for access to the department upon request. 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 is 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: On April 27, 2026, at 8:00 a.m., the surveyor sent a notice to the licensee via email, indicating "Minnesota Department of Health (MDH) Survey Today", and requested the following specific forms be completed prior to surveyors 10:00 a.m., arrival: - current resident roster; - discharged or deceased resident roster; and - employee list with full names, titles, and hire dates. On April 27, 2026, at 10:20 a.m., during the entrance conference, licensed assisted living	0 720		

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0 720	Continued From page 18 director (LALD)-A stated that resident and employee records would be available to the surveyor using the licensee's electronic and paper records. At the end of the entrance conference, the surveyor identified the documents that would be reviewed during the survey. On April 27, 2026, at 11:40 a.m., LALD-A provided the surveyor with the following requested documents: - current resident roster; - discharged or deceased resident roster; and - employee list with full names, titles, and hire dates. On April 27, 2026, at 1:46 p.m., via email, the surveyor requested the following documents: - blank assisted living bill of rights; - blank written complaint notice; - completed uniform checklist disclosure of services (UDALSA); - documentation of incidents, accidents, and/or medication errors for the past six (6) months; - abuse/neglect reports for the past six (6) months Minnesota adult abuse reporting center (MAARC); - any complaints for the past six (6) months; - infection control program plan; - clinical laboratory improvement amendments (CLIA) waiver, if applicable; and - current quality management activities (meetings) and topics discussed and who attended for the past 12 months for [licensee's] current location. On April 27, 2026, at 1:53 p.m., via email, the surveyor requested the following resident record documents for R1: - face sheet/diagnosis list;	0 720		

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0 720	Continued From page 19 - service and care plans-initial and most current; - assisted living contract-signed; - signed medication list-most current; - medication administration record (MAR), April 2025, through August 2025; - signed medication orders; - progress notes regarding hospitalizations; - both hospital discharge summaries; - registered nurse assessments: initial/14 day/last two 90-day; - abuse prevention plan-most recent; - signed receipt of assisted living bill of rights; - signed receipt of UDALSA; - written complaint form- notice of provided to resident; - discharge summary and medication disposition; - designated representative designation notice to resident- acknowledgement; - medication management assessment forms; and - medication management plan-most current. On April 28, 2026, at 8:36 a.m., none of the previously requested documents noted above had been provided. The surveyor sent a second request for the same documents previously requested on April 27, 2026, at 1:46 p.m., and 1:53 p.m. On April 28, 2026, at 9:42 a.m., clinical nurse supervisor (CNS-B) stated via email that the documents from the electronic medical record were at the office, and there were too many to download and send via email. On April 28, 2026, at 11:44 a.m., CNS-B sent the following documentation from R1's record via email: -face sheet/diagnosis list, -service and care plans,	0 720		

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0 720	Continued From page 20 -assisted living contract, -MAR from April 2025 through August 2025, -abuse prevention plan, -receipt of assisted living bill of rights, -receipt of UDALSA, and -receipt of written complaint form-notice. The licensee did not provide the following requested documents: - signed medication list-most current; - signed medication orders; - progress notes regarding hospitalizations; - both hospital discharge summaries; - discharge summary and medication disposition; - designated representative designation notice to resident- acknowledgement; - medication management assessment forms; and - medication management plan-most current. On April 28, 2026, at 12:10 p.m., via email, CNS-B sent the following documentation from R1's medical record: - notice of providing services; - addendum to assisted living contract dated August 11, 2025; and - rental agreement. On April 28, 2026, at 12:35 p.m., surveyor requested the following from unlicensed personnel (ULP)-C and ULP-D's employee record: - current license/certification: certified nursing assistant (CNA); if applicable; - background study affiliated with health facility identification number (HFID) 41249; - current job description; - initial orientation to assisted living regulations; - initial orientation to each specific resident and services provided; - initial 8 hours of dementia care training	0 720		

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0 720	Continued From page 21 - initial 2 hours of mental illness and de-escalation training; - TB (tuberculosis) history and symptom screen; - TST (tuberculin skin test) x2 dates; if applicable; - TB serum (blood test) date; if applicable; - TB training at hire; - initial core ULP training & competency; - 30-day supervision; - unplanned time away medication training/competency; - medication/treatment administration training/competency; and - training transcripts. On April 28, 2026, at 12:45 p.m., via email, the surveyor sent a request to the licensee for the following documents from R1's record: - admission assessment from 4/23/2025; - clinical update from 5/23/2025; - clinical update from 8/25/2025; - any other nursing assessments completed while the resident was in the facility; - individualized medication management plan; - all progress notes/documentation regarding resident condition and transfers to and from the hospital; - all communication to the physician regarding medication administration refusals; - both hospital discharge summaries from the hospital; and - facility discharge summary/medication disposition documentation. On April 28, 2026, at 2:10 p.m., via email, the surveyor sent a third request to the licensee for the following documents for R1: - signed medication orders; - progress notes regarding hospitalizations; - both hospital discharge summaries; - discharge summary and medication disposition;	0 720		

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0 720	Continued From page 22 - designated representative designation notice to resident- acknowledgement; - medication management assessment forms; and - medication management plan-most current. On April 28, 2026, at 2:10 p.m., via email, the surveyor sent a third request to the licensee for the following facility documents: - documentation of incidents, accidents, and/or medication errors for the past six (6) months; - abuse/neglect reports for the past 6 months Minnesota adult abuse reporting center (MAARC); and - any complaints for the past 6 months; On April 29, 2026, at 11:55 a.m., via email, CNS-B provided the following from R1's record: - progress notes, - discharge care plan, - individualized medication management plan, and - nursing assessments. The licensee did not provide surveyor the following requested documents for R1: - clinical update from 5/23/2025; - documentation regarding resident condition and transfers to and from the hospital; - all communication to the physician regarding medication administration refusals; - both hospital discharge summaries; - signed medication orders; and - medication disposition documentation. On April 29, 2026, at 2:00 p.m., LALD-A stated via email, "I apologize for the delay. I lost my phone yesterday, so I did not have any email and phone access. I will get whatever I can get today. [CNS-B] responded some, but I will work with her to send the rest."	0 720		

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0 720	Continued From page 23 On April 29, 2026, at 3:08 p.m., via email, the surveyor sent the licensee a fourth request, referencing the previous requests for the following documents for R1: - clinical update from 5/23/2025; - documentation regarding resident condition and transfers to and from the hospital; - all communication to the physician regarding medication administration refusals; - both hospital discharge summaries; - signed medication orders; and - medication disposition documentation. On April 29, 2026, at 3:08 p.m., via email, the surveyor sent a fourth request to the licensee for the following facility documents: - documentation of incidents, accidents, and/or medication errors for the past 6 months; - abuse/neglect reports for the past 6 months Minnesota adult abuse reporting center (MAARC); and - any complaints for the past 6 months; On April 30, 2026, at 10:51 a.m., no employee records had been provided. The surveyor sent a second request for employee records. On April 30, 2026, at 12:23 p.m., via email, the surveyor received employee records for ULP-C. On April 30, 2026, at 3:18 p.m., no employee records had been provided for ULP-D. CNS-B stated via telephone interview that she could not locate any employee records for ULP-D. On May 4, 2026, at 10:00 a.m., prior to the exit conference, via telephone with LALD-A, the following documents had not been provided to the surveyor:	0 720		

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0 720	Continued From page 24 - R1's clinical update from 5/23/2025; - documentation regarding R1's condition and transfers to and from the hospital; - any communication to the physician regarding medication administration refusals; - R1's hospital discharge summaries; - R1's signed medication orders; - documentation of incidents, accidents, and/or medication errors for the past 6 months; - abuse/neglect reports for the past 6 months Minnesota adult abuse reporting center (MAARC); - any complaints for the past 6 months; - ULP-C's initial 2 hours of mental illness and de-escalation training; and - ULP-D's employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 720		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is	0 780		

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0 780	Continued From page 25 required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 28, 2026, for the specific violations related the physical environment under Minnesota Statute 144G.	0 780		

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0 780	Continued From page 26 TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 790 SS=C	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) 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 the residents). The findings include: Please refer to the document titled, Physical	0 790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAL HOME HEALTH CARE INC	1300 77TH WAY BROOKLYN PARK, MN 55444

(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
0 790	Continued From page 27 Environment Inspection Report (PEIR) dated April 28, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is	0 810		

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0 810	Continued From page 28 not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. 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: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 28, 2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name	0 910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 910	Continued From page 29 and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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 the residents). The findings include: R1 was admitted to the licensee on April 23, 2025, and began receiving assisted living services. R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities,	0 910		

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	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 910	Continued From page 30 transportation, safety checks three times daily, behavior management, and medication administration/management. R1's record contained a Rental Agreement (contract) dated April 22, 2025, which included the telephone number of the facility; however, lacked the licensee's Health Facility Identification Number (HFID). On April 27, 2026, at 11:50 a.m., clinical nurse supervisor (CNS)-B stated licensee lacked the information noted above on the contract. CNS-B further stated licensee was aware they had been using the old contract; however, going forward licensee would be using the updated contract. The licensee's Signing an Assisted Living Contract policy dated April 29, 2026, indicated licensee would fill in all the blanks of the contract and provide the prospective resident and/or responsible person with a copy of the appropriate assisted living contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 910		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any	0 920		

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0 920	Continued From page 31 limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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 the residents). The findings include: R1 was admitted to the licensee on April 23, 2025, and began receiving assisted living services.	0 920		

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0 920	Continued From page 32 R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities, transportation, safety checks three times daily, behavior management, and medication administration/management. R1's Rental Agreement (contract) dated April 22, 2025, lacked a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license. On April 27, 2026, at 11:50 a.m., clinical nurse supervisor (CNS)-B stated licensee lacked the information noted above on the contract. CNS-B further stated licensee was aware they had been using the old contract; however, going forward licensee would be using the updated contract. The licensee's Signing an Assisted Living Contract policy dated April 29, 2026, indicated licensee would fill in all the blanks of the contract and provide the prospective resident and/or responsible person with a copy of the appropriate assisted living contract. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 920		
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information	0 930		

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	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 930	Continued From page 33 (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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). The findings include:	0 930		

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	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 930	Continued From page 34 R1 was admitted to the licensee on April 23, 2025, and began receiving assisted living services. R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities, transportation, safety checks three times daily, behavior management, and medication administration/management. R1's Rental Agreement (contract) dated April 22, 2025, lacked the following required information: - The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints; and - The contract must include a clear and conspicuous notice of the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer. On April 27, 2026, at 11:50 a.m., clinical nurse supervisor (CNS)-B stated licensee lacked the information noted above on the contract. CNS-B further stated licensee was aware they had been using the old contract; however, going forward licensee would be using the updated contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 930		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 940	Continued From page 35	0 940		
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 940	Continued From page 36 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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). The findings include: R1 was admitted to the licensee on April 23, 2025, and began receiving assisted living services. R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities, transportation, safety checks three times daily, behavior management, and medication administration/management. R1's Rental Agreement (contract) dated April 22, 2025, was utilized by the licensee as a contract and lacked the following required information: -a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: -whether the facility is enrolled with the commissioner of human services to provide	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 940	Continued From page 37 customized living services under medical assistance waivers; -whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); -whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; -whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; -a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; -a statement that residents may be eligible for assistance with rent through the housing support program; and -a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program. -the contact information to obtain long-term care consulting services under section 256B.0911; and -the toll-free phone number for the Minnesota Adult Abuse Reporting Center. On April 27, 2026, at 11:50 a.m., clinical nurse supervisor (CNS)-B stated licensee lacked the information noted above on the contract. CNS-B further stated licensee was aware they had been using the old contract; however, going forward licensee would be using the updated contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 940	Continued From page 38 (21) days	0 940		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the required verbatim	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 950	Continued From page 39 notice for designation of representative in writing, before or at the time of execution of an assisted living contract, for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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). The findings include: R1 was admitted to the licensee on April 23, 2025, and began receiving assisted living services. R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities, transportation, safety checks three times daily, behavior management, and medication administration/management. R1's record included a "Designation of Representative" notice dated April 22, 2025, but lacked the following verbatim notice, on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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0 950	Continued From page 40 related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." On April 30, 2026, at approximately 3:10 p.m., during a telephone interview with licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B, LALD-A stated R1's representative was provided a designation of representative notice, which was signed on April 22, 2025; however, the notice lacked the required language. LALD-A further stated she was unaware of the exact statutory language that was required to be provided. The licensee's Designated Representative policy dated April 29, 2026, indicated that prior to, or at the time of execution of an assisted living contract licensee's staff would discuss with the resident, the Designated Representative form. In addition, the Designated Representative form would provide the following verbatim notice: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." No further information was provided.	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAL HOME HEALTH CARE INC	1300 77TH WAY BROOKLYN PARK, MN 55444

(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
0 950	Continued From page 41 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety) 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). The findings include: R1 was admitted to the licensee on April 23, 2025, and began receiving assisted living services.	0 970		

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0 970	Continued From page 42 R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities, transportation, safety checks three times daily, behavior management, and medication administration/management. R1's record contained a Rental Agreement (contract) dated April 22, 2025. The rental agreement included the following section, waving the licensee's liability for the health and safety or personal property of the resident: "Miscellaneous Provisions A. Insurance Liability and Release. The resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages, and shall provide evidence of same by copies of binders or policies provided to [licensee] upon request. The resident acknowledges that [licensee] is not an insurer of the resident's person or property. Furthermore, the resident acknowledges that [licensee] would not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss of theft of, automobiles or personal property of the resident) suffered by the resident or the resident's agents, guests, or invitees, unless and to the extent that the injury or damage was caused by negligence of [licensee] its employees or agents. The resident hereby releases [licensee] from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of [licensee] or its employees or agents."	0 970		

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0 970	Continued From page 43 On April 27, 2026, at 11:50 a.m., clinical nurse supervisor (CNS)-B stated licensee was aware they had been using the old contract; however, going forward licensee would be using the updated contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact	01060		

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01060	Continued From page 44 information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the resident, legal representative, and designated representative with all required content related to an emergency relocation for one of one resident (R1). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on April 23, 2025, and began receiving assisted living services.	01060		

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01060	Continued From page 45 R1's record included an "Addendum to Contract-Waiver-MN" Service Plan effective August 11, 2025. The service plan indicated R1 received services including assistance with dressing, grooming, bathing, housekeeping laundry, meals, activities, transportation, safety checks three times daily, behavior management, and medication administration/management. On April 27, 2026, at 10:20 a.m., during the entrance conference with licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B, LALD-A stated R1 was admitted to the hospital on April 25, 2026, returned to the facility on May 23, 2026, was admitted to the hospital again on August 28, 2026, and never returned to the facility. R1's medication administration record (MAR) for April 2025, indicated R1's medications were on hold due to R1 being hospitalized from April 25, 2025 through May 23, 2025, and August 28, 2025 through February 19, 2026. R1's progress note dated April 25, 2025, at 4:18 p.m., indicated R1 was experiencing anxiety, severe depression, and a lot of agitation; therefore, staff called 911 and R1 was admitted to the hospital. LALD-A indicated R1's family, guardian, and CNS-B were notified. R1's progress note dated May 24, 2025, at 12:21 p.m., indicated R1 was in her room and was sleeping. R1's progress note dated May 24, 2025, at 8:16 p.m., indicated R1 received assistance with personal care and medication administration by	01060		

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01060	Continued From page 46 licensee's unlicensed personnel (ULP). R1's progress note dated August 27, 2025, at 2:32 p.m., indicated R1 had been experiencing some vomiting; therefore, ULP-C administered prescribed medication for vomiting to R1, and informed CNS-B and R1's physician. R1's record lacked evidence that after being relocated to the hospital on both occassions, the resident was provided with a written notice that contained, at a minimum: - the reason for relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care (OOLTC) and the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD); - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the residents may submit an appeal. R1's record lacked evidence that the above written notice was delivered as soon as practicable to: - the resident; - for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and - the Office of Ombudsman for Long-Term Care if	01060		

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01060	Continued From page 47 the resident had been relocated and had not returned to the facility within four days. On April 27, 2026, at 10:20 a.m., during the entrance conference with LALD-A and CNS-B, LALD-A stated R1's family, guardian, and CNS-B were the only people notified of R1's hospitalizations. In addition, CNS-B stated R1 was hospitalized for greater than four days and verified an emergency relocation was not completed; therefore, not sent to the Office of Ombudsman for Long-Term Care. On April 28, 2026, at 11:44 a.m., CNS-B stated via email, "I wasn't notified of when she went in to the hospital or when she returned as I should have been." The licensee's Emergency Relocation policy dated April 29, 2026, indicated licensee would in the event of an emergency relocation, [licensee] would provide a written notice that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known, and; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal. Furthermore, the notice required would be delivered as soon as practicable to: - the resident; - the resident's legal representative;	01060		

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01060	Continued From page 48 - the resident's designated representative; - if the resident was receiving home and community-based services, the resident's case manager; and - if the resident was relocated and had not returned to the licensee within four (4) days, the OOLTC. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.	01440		

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01440	Continued From page 49 This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the registered nurse (RN) completed supervision of unlicensed personnel (ULP) within 30 calendar days of beginning to perform delegated tasks for one of one unlicensed personnel (ULP-C). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C was hired on April 22, 2025, and provided direct care and services to R1. R1's medication administration record (MAR) for May, June, and July 2026, indicated ULP-C administered oral medications to R1 on May 26-27, June 2-4, 9-11, 16-18, 23-25, and 30, July 1-2, 7-9, 14-16, 21, 23, and 29. ULP-C's personnel record lacked evidence that an RN conducted direct supervision of ULP-C performing delegated tasks within 30 days of first performing those tasks. On April 30, 2026, at 3:15 p.m., licensed assisted living director (LALD)-A stated 30-day supervision for ULP-C should have been completed by CNS-B and placed in ULP-C's employee file;	01440		

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01440	Continued From page 50 however, they were unable to locate the documentation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01530 SS=E	144G.64 (a) (1-2) Training in Dementia, Mental Illness, and De- (a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 120 working hours of the employment start date. Supervisors must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; (2) direct-care staff must have completed at least eight hours of initial training on dementia topics specified under paragraph (b), clauses (1) to (5), and two hours of initial training on mental illness and de-escalation topics specified under paragraph (b), clauses (6) to (8), within 160 working hours of the employment start date. Until this initial training is complete, a staff member must not provide direct care unless there is another staff member on site who has completed the initial eight hours of training on topics related to dementia and the initial two hours of training on topics related to mental illness and de-escalation	01530		

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01530	Continued From page 51 and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new staff member until the training requirement is complete. Direct-care staff must have at least two hours of training on topics related to dementia and one hour of training on topics related to mental illness and de-escalation for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff completed the required amount of mental illness, and de-escalation training, in the required time frame for two of three employees (licensed assisted living director (LALD)-A and unlicensed personnel (ULP)-C). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: LALD-A LALD-A was hired April 23, 2025, to provide supervision, direct care and services for the licensee's residents.	01530		

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01530	Continued From page 52 LALD-A's employee record lacked documentation they had completed 2 hours of mental illness and de-escalation training within 120 hours of working, as required for supervisors. ULP-C ULP-C was hired April 22, 2025, to provide direct care and services for the licensee's residents. ULP-C's employee record had documentation of completion of 1 hour and 15 minutes of mental illness and de-escalation training dated September 8, 2025. ULP-C's record lacked completion of 2 hours of mental illness and de-escalation training within 160 hours of working, as required for direct-care staff. On May 1, 2026, at 2:03 p.m., via email, LALD-A stated ULP-C's record lacked completion of the full course module for mental illness and de-escalation training. LALD-A further stated, licensee understood that full course completion was required to meet the minimum training requirements (2 hours), and licensee had since reviewed and updated their training process to ensure all staff completed the full modules moving forward, in accordance with state requirements. The licensee's Dementia, Mental Illness, and De-escalation Training policy dated April 29, 2026, indicated all staff of [licensee] would complete training in accordance with Minnesota Statutes, section 144G.64, including dementia care, mental illness, and de-escalation. Furthermore, training would occur within the required timeframes based on staff roles and must continue annually. Moreover, no staff could provide unsupervised direct care until initial	01530		

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01530	Continued From page 53 training requirements were met. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
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 ensure a current written service plan was developed, including a signature or other authentication by the facility and by the	01640		

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01640	Continued From page 54 resident documenting agreement on the services to be provided for one of one resident (R1). 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 is 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's service plan, dated August 11, 2025, indicated R1 received services including assistance with dressing, grooming, bathing, medication administration, activities of daily living, housekeeping, behavior management, transportation assistance, safety checks, appointment reminders, and socialization. The service plan included a signature by a facility representative, but lacked a signature or other authentication by the resident, documenting agreement on the services to be provided. R1's record lacked any indication licensee had attempted to obtain a signature from R1 or R1's representative on R1's service plan. On April 30, 2026, at 3:00 p.m., during a telephone interview, clinical nurse supervisor (CNS)-B stated she could not locate a current signed service plan for R1. CNS-B further stated R1 had a designated representative; however, had not obtained a signature from R1's current representative. The licensee's Service Plan policy dated August	01640		

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	41249	A. BUILDING: _____ B. WING _____	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAL HOME HEALTH CARE INC	1300 77TH WAY BROOKLYN PARK, MN 55444

(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
01640	Continued From page 55 1, 2021, indicated an individualized service plan would be implemented for all residents, beginning with the first date assisted living services had been provided. Furthermore, the initial service plan and any revisions would be signed by a representative from [licensee] and the resident or resident's representative, indicating agreement with the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medication administration was documented accurately either on the medication administration record (MAR) or in the resident record for one of one resident	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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
01760	Continued From page 56 (R1). 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 is 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 was admitted to licensee's assisted living facility on April 23, 2025. R1's service plan dated August 11. 2025, indicated R1 received services including assistance with dressing, grooming, bathing, medication administration, activities of daily living, housekeeping, behavior management, transportation assistance, safety checks, appointment reminders, and socialization. R1's medication administration record (MAR) from May, June, July, and August of 2025, indicated unlicensed personnel (ULP)-C, ULP-D, and ULP-E, all assisted R1 with medication administration during those months. R1's MAR lacked authentication, including the initials, name and title of the ULPs who administered medications to R1. On April 30, 2026, at 3:00 p.m., during a telephone interview, licensed assisted living director (LALD)-A stated R1's MAR's lacked the name and title of the ULPs who administered medication to R1 in April, May, June, July, and August. LALD-A further stated although the ULPs	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAL HOME HEALTH CARE INC	1300 77TH WAY BROOKLYN PARK, MN 55444

(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
01760	Continued From page 57 had been trained on medication administration documentation, there was no other signature page documentation in R1's record to include the name and title of the ULPs that had administered medication to R1. The licensee's Medication Management-Administration and Setup policy dated April 29, 2026, indicated assistance with medication and medication administration would be documented on the MAR by entering the ULP's initials under the date and opposite the medication and dose given, and include the full signature and title of the person who provided the medication administration. The licensee's Clinical Records policy dated August 1, 2021, indicated all entries into the clinical record would be legible, permanently recorded in ink, dated and authenticated with the name and title of the person making the entry. The licensee's Resident Record-Documentation policy dated Arpri 29, 2026, indicated staff providing assisted living services wioud document, daily, medications, services, treatments, or therapies provided to resident. Furthermore, all documentation would include the signature and title of the person who performed the service or administered the medication, treatment or therapy, and initials could be used if there was a completed signature page included in the documentation. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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(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
01820	Continued From page 58	01820		
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview, and record review, the facility failed to ensure there was a current, written, or electronically recorded prescription for prescribed medications that the assisted living facility was managing for one of one resident (R1). 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 is 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 was admitted to licensee's assisted living facility on April 23, 2025. R1's service plan dated August 11, 2025, indicated R1 received services including assistance with medication administration. R1's medication administration record (MAR) from May, June, July, and August of 2025, indicated unlicensed personnel (ULP)-C, ULP-D, and ULP-E, all assisted R1 with medication administration during those months.	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01820	Continued From page 59 R1's MAR for August 2025, indicated R1 was taking or had available as needed, the following medications, prior to being admitted to the hospital on August 28, 2025: -amlodipine 10 milligrams (mg) (for high blood pressure), -atorvastatin 20 mg (for high cholesterol), -calcium/vitamin D3 600-10 mg (for bone health), -megestrol acetate 40 mg (for depression), -mirtazapine 15 mg (for depression), -olanzapine 5 mg (for major depression), -rivastigmine tartrate 9.5 mg/24 hours (for major depression), -Thera M Plus (supplement), -thiamine 100 mg (indicated for vitamin deficiency), -acetaminophen 500 mg as needed (PRN) (for pain), -calcium carbonate 500mg PRN (for heartburn), -melatonin 5 mg PRN (for sleep), -ondansetron 4 mg PRN (indicated for nausea and vomiting), -polyethylene glycol 17 gram/dose PRN (indicated for constipation), and -senna concentrate/docusate sodium 8.6-50 mg PRN (indicated for constipation). R1's record lacked a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all of the medications noted above. On April 27, 2026, at 1:53 p.m., via email, the surveyor requested licensed assisted living director (LALD)-A provide a signed copy of R1's current medication orders. On April 28, 2026, at 8:36 a.m., via email, the surveyor requested LALD-A and clinical nurse	01820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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01820	Continued From page 60 supervisor (CNS)-B provide a signed copy of R1's current medication orders. On April 28, 2026, at 11:44 a.m., CNS-B stated via email, they were waiting for R1's medication orders from R1's pharmacy and would send them to surveyor when they received them. On April 28, 2026, at 2:10 p.m., via email, the surveyor again requested a signed copy of R1's current medication orders. On April 29, 2026, at 2:00 p.m., LALD-A stated via email, "I apologize for the delay. I lost my phone yesterday, so I did not have any email and phone access. I will get it whatever I can get today. [CNS-B] responded some, but I will work with her to send the rest." On April 29, 2026, at 3:08 p.m., the surveyor sent a final request for R1's current signed medication orders. The licensee did not provide the requested documents. The licensee's Prescriber's Orders policy dated August 1, 2021, indicated written orders from an authorized prescriber would be obtained for all medications and treatments with which the assisted living facility assists residents, including over the counter medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01910	Continued From page 61 the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to dispose of medications and document medication disposition in the resident's record, for one of one discharged resident (R1). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41249	A. BUILDING: _____ B. WING _____	05/04/2026

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01910	Continued From page 62 The licensee's discharged resident roster dated April 27, 2026, indicated R1 was admitted April 23, 2025, and discharged to "nursing home" on August 28, 2025. R1's service plan, dated August 11, 2025, indicated R1 received services including assistance with dressing, grooming, bathing, medication administration, activities of daily living, housekeeping, behavior management, transportation assistance, safety checks, appointment reminders, and socialization. R1's medication administration record (MAR) for August 2025, indicated R1 was taking or had available as needed, the following medications, prior to being admitted to the hospital on August 28, 2025: -amlodipine 10 milligrams (mg) (for high blood pressure), -atorvastatin 20 mg (for high cholesterol), -calcium/vitamin D3 600-10 mg (for bone health), -megestrol acetate 40 mg (for depression), -mirtazapine 15 mg (for depression), -olanzapine 5 mg (for major depression), -rivastigmine tartrate 9.5 mg/24 hours (for major depression), -Thera M Plus (supplement), -thiamine 100 mg (indicated for vitamin deficiency), -acetaminophen 500 mg as needed (PRN) (for pain), -calcium carbonate 500mg PRN (for heartburn), -melatonin 5 mg PRN (for sleep), -ondansetron 4 mg PRN (indicated for nausea and vomiting), -polyethylene glycol 17 gram/dose PRN (indicated for constipation), and -senna concentrate/docusate sodium 8.6-50 mg	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01910	Continued From page 63 PRN (indicated for constipation). On April 30, 2026, at 5:55 p.m., licensed assisted living director (LALD)-A stated via email that they decided they would not be able to provide the required level of care for R1, and R1 was discharged on January 13, 2026 (rather than August 28, 2025, as indicated on the discharge roster). R1's record included a Discharge Care Plan completed February 19, 2026. The discharge summary indicated R1 had been taking the following medications: amlodipine 10 milligrams (mg) (indicated for high blood pressure), atorvastatin 20 mg (indicated for high cholesterol), calcium/vitamin D3 600-10 mg (indicated for bone health), megestrol acetate 40 mg (indicated for depression), mirtazapine 15 mg (indicated for depression), olanzapine 5 mg (indicated for major depression), rivastigmine tartrate 9.5 mg/24 hours (indicated for major depression), Thera M Plus (indicated for type 2 diabetes), thiamine 100 mg (indicated for vitamin deficiency), acetaminophen 500 mg (indicated for pain), calcium carbonate 500mg (indicated for heartburn), melatonin 5 mg (indicated for sleep), ondansetron 4 mg (indicated for nausea and vomiting), polyethylene glycol 17 gram/dose (indicated for constipation), and senna concentrate/docusate sodium 8.6-50 mg (indicated for constipation). R1's record lacked evidence of documentation of R1's disposition of medications to include the following: -medication's name, -strength, -prescription number as applicable, -quantity,	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01910	Continued From page 64 -to whom the medications were given, -date of disposition, and -names of staff and other individuals involved in the disposition. On April 27, 2026, at approximately 2:00 p.m., the surveyor accompanied LALD-A to an area of the facility, on the main level, where R1's medications had been stored. LALD-A unlocked both of the metal file cabinets and opened each file drawer. The surveyor did not observe R1's medications in any of the file cabinet drawers. On April 28, 2026, at 2:10 p.m., clinical nurse supervisor (CNS)-B stated via email that R1's medications were stored in R1's bedroom closet. On April 30, 2026, at 3:00 p.m., during a telephone interview with CNS-B, CNS-B stated R1's medications were still at the facility, on the top shelf of the closet in R1's room. CNS-B further stated she had not completed medication disposition for R1, because she thought there was a chance R1 would return to the facility; however, R1 never returned after the hospital admission on August 28, 2025. The licensee's Medication Disposal policy dated April 29, 2026, indicated staff of [licensee] would dispose of any medication, as needed, in a proper way including following the guidelines of the Minnesota Board of Pharmacy. Furthermore, upon disposition, the facility would document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01910	Continued From page 65 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Amal Home Health Care Inc
1300 77TH WAY
Brook Park, MN 55444
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41249

Risk:
License:
Expires on:
CFPM: LESLIE ANN HUNA
CFPM #: FM14759; Exp: 12/23/2027

Inspection Info

Report Number: F8087261093
Inspection Type: Full - Single
Date: 4/28/2026 Time: 3:00:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

! **New Order: 3-500D Microbial Control: disposition of food**
3-501.18A *Priority Level: Priority 1 CFP#: 23*
MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.
COMMENT: ALL FOOD IN FRIDGE AND FREEZER IS EXPIRED. MANAGER STATED THAT NO RESIDENTS HAVE LIVED IN THE HOUSE SINCE AUGUST OF 2025. MOST OF THE FOOD EXPIRED AROUND THAT TIME.
Comply By: 4/28/2026 Originally Issued On: 4/28/2026

Food & Beverage General Comment

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION CONDUCTED IN THE PRESENCE OF HRD NURSE EVALUATOR.

THE FOLLOWING OBSERVATIONS WERE MADE:

CEILING: PAINTED, ROUGH, APPEARS TO BE DURABLE - NON COMPLIANT
FLOORS: LAMINATE PLANK - NON COMPLIANT
COUNTERTOPS: LAMINATE - NON COMPLIANT
CABINETS: WOOD - NON COMPLIANT
REFRIGERATOR/FREEZER: FRIGIDARE
DISHWASHER: FRIGIDARE
STOVE/RANGE: FRIGIDARE
MICROWAVE: FRIGIDARE
HAND WASHING SINK: YES - RIGHT SIDE OF 2-BIN STAINLESS STEEL KITCHEN SINK

NON COMPLIANT COUNTERTOP, FLOOR, CEILING, AND CABINETS ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE OPTION. TEMPERATURE STICKERS USED TO ENSURE UTENSIL SURFACE TEMPERATURES REACH 165 BUT THE TEMPERATURE IS NOT GETTING HOT ENOUGH.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 120 DEGREES.

INSPECTION REPORT EMAILED TO FACILITY AND HRD NURSE SURVEYOR.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F8087261093 from 4/28/2026

John Boettcher

LESLIE ANN HUNA
FOOD MANAGER

John Boettcher,
Public Health Sanitarian 3
651-201-5076
john.boettcher@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

Amal Home Health Care Inc
Brook Park
County/Group: Hennepin County

Inspection Info

Report Number: F8087261093
Inspection Type: Full
Date: 4/28/2026
Time: 3:00:00 PM

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Freezer at 4 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: **Product/Item/Unit:** AMBIENT AIR**; Temperature Process:** Ambient Air
Location: Upright Cooler at 38 Degrees F.
Comment:
Violation Issued?: No

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL41249015-0	**Date:** 4/28/2026
Facility Name: AMAL HOME HEALTH CARE INC	
Facility Address: 1300 77TH WAY BROOKLYN PARK, MN 55444	

☒ **TAG IDENTIFICATION: 0780**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Smoke Alarm power supply complies with MN State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated. [Minn. Stat. 144G.45 subd.2]

   Comments: The original hardwired smoke alarms were removed and replaced with wireless units throughout the facility. Existing hardwired smoke alarms are required to be maintained as installed previously and interconnected to additional battery-operated alarms.

☒ **TAG IDENTIFICATION: 0790**

SCOPE/ SEVERITY: Level 1; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Portable fire extinguishers installed and maintained to MN State Fire Code. [Minn. Stat. 144G.45 subd.2]

   Comments: The fire extinguishers were last serviced in 2024.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Twenty One (21) days

1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include the location and number of resident rooms. [Minn. Stat. 144G.45 subd.2]

   Comments: The posted evacuation floor plans did not indicate the room identification used throughout the facility.

2. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include employee actions to be taken in the event of a fire or similar emergency. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The provided FSEP was from a third-party provider and had not been updated to the specific facility.

3. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include fire protection procedures necessary for residents. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. The licensee stated a resident policy was not in place at the time of the survey.

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