Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 4, 2025

Licensee
Franalish Care LLC
6224 Lee Ave North
Brooklyn Center, MN 55429

RE: Project Number(s) SL41693015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on October 15, 2025, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health 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. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. 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
Per 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 residents/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 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 the Department of Health 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. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41693	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANALISH CARE LLC	6224 LEE AVE N BROOKLYN CENTER, MN 55429

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER 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: SL41693015-0 On October 13, 2025, through October 15, 2025, 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 two (2) residents, both of whom were 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 License Providers. 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 surveyors' 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 observation, interview, and record review, the licensee failed to post an emergency disaster plan prominently within the facility. 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	0 680		

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0 680	Continued From page 2 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 potential to affect a large portion or all of the residents). The findings include: On October 13, 2025, at 10:35 a.m., during the entrance conference, clinical nurse supervisor (CNS)-B stated the facility had three (3) resident bedrooms on the main floor, and two (2) resident bedrooms in the basement. Furthermore, CNS-B stated the licensee had a current resident census of two (2), and both residents currently resided on the main floor. On October 13, 2025, at 11:10 a.m., during a self-guided facility tour, surveyor noted licensee lacked an emergency disaster plan posted prominently within the facility. On October 13, 2025, at 11:20 a.m., CNS-B stated registered nurse (RN)-C had taken the emergency plan and emergency binder so she could work on some emergency disaster plan updates and had not yet returned them to the facility. The licensee's Emergency Preparedness Plan-Appendix Z Compliance policy dated April 20, 2025, indicated the licensee had in place an effective and compliant Emergency Preparedness Plan, and the plan would be aligned with the Centers for Medicare and Medicaid Services State Operation Manual Appendix Z: "State Operations Manual Appendix Z - Emergency Preparedness for All Provides and Certified Supplier Types: Interpretive	0 680		

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0 680	Continued From page 3 Guidance." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store all medications in a securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access for two of two residents (R1, R2). 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 potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to licensee on May 5, 2025, and	01880		

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01880	Continued From page 4 received care and services under licensee's assisted living licensure. R1's diagnoses included diabetes mellitus, congestive heart failure, anxiety, aortic stenosis, chronic kidney disease, chronic pain, cirrhosis, depression, neuropathy, and peripheral artery disease. R1's Service Plan (Wavier)-Addendum to Contract dated May 18, 2025, indicated R1 received services including assistance with medication administration, blood glucose monitoring, safety checks, and behavior management. R1's individualized medication management plan effective August 11, 2025, indicated all medications would be kept in the medication cabinet which was lockable. Furthermore, staff would ensure that the cabinet was locked at all times, except when actively using for medication administration. Moreover, the key would be with staff on shift, who would have it in their possession at all times. R2 R2 admitted to the licensee on September 22, 2025, and was receiving assisted living services. R2's diagnoses included atrial fibrillation, chronic back pain, bilateral retina repair, and benign prostate hypertrophy. R2's Service Plan (Wavier)-Addendum to Contract effective October 6, 2025, indicated R2 received services including assistance with medication administration, and behavior management.	01880		

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01880	Continued From page 5 R2's individualized medication management plan dated October 6, 2025, indicated all medications would be kept in the medication cabinet which was lockable. Furthermore, that staff would ensure the cabinet was locked at all times, except when actively using for medication administration. Moreover, the key would be with staff on shift, who would have it in their possession at all times. On October 13, 2025, at 1:30 p.m., during medication storage observation, the surveyor observed the following medications stored in licensee's unlocked community refrigerator, in licensee's kitchen, where resident's food was also stored: - R1: one unopened Lantus (long-acting insulin, for diabetes) SOLOSTAR insulin pen. - R2: one unopened box of Prednisolone (for glaucoma) 1% eye drops and three unopened boxes of Latanoprost (for glaucoma) 0.005% eye drop solution. On October 13, 2025, at 1:35 p.m., clinical nurse supervisor (CNS)-B stated the licensee had a small refrigerator, but it did not have a lock on it, so she had ordered another refrigerator with a lock, and a temperature control gauge; however, it had not arrived at the facility yet. CNS-B further stated she was unaware that the licensee could not store medications temporarily, in the refrigerator with food. The licensee's Medication Storage policy dated April 20, 2025, indicated when medications had been managed and stored by licensee, medications would be kept securely locked and stored per manufacturer's directions.	01880		

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01880	Continued From page 6 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure time sensitive medication was labeled with a date when opened for one of one resident (R1) with insulin administration. 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). R1's service plan dated May 18, 2025, indicated R1 received services including medication administration, blood glucose documenting, assistance with activities of daily living, housekeeping, laundry, toileting, incontinent	01890		

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01890	Continued From page 7 care, meals, shopping, activities, safety checks, and behavior management. R1's individual medication management plan dated August 11, 2025, indicated the registered nurse (RN) reviewed the resident's medications, including the reasons for taking medications, the dosage, and frequency. On October 13, 2025, at 1:15 p.m., CNS-B was observed to administer 8 units of Humalog insulin (short-acting insulin, used to control blood sugar) via an insulin injection pen to R1 in her left upper arm. R1's Humalog injection pen lacked a date when the pen was opened and when the pen would expire. On October 13, 2025, at 1:40 p.m., clinical nurse supervisor (CNS)-B stated R1's insulin pen had not been dated. CNS-B further stated " I know there is supposed to be an opened date on there. We usually have the date on there. I get what you're saying. We don't know how many days the insulin has been in use." The manufacturer's instructions for Humalog KwikPen (insulin injection pen) dated July 2023, directed to discard the pen 28 days after opening, even if it still had insulin left in it. The licensee's Medication Storage policy dated April 20, 2025, indicated when medications had been managed and stored by licensee, medications would be kept securely locked and stored per manufacturer's directions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01890		

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01890	Continued From page 8 days	01890		

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

FRANALISH CARE LLC
6224 LEE AVE N
Brooklyn Center, MN 55429
Hennepin County
Parcel:

Phone:

License Info

License: HFID 41693

Risk:
License:
Expires on:
CFPM:
CFPM #: ; Exp:

Inspection Info

Report Number: F8041251142
Inspection Type: Full - Joint
Date: 10/14/2025 Time: 12:30 PM
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

Inspection was completed with Jane Kungu and Laura Yang (MDH). Rhonda Makela was the lead Health Regulation Division Nurse Evaluator. Facility had 2 residents at time of inspection.

This establishment has a residential kitchen and food is prepared for same day service only. The kitchen has wood cabinets with a hollow base and solid surface countertop and vinyl flooring. All found to be in good condition.

A two basin sink is located in the kitchen with one basin designed for handwashing. Samsung (NSF residential) dish machine has a sanitizing cycle option. Dish machine achieved a utensil surface temperature of at least 160F for sanitizing.

Discussed the following:
- Employee illness policy and logging requirements
- Reporting foodborne illness complaints to the health dept.
- Handwashing
- Date marking
-Glove-use and bare hand contact
- Proper food storage
-Vomit clean-up procedures
- Restrictions concerning serving a highly susceptible population

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 F8041251142 from 10/14/2025

Jane Kungu

Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@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

FRANALISH CARE LLC
Brooklyn Center
County/Group: Hennepin County

Inspection Info

Report Number: F8041251142
Inspection Type: Full
Date: 10/14/2025
Time: 12:30 PM

Food Temperature: Product/Item/Unit: sour cream**; Temperature Process:** Cold-Holding
Location: GE refrigerator/kitchen at 35 Degrees F.
Comment:
Violation Issued?: No