Electronically Delivered

July 27, 2026

Licensee
Motivate Home Services
9235 Zane Avenue North Unit 1
Brooklyn Park, MN 55443

RE: Project Number(s) SL36441016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 14, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state licensing 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

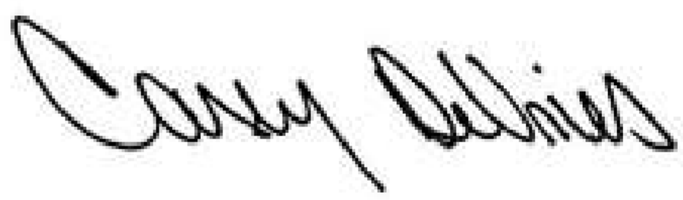
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36441	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	9235 ZANE AVENUE NORTH UNIT 1 BROOKLYN PARK, MN 55443

(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 ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL36441016-0 On July 13, 2026, through July 14, 2026, the Minnesota Department of Health conducted a full survey at the above provider and the following correction orders are issued. At the time of the survey, there were two residents both of whom received services under the 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.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 1 (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 maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. 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 was issued at a widespread scope (when	0 680		

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0 680	Continued From page 2 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: The licensee's EPP binder titled Emergency Plan Zane Ave reviewed in 2026 lacked evidence of the following required content: - subsistence needs for staff and residents to include a customized plan for the licensee; and - sewage and waste disposal. On July 14, 2026, at 12:01 p.m., licensed assisted living director/registered nurse (LALD/RN)-D stated the licensee had a tote that was filled with subsistence needs that they would grab and go during an emergency. The surveyor asked to see the documentation of this located within the EPP. LALD/RN-D was unable to find it and stated they would find the documentation and send it to the surveyor. The surveyor asked to see documentation related to sewage and waste. LALD/RN-D was unable to locate the document and called clinical nurse supervisor (CNS)-C via phone. CNS-C said they were currently at a medical appointment and would send the surveyor documentation when they were able. CNS-C stated the licensee would call a maintenance worker or a contractor and create a plan to follow until things were fixed. LALD/RN-D stated they would evacuate residents. CNS-C stated the licensee had not experienced an issue with the sewage or waste disposal going out for a extended period of time. On July 14, 2026, at 2:12 p.m., via email, LALD/RN-D wrote, "With the sewer, we usually call maintenance in as soon as possible or use commode and move them to homes close by if	0 680		

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0 680	Continued From page 3 severe." The surveyor did not receive documentation of the above information in the emergency preparedness plan. On July 14, 2026, at 2:36 p.m., via email, LALD/RN-A wrote, "this is what I found related to supplies, thank you". The document attached to the email was a check list and indicated whoever completed the checklist would ensure the following resources were obtained and tracked: - staff; - resident care supplies; - communication hardware; and - food and water. The document did not include the licensee's plan of staff obtaining a tote that contained a three-day supply of food and water. The licensee's undated Emergency Management Policy indicated the licensee would have an identified plan in place to ensure the safety and well-being of residents and employees during periods of emergency or disaster that disrupts the licensee's services. Minnesota Administrative Rule 4659.0100 Emergency Disaster and Preparedness Plan dated August 11, 2021, indicated assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. The code references documents, specifications, methods, and standards in the State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 680		

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0 680	Continued From page 4 (21) days	0 680		

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

MOTIVATE HOME SERVICES
9235 Zane Ave N, unit 1
Brooklyn Park, MN 55443
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36441

Risk:
License:
Expires on:
CFPM: Rachel F. Lorenzen
CFPM #: 4432; Exp: 02/02/2028

Inspection Info

Report Number: F1021261194
Inspection Type: Full - Single
Date: 7/14/2026 Time: 11:20:21 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

All findings on this report were discussed with PC, Aletha Cheaye and Health Regulation Division Nurse Evaluator, Ashley Crews.

This facility is a residential home. They currently have 2 clients and the facility can accommodate up to 4 clients.

Food is for same day service. Leftovers are discarded at the end of service.

The kitchen currently has a one basin sink, and that sink must be designated for handwashing only. Staff may use a clean container for washing produce or other food preparation activities.

Temperature indicator was onsite, and a log is kept showing that the dishwasher provides a utensil surface temperature of 160F or above.

The kitchen has residential equipment, vinyl floor, laminate countertops, textured ceiling and painted drywall. Physical facility items will be monitored during future inspections.

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 F1021261194 from 7/14/2026

Melissa Ramos

Aletha Cheaye
PC

Melissa Ramos,
Public Health Sanitarian 3

651-201-4495
melissa.ramos@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

MOTIVATE HOME SERVICES
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1021261194
Inspection Type: Full
Date: 7/14/2026
Time: 11:20:21 AM

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: Kitchen Refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Kitchen Refrigerator **; Temperature Process:** Ambient Air
Location: Kitchen at 37 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Crab Salad **; Temperature Process:** Cold-Holding
Location: Storage Room Refrigerator at 39 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sliced Ham **; Temperature Process:** Cold-Holding
Location: Storage Room Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Storage Room Refrigerator**; Temperature Process:** Ambient Air
Location: Storage Room at 33 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Milk **; Temperature Process:** Cold-Holding
Location: Milk Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Equipment Temperature: Product/Item/Unit: Milk Refrigerator **; Temperature Process:** Ambient Air
Location: Storage Room at 35 Degrees F.
Comment:
Violation Issued?: No

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

Sanitizer Observations/Recordings

Establishment Info

MOTIVATE HOME SERVICES
Brooklyn Park
County/Group: Hennepin County

Inspection Info

Report Number: F1021261194
Inspection Type: Full
Date: 7/14/2026
Time: 11:20:21 AM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Residential Dish Machine
Location: Kitchen **Equal To** 180 Degrees F.
Comment: Establishment maintains a log with the thermometer stickers. The most recent recorded entry is dated 7/5/26.
Violation Issued?: No