



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 25, 2026

Licensee

Harmony Hands Home Health Care LLC

2441 Williams Drive

Burnsville, MN 55337

RE: Project Number(s) SL40524015

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 March 4, 2026, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted no violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The enclosed State Form documents no violations. The Department of Health documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Providers Plan of Correction." A plan of correction is not required.

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.

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.

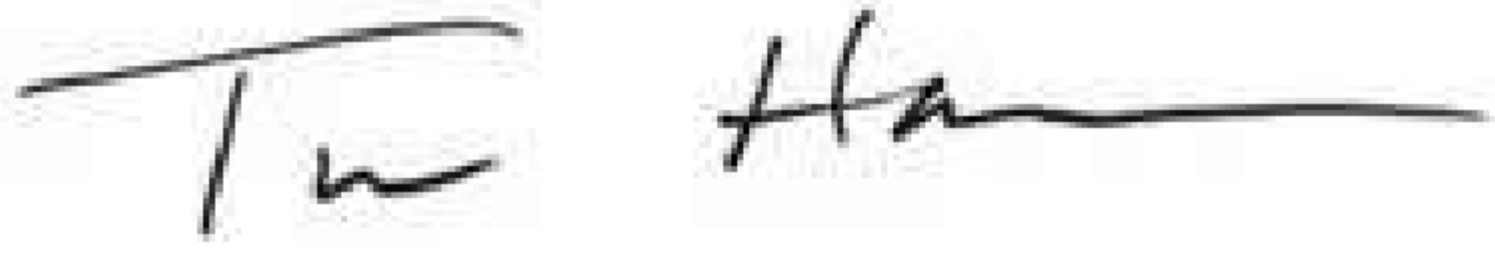
Harmony Hands Home Health Care LLC

March 25, 2026

Page 2

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Hanna". The signature is written in a cursive, flowing style.

Tim Hanna, Supervisor

State Engineering Services Section

Email: Tim.Hanna@state.mn.us

Telephone: 507-208-8982 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/04/2026
NAME OF PROVIDER OR SUPPLIER HARMONY HANDS HOME HEALTH CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 WILLIAMS DRIVE BURNSVILLE, MN 55337		
(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 FOLLOW UP SURVEY INITIAL COMMENTS SL40524015-2 On 3-2-26, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on 8-12-25. As a result of the follow-up survey, the licensee is in substantial compliance.	{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.		
{0 480} SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	{0 480}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 480}	Continued From page 1 (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 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	{0 480}			

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{0 480}	Continued From page 2 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 provided with a self-closing door. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{0 480}			
{0 730} SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or	{0 730}			

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{0 730}	Continued From page 3 conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{0 730}			
{01330} SS=E	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in	{01330}			

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{01330}	Continued From page 4 section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01330}			
{01530} SS=D	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	{01530}			

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{01530}	Continued From page 5 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 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: Not reviewed during this survey.	{01530}			
{01750} SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for	{01750}			

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{01750}	Continued From page 6 each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01750}			
{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: Not reviewed during this survey.	{01760}			
{01790} SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to	{01790}			

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{01790}	Continued From page 7 exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that	{01790}			

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{01790}	Continued From page 8 medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01790}			
{01810} SS=D	144G.71 Subd. 12 Medications; over-the-counter drugs; dietary An assisted living facility providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. The facility must verify that the medications are up to date and stored as appropriate. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01810}			
{01960} SS=F	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident	{01960}			

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{01960}	Continued From page 9 record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01960}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 29, 2025

Licensee

Harmony Hands Home Health Care LLC

2441 Williams Drive

Burnsville, MN 55337

RE: Project Number(s) SL40524015

Dear Licensee:

On December 2, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on August 13, 2025. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the August 13, 2025 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on August 13, 2025, found not corrected at the time of the December 2, 2025, follow-up survey and/or subject to penalty assessment are as follows:

0780-Fire Protection And Physical Environment-144g.45 Subd. 2 (a) (1) - \$1,000.00

The details of the violations noted at the time of this follow-up survey completed on December 2, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

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{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER FOLLOW UP SURVEY WITH RE-ISSUE OF ORDERS INITIAL COMMENTS SL40524015-1 On December 1, 2025, through December 2, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on August 13, 2025. At the time of the survey, there were zero residents; zero receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were issued and/or reissued: 0780, 0800, 1330, 1530, 1750, 1760, 1790, 1960.	{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.		
{0 480} SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	{0 480}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/02/2025
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{0 480}	Continued From page 1 (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 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	{0 480}			

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{0 480}	Continued From page 2 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 provided with a self-closing door. This MN Requirement is not met as evidenced by:	{0 480}	Not reviewed during this survey.		
{0 730} SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or	{0 730}			

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{0 730}	Continued From page 3 conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by:	{0 730}			
{0 780} SS=I	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	{0 780}	Not reviewed during this survey.		

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{0 780}	Continued From page 4 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 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 and interview, the licensee failed to provide smoke alarms that functioned and are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. The deficient condition has the ability to affect all staff and residents. This practice resulted in a level three violation (a violation that harmed a client's/resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) and was issued at a widespread scope (when problems are pervasive or represent a systemic	{0 780}			

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{0 780}	Continued From page 5 failure that has affected or has potential to affect a large portion or all of the clients/residents). The findings include: On facility tour with assistant manager (AM)-D on December 2, 2025, between 8:00 a.m. and 8:30 a.m. the following deficient condition was observed: SMOKE ALARMS: The AM-D checked the interconnection of the smoke alarms and all the smoke alarms in the facility operated when tested but they were all battery operated installed over locations where 120-volt smoke alarms were during the previous survey. Also, the smoke alarm in resident room 4 (previously resident room #2) was not hard wired. All smoke alarms in the facility shall be 120-volt and interconnected. The smoke alarm in resident room 4 (previously resident room #2) shall be hard wired and interconnected to the other smoke alarms in the facility. The deficient condition was visually verified by AM-D accompanying on the tour.	{0 780}			
{0 800} SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.	{0 800}			

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{0 800}	Continued From page 6 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a client's/resident's health or safety but had the potential to have harmed a client's/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 clients/residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On facility tour with assistant manager (AM)-D on December 2, 2025, between 8:00 a.m. and 8:30 a.m. the following deficient condition was observed: WATER DAMAGE: The surveyor observed water stains and bulging on the right side of the window in resident room 4 (previously resident room #2). There are presently no residents staying in this room. The deficient condition was visually verified by AM-D accompanying on the tour.	{0 800}			

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01330 SS=E	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure competency training and evaluations were completed for three of three employees (unlicensed personnel (ULP)-C, ULP-E, and ULP-F) prior to providing direct cares. 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	01330			

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01330	Continued From page 8 found to be pervasive). The findings include: ULP-C ULP-C had a hire date of March 19, 2025, to provide direct care services to the licensee's residents. ULP-C's training record lacked the following required training and competency topic prior to providing services: - care of teeth, gums, and oral prosthetic devices; - dressing and assisting with toileting; - standby assistance techniques and how to perform them. - safe transfer techniques; and - range of motioning ULP-E ULP-E had a hire date of May 30, 2025, to provide direct care services to the licensee's residents. ULP-E's training record lacked the following required training and competency topic prior to providing services: - care of teeth, gums, and oral prosthetic devices; - dressing and assisting with toileting; - standby assistance techniques and how to perform them. - safe transfer techniques; and - range of motioning ULP-F ULP-F had a hire date of June 12, 2025, to provide direct care services to the licensee's residents.	01330			

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01330	Continued From page 9 ULP-F's training record lacked the following required training and competency topic prior to providing services: - care of teeth, gums, and oral prosthetic devices; - dressing and assisting with toileting; - standby assistance techniques and how to perform them. - safe transfer techniques; and - range of motioning On December 2, 2025, at 12:20 p.m., assistant manager (AM)-D stated the clinical nurse supervisor (CNS)-A had completed the training and competency with the above named staff but was unable to find documentation of this. The licensee's 5.02 Competency Training Evaluations policy dated April 1, 2024, identified training and competency evaluations for ULP's would include the above missing topics. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330			
{01530} SS=D	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.	{01530}			

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{01530}	Continued From page 10 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 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 one of three employees (unlicensed personnel (ULP)-F) received the required amount of dementia training in the required time frame. This practice resulted in a level two violation (a	{01530}			

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{01530}	Continued From page 11 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: The licensee provided services under a Provisional Assisted Living license. ULP-F was hired on June 12, 2025, to provide direct care services to residents at the assisted living. ULP-F's employee record contained evidence the employee received 7.0 hours of dementia care training, not the required eight hours of training within 160 working hours of the employment start date. On December 2, 2025, at 12:23 p.m., assistant manager (AM)-D reviewed ULP-F's training transcript and records and stated ULP-F had completed 7.0 hours of dementia care training and not the required eight hours. The licensee's 5.03 Dementia Training policy dated April 1, 2024, indicated direct care employees will complete eight (8) hours of initial training within 160 hours of the employment start date. No further information was provided.	{01530}			

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01750	Continued From page 12	01750			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse documented resident-specific instructions for one of two residents (R1) whose medication administration was delegated to unlicensed personnel (ULP). 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: R1 was admitted to the assisted living facility on April 1, 2025, with diagnoses that included diabetes, hypertension (high blood pressure),	01750			

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01750	Continued From page 13 cerebrovascular disease (disorder that affects blood flow to the brain), and macular degeneration (eye disease that affects central vision). R1's Addendum to Contract - Waiver - MN (identified as the service plan) dated effective October 31, 2025, indicated R1 received services to include medication administration. R1's medication administration record (MAR) dated November 1, 2025, through November 15, 2025, included: -melatonin 10 milligrams (mg); 1-2 tablets by mouth every night at bedtime, order dated October 16, 2025. The licensee failed to have resident-specific instructions regarding when to give one tablet versus two tablets of melatonin. On December 2, 2025, at 12:44 p.m., assistant manager (AM)-D stated there were no written instructions regarding R1's medication as listed above. The licensee's 7.15 Medication and Treatment-Administration and Delegation policy dated April 1, 2024, indicated a registered nurse (RN) must specify, in writing, specific instructions for each resident and document those instructions in the residents' record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/02/2025
NAME OF PROVIDER OR SUPPLIER HARMONY HANDS HOME HEALTH CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 WILLIAMS DRIVE BURNSVILLE, MN 55337		
(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 14	{01760}			
{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 was administered as prescribed for the two residents (R1, R2) previously receiving services. 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's diagnoses included diabetes, hypertension (high blood pressure), cerebrovascular disease	{01760}			

Minnesota Department of Health

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{01760}	Continued From page 15 (disorder that affects blood flow to the brain), and macular degeneration (eye disease that affects central vision). R1's Addendum to Contract - Waiver - MN (identified as the service plan) dated effective October 31, 2025, indicated R1 received services to include medication administration. R1's prescriber orders dated February 26, 2025, included the following medications: Advair (steroid that reduces inflammation in the airways) 115-21 micrograms/actuation (mcg/act) inhale 2 puffs by mouth twice daily; atenolol-chlorthalidone (for blood pressure) 100-25 milligrams (mg) by mouth daily; citalopram (for depression) 20 mg by mouth twice daily; clopidogrel (prevents blood clots) 75 mg by mouth daily; Jardiance (for diabetes) 10 mg by mouth daily; lisinopril (for blood pressure) 10 mg by mouth daily; atorvastatin (for cholesterol) 80 mg by mouth daily; metformin (for diabetes) 500 mg by mouth daily with the evening meal; Preservision one capsule by mouth two times a day; R1's prescriber orders dated October 16, 2025, included: melatonin (for sleep) 10 mg 1-2 tabs by mouth every bedtime; R1's prescriber orders dated October 20, 2025 included: Banophen (for allergies) 25 mg by mouth four times a day; R1's medication administration summary dated November 7, 2025, through November 15, 2025,	{01760}			

Minnesota Department of Health

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{01760}	Continued From page 16 identified R1's record lacked documentation of administered medications for the following dates: Advair - November 8, 2025, AM dose - November 8, 2025, PM dose - November 14, 2025, PM dose atenolol-chlorthalidone - November 8, 2025, AM dose Banophen - November 8, 2025, AM dose - November 8, 2025, Midday dose - November 8, 2025, PM dose - November 8, 2025, Overnight dose - November 9, 2025, Overnight dose - November 10, 2025, Overnight dose - November 11, 2025, Midday dose - November 11, 2025, Overnight dose - November 12, 2025, Midday dose - November 12, 2025, Overnight dose - November 13, 2025, Overnight dose - November 14, 2025, Midday dose - November 14, 2025, PM dose - November 14, 2025, Overnight dose citalopram - November 8, 2025, AM dose - November 8, 2025, PM dose - November 14, 2025, PM dose clopidogrel - November 8, 2025, AM dose Jardiance - November 8, 2025, AM dose lisinopril - November 8, 2025, AM dose Preservision - November 8, 2025 AM dose atorvastatin - November 8, 2025, PM dose - November 14, 2025, PM dose metformin - November 8, 2025, PM dose	{01760}			

Minnesota Department of Health

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{01760}	Continued From page 17 - November 14, 2025, PM dose melatonin - November 8, 2025, PM dose - November 14, 2025, PM dose R2 R2's diagnoses included diabetes. R2's service plan dated effective October 31, 2025, indicated R2 received services to include medication administration. R2's prescriber orders dated September 17, 2025, included the following medications: glipizide (for diabetes) 10 mg by mouth daily with breakfast; amlodipine (for blood pressure) 10 mg by mouth daily; aspirin (heart health) 81 mg by mouth daily; citalopram (antidepressant) 40 mg by mouth daily; finasteride (for prostate) 5 mg by mouth daily; lisinopril hydrochlorothizide (for blood pressure) 20-12.5 mg 2 tablets by mouth daily; tamsulosin (for prostate) 0.4 mg 2 tablets by mouth daily; metformin (for diabetes) 500 mg 2 tablets by mouth twice daily; metoprolol (for blood pressure) 100 mg by mouth daily; R2's medication administration summary dated November 7, 2025, through November 15, 2025, identified R2's record lacked documentation of administered medications for the following dates: amlodipine - November 8, 2025, AM dose aspirin - November 8, 2025, AM dose citalopram	{01760}			

Minnesota Department of Health

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{01760}	Continued From page 18 - November 8, 2025, AM dose finasteride - November 8, 2025, AM dose glipizide - November 8, 2025, AM dose lisinopril - November 8, 2025, AM dose metformin - November 8, 2025, AM dose - November 8, 2025, PM dose - November 14, 2025, PM dose metoprolol - November 8, 2025, AM dose tamsulosin - November 8, 2025, AM dose On December 2, 2025, at 12:44 p.m., assistant manager (AM)-D stated R1 and R2's record lacked documentation of medication administration for the above listed dates. AM-D stated there was no proof the medications were administered, nor was there alternative documentation of why it wouldn't have been given. The licensee's 7.22 Medication & Treatment Record Documentation & Refusal policy dated April 1, 2024, indicated the signature and title of the authorized person who provided the assistance and/or administration of medications/treatment/therapy would be documented in the residents' records after providing medication assistance or administration. The policy also included any refusal of medication would be documented on the [medication administration record] MAR. No further information was provided.	{01760}			

Minnesota Department of Health

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{01790}	Continued From page 19	{01790}			
{01790} SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in	{01790}			

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{01790}	Continued From page 20 the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) trained and ensured competency for one of three employees (unlicensed personnel (ULP)-F) providing medications for residents with unplanned time away from home when the licensed nurse was not available. 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	{01790}			

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{01790}	Continued From page 21 situation has occurred only occasionally). The findings included: ULP-F was hired on June 12, 2025, to provide direct care services to residents at the assisted living. ULP-F's employee record lacked documentation of competencies for providing medications to residents with medication management who have unplanned time away from home. On December 2, 2025, at 12:46 p.m., assistant manager (AM)-D stated the clinical nurse supervisor (CNS)-A had completed the training and competency with the above named staff but was unable to find documentation of this. The licensee's 7.10 Medication Management - Planned & Unplanned Time Away policy dated April 1, 2024, noted the registered nurse (RN) may delegate this task to unlicensed personnel if the RN has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents. No further information was provided.	{01790}			
{01810} SS=D	144G.71 Subd. 12 Medications; over-the-counter drugs; dietary An assisted living facility providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. The facility must verify that the	{01810}			

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{01810}	Continued From page 22 medications are up to date and stored as appropriate. This MN Requirement is not met as evidenced by:	{01810}	Not reviewed during this survey.		
{01960} SS=F	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure treatment or therapies were administered as prescribed, or to document the reason they were not provided, for the licensee's previous 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).	{01960}			

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{01960}	Continued From page 23 The findings include: R1's diagnoses included diabetes, hypertension (high blood pressure), cerebrovascular disease (disorder that affects blood flow to the brain), and macular degeneration (eye disease that affects central vision). R1's Addendum to Contract- Waiver- MN (identified as the service plan) dated October 31, 2025, indicated R1 received services which included daily blood sugar checks. R1's signed prescriber orders dated February 26, 2025, included: -test blood sugar daily R1's Vital Signs log and Service Recap Summary dated November 7, 2025, to November 14, 2025, lacked documentation of when R1's blood sugar was checked on the following day: November 8, 2025; R2 R2's diagnoses included diabetes. R2's service plan dated effective October 31, 2025, indicated R2 received services which included daily blood sugar checks. R2's prescriber orders dated September 17, 2025, included: - accu-check (blood sugar) daily R2's Vital Signs log and Service Recap Summary dated November 7, 2025, to November 14, 2025, lacked documentation of when R2's blood sugar was checked on the following day: November 8, 2025;	{01960}			

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{01960}	Continued From page 24 On December 2, 2025, at 12:50 p.m., assistant manager (AM)-D stated R1 and R2's record lacked documentation of blood sugar checks on the days identified above. The licensee's 7.22 Medication and Treatment Record-Documentation and Refusal policy dated April 1, 2024, indicated documentation of medication/treatment/therapy administration would be completed by the person who performed the task immediately after the medication assistance/administration is completed. If medication and or treatment assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided. No further information was provided.	{01960}			



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

October 30, 2025

Licensee

Harmony Hands Home Health Care LLC
2441 Williams Drive
Burnsville, MN 55337

RE: Provisional Conditional License Number 416352
Health Facility Identification Number (HFID) 40524
Project Number(s) SL40524015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 45-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **December 14, 2025**.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH 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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is \$1,500.00. **MDH is not imposing these fines against your provisional license at this time.**

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - \$500.00

St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - \$1,000.00

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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>

CONDITIONAL LICENSE ISSUED:

MDH will issue Harmony Hands Home Health Care LLC a conditional provisional assisted living facility license for 45 calendar days from the date of this notice. At an unannounced point in time, within the 45 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Harmony Hands Home Health Care LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

- a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.
- b. **No new admissions:** Harmony Hands Home Health Care LLC will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the “no new admissions” condition. Harmony Hands Home Health Care LLC must provide the Department:
 - i. A list of the names and birthdates of any individuals Harmony Hands Home Health Care LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.
 - ii. A list of all current residents including:
 - 1. Name and birthdate of each resident
 - 2. Current payment source for services
 - 3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
 - 4. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative
- c. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Harmony Hands Home Health Care LLC to correct the violations cited during the survey as well as to determine the overall practice of Harmony Hands Home Health Care LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.
- d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.
- e. **Corrective Action Plan:** Harmony Hands Home Health Care LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
 - i. A statement of the concern
 - ii. A description of what will happen to correct the concern
 - iii. A target date for when each correction will be complete
 - iv. Who is responsible to make sure it happens

- v. Current status of correction work
- vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:

MDH will determine if Harmony Hands Home Health Care LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 45-day conditional provisional license period. If MDH determines Harmony Hands Home Health Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Harmony Hands Home Health Care LLC. If MDH determines Harmony Hands Home Health Care LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **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>

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 Jodi Johnson directly at: 507-344-2730.

Sincerely,



Rick Michals, J.D.
Executive Regional Operations Manager

**Minnesota Department of Health
Health Regulation Division**

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER HARMONY HANDS HOME HEALTH CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2441 WILLIAMS DRIVE BURNSVILLE, MN 55337			
(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: SL40524015-0 On August 11, 2025, through August 13, 2025, 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; two receiving services under the 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.		
0 420 SS=F	144G.40 Subdivision 1 Responsibility for housing and services	0 420			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 420	Continued From page 1 The facility is directly responsible to the resident for all housing and service-related matters provided, irrespective of a management contract. Housing and service-related matters include but are not limited to the handling of complaints, the provision of notices, and the initiation of any adverse action against the resident involving housing or services provided by the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide sufficient management, control, and operation of the housing and services provided by the facility. 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 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: During the survey from August 11, 2025, through August 13, 2025, the surveyor completed observations, interviews, and record reviews for the licensee providing assisted living services to residents. The licensee had a Provisional Assisted Living license effective April 9, 2024.	0 420			

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0 420	Continued From page 2 The licensee's "Provisional Assisted Living Licensure Information and Application", section titled "Official Verification of Owner or Authorized Agent", (page 17 and 18 of the application), identified an affirmative checkmark next to the statement, "I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659, governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract." Another checkmark was noted at the statement, "I have examined this application and all attachments, and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required." Page 18 was electronically signed by the owner/agent on September 12, 2023. As a result of this survey, the following orders were issued under 0480, 0550, 0580, 0660, 0680, 0730, 0775, 0780, 0800, 1370, 1380, 1470, 1530, 1620, 1760, 1790, 1810, 1960, 2290, and 2320, which indicated the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.01 to 144G.95. TIME PERIOD FOR CORRECTION: Twenty-one	0 420			

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0 420	Continued From page 3 (21) days	0 420			
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 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	0 480			

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0 480	Continued From page 4 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 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, 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: Please refer to the document titled, Food and	0 480			

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0 480	Continued From page 5 Beverage Establishment Inspection Report (FBEIR) dated August 11, 2025, 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 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, interview, and record review, the licensee failed to post in a conspicuous place, information about the facility's grievance procedure with the required content. This had the potential to affect the licensee's current residents, staff, and visitors.	0 550			

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0 550	Continued From page 6 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: On August 11, 2025, at 1:45 p.m., the surveyor observed a large bulletin board on the living room wall that included required postings and policies. The Notice to Clients (residents) on Complaint Process was posted and listed the title and telephone number for the individual responsible for handling resident grievances. However, it lacked the individual's name and email contact information. At this time, consultant manager (CM)-B stated the email information was not included and the form would be changed. The licensee's 2.10 Complaint/Grievance Posting policy dated August 1, 2021, noted the licensee would post, in a conspicuous place, information about the compliant/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances. The posting will also have contact information for the Office of Ombudsman for Long Term Care and the Ombudsman for Mental Health and Developmental Disabilities. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One	0 550			

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0 550	Continued From page 7 (21) days	0 550			
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program (QMP) appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current 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 the residents). The findings include:	0 580			

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0 580	Continued From page 8 On August 12, 2025, at 8:30 a.m., consultant manager (CM)-B stated the licensee lacked documentation of quality management activity, but was working on education to the residents about healthier eating choices. The licensee's undated, Quality Management Program policy indicated the licensee would develop a continuous quality management program to identify, support, and maintain the agency's quality improvement efforts, and provide quality services to our clients. Retention of reports and findings of the quality team would be retained in the agency files for two years and would be made available to the Minnesota Department of Health upon request. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580			
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.	0 660			

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0 660	Continued From page 9 (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) including TB training upon hire for one of one employee (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: The licensee's TB Risk Assessment dated April 4, 2025, indicated a low risk level. ULP-C was hired on March 19, 2025, to provide direct care and services to the licensee's residents. ULP-C's employee record lacked documented evidence of the following: - TB training upon hire. On August 12, 2025, at 2:15 p.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated the licensee provided TB	0 660			

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0 660	Continued From page 10 training upon hire but was unable to locate any documented evidence completion for ULP-C. The licensee's undated, Tuberculosis Exposure Control Plan policy noted: All staff will receive education and training about TB. Training will be conducted prior to initial assignment and annually thereafter. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated TB training was required at the time of hire for all health care workers. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
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.	0 680			

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0 680	Continued From page 11 (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 preparedness (EP) plan with all the required content and evaluate its missing person policy at least quarterly. This had the potential to affect all residents, staff, and visitors of the facility. 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: EMERGENCY PREPAREDNESS PLAN CONTENT The licensee's emergency preparedness plan consisted of several documents and policies in a three-ringed binder dated as reviewed on April 1, 2025. The book included a risk assessment, a communication plan, and various policies/procedures.	0 680			

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0 680	Continued From page 12 The licensee's plan lacked the following required content: -Policy/procedure to address emergency lighting, fire detection/extinguishing/alarm system, and sewage/waste disposal; -Policy/procedure for tracking staff and residents; -Policy/procedures to address the use of volunteers, including the process/role for integration; and -Policy/procedure to address role of facility under a waiver declared by the Secretary in accordance with section 1135 of the Act. MISSING RESIDENT PLAN/POLICY The licensee's 2.28 Missing Resident policy dated April 1, 2023, was included in the EP plan. The policy lacked evidence the assisted living director and clinical nurse supervisor reviewed or updated the policy and documented any changes, at least quarterly as required per Assisted Living Facilities: Minnesota Rules Chapter 4659.0110 Subp. 4. On August 12, 2025, at 2:00 p.m., consultant manager (CM)-B stated the licensee's EP plan lacked the above components and was not aware they were required. The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance policy dated April 1, 2023, noted [The Licensee's] EP plan would include policies and procedures designed to align with the LTC (long term care) requirements in Appendix Z. The licensee's 2.28 Missing Resident policy dated April 1, 2023, noted the licensee would	0 680			

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0 680	Continued From page 13 review this policy and any individual resident plans that pertain to elopement at least quarterly, and all changes would be documented. Per Assisted Living Facilities: Minnesota Rules Chapter 4695, 4659.0100, sections A and B, 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. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference. Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;	0 730			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER HARMONY HANDS HOME HEALTH CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 WILLIAMS DRIVE BURNSVILLE, MN 55337		
(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
0 730	Continued From page 14 (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status.	0 730			

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0 730	Continued From page 15 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the resident record included the required documentation of all provided services for one of one resident (R1). 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 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: R1's record lacked documentation that all services were provided as scheduled. R1's diagnoses included diabetes, hypertension (high blood pressure), cerebrovascular disease (disorder that affects blood flow to the brain), and macular degeneration (eye disease that affects central vision). R1's Addendum to Contract- Waiver- MN (identified as the service plan) dated April 14, 2025, indicated the resident received services which included assistance with activities, bathing, bedmaking, grooming, hearing aids, light housekeeping, laundry, behavior management, blood sugar checks, and medication administration. On August 12, 2025, at 7:14 a.m., the surveyor	0 730			

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0 730	Continued From page 16 observed unlicensed personnel (ULP)-C check R1's blood sugar and administer medications. R1's Services Delivered log dated August 7, 2025, through August 13, 2025, identified the ULP documented the services as follows: - activity assistance: eight out of 21 opportunities; - bedmaking: four out of six opportunities; - grooming: four out of 14 opportunities; - hearing aids: four out of 14 opportunities; - housekeeping: eight out of 21 opportunities; - laundry: zero out of one opportunity; - behavior management: four out of 21 opportunities; - medication administration: four out of 14 opportunities; - blood sugar checks: four out of seven opportunities On August 13, 2025, at 9:46 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A and consultant manger (CM)-B indicated the ULPs were not consistent with documenting the completion of services, stating this was "eye opening". CNS/LALD-A stated all services provided should be documented after the task is completed or the nurse should be updated as to why the service was not provided. The licensee's 2.38 Resident Record - Information and Content policy dated April 1, 2023, noted the resident record would contain documentation that services have been provided as identified in the service plan. No further information was provided. TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days	0 730			

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0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to keep the facility in compliance with the Minnesota Fire Code. The deficient condition has the ability to affect all staff and residents. This practice resulted in a level two violation (a violation that did not harm a client's/resident's health or safety but had the potential to have harmed a client's/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 clients/residents). Findings include: On facility tour with consultant manager (CM)-B on August 12, 2025, between 9:00 a.m. and 10:30 a.m. the following deficient condition was observed: ELECTRICAL: The surveyor observed that there were covers missing on electrical boxes in the mechanical room in the basement. All electrical boxes shall have a cover installed securely.	0 775			

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0 775	Continued From page 18 The deficient condition was visually verified by the CM-B accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 775			
0 780 SS=I	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 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;	0 780			

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0 780	Continued From page 19 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. The deficient condition has the ability to affect all staff and residents. This practice resulted in a level three violation (a violation that harmed a client's/resident's health or safety, or a violation that had the potential to cause more than minimal harm to the resident) 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 clients/residents). The findings include: On facility tour with consultant manager (CM)-B on August 12, 2025, between 9:00 a.m. and 10:30 a.m. the following deficient condition was observed: SMOKE ALARMS: The CM-B checked the interconnection of the smoke alarms and not all the smoke alarms in the facility operated when tested. Also, the smoke alarm in resident room 2 was not hard wired. All smoke alarms in the facility shall be interconnected and the smoke alarm in resident room 2 shall be hard wired and interconnected to the other smoke alarms in the facility. The CM-B stated prior to the facility tour that the	0 780			

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0 780	Continued From page 20 smoke alarms were not interconnected. The deficient condition was visually verified by the CM-B accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environ-ment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a client's/resident's health or safety but had the potential to have harmed a client's/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 clients/residents are affected or one or a limited	0 800			

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0 800	Continued From page 21 number of staff are in-volved, or the situation has occurred only occasionally). The findings include: On facility tour with consultant manager (CM)-B on August 12, 2025, between 9:00 a.m. and 10:30 a.m. the following deficient condition was observed: WATER DAMAGE: The surveyor observed water stains and bulging above the window in resident room 2. There are presently no residents staying in this room. The deficient condition was visually verified by the CM-B accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 800			
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and	01370			

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01370	Continued From page 22 (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for one of one employee (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	01370			

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01370	Continued From page 23 situation has occurred only occasionally). The findings include: ULP-C was hired on March 19, 2025, to provide direct care services to residents at the assisted living. ULP-C's record lacked evidence the following competencies had been completed prior to providing direct cares: - care of teeth, gums, and oral prosthetic devices; - dressing and assisting with toileting; - standby assistance techniques and how to perform them. On August 13, 2025, at 10:08 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A reviewed ULP-C's employee file and stated the above competencies were lacking and was not aware they were missing. The licensee's 5.02 Competency Training Evaluations policy dated April 1, 2023, identified training and competency evaluations for ULP's would include the above missing topics. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370			
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting	01380			

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01380	Continued From page 24 resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for one of one employee (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 March 19, 2025, to provide direct care services to residents at the assisted living. ULP-C's employee record lacked evidence of	01380			

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01380	Continued From page 25 competencies to include the following required content: - safe transfer techniques; - range of motioning. On August 13, 2025, at 10:08 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A reviewed ULP-C's employee file and stated the above competencies were lacking and was not aware they were missing. The licensee's 5.02 Competency Training Evaluations policy dated April 1, 2023, identified training and competency evaluations for ULPs would include the above missing topics. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380			
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;	01470			

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01470	Continued From page 26 (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the staff member will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.	01470			

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01470	Continued From page 27 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-C) received orientation to assisted living facility licensing requirements and regulations before providing services. 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 March 19, 2025, to provide direct care services to residents at the assisted living. ULP-C's employee record did not include the following required orientation content: - overview of assisted living statutes; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; - a review of the types of assisted living services	01470			

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01470	Continued From page 28 the staff member will be providing and the facility's category of licensure; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person On August 12, 2025, at 9:51 a.m., consultant manager (CM)-B stated ULP-C's record lacked the required training as listed above. CM-B stated those topics are discussed but not documented anywhere. The licensee's 5.01 Orientation of Staff and Supervisors & Content policy dated April 1, 2023, indicated all staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation must contain the following topics: - An overview of the appropriate assisted living statutes and rules; - Consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; - A review of the types of assisted living services the employee will be providing and the facility's category of licensure; and - Principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. No further information was provided. TIME PERIOD FOR CORRECTION:	01470			

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01470	Continued From page 29 Twenty-One (21) days.	01470			
01530 SS=D	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 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	01530			

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01530	Continued From page 30 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 one of one employee (unlicensed personnel (ULP)-C) received the required amount of dementia, mental illness, and de-escalation training in the required time frame. 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: The licensee provided services under a Provisional Assisted Living license. ULP-C was hired on March 19, 2025, to provide direct care services to residents at the assisted living. ULP-C's employee record contained evidence the employee received 5.75 hours of dementia care training, not the required eight hours of training within 160 working hours of the	01530			

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01530	Continued From page 31 employment start date. ULP-C's employee record lacked evidence of completing any mental illness, and de-escalation training. On August 12, 2025, at 9:55 a.m., consultant manager (CM)-B reviewed ULP-C's training transcript and records and stated ULP-C had completed 5.75 hours of dementia care training and not the required eight hours. In addition, CM-B stated ULP-C had not been assigned the mental illness and de-escalation training. The licensee's 5.03 Dementia Training policy dated April 1, 2023, indicated direct care employees will complete eight (8) hours of initial training within 160 hours of the employment start date. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the	01620			

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01620	Continued From page 32 geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.	01620			

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01620	Continued From page 33 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 ongoing resident reassessments that did not exceed 90 days for one of one resident (R1). 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 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: R1 was admitted to the assisted living facility on April 1, 2025. R1's Addendum to Contract- Waiver- MN (identified as the service plan) dated April 14, 2025, indicated the resident received services which included assistance with bathing, grooming, behavior management, blood sugar checks, and medication administration. R1's record included assessments dated April 1, 2025, April 10, 2025, April 14, 2025, and July 14, 2025. The July 14, 2025, assessment was 91 days after the last date of the assessment on April 14, 2025, thus exceeding 90 calendar days. On August 13, 2025, at 8:28 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated R1's assessment was	01620			

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01620	Continued From page 34 completed late as noted above. The licensee's 6.01 Assessments, Reviews & Monitoring policy dated April 1, 2023, indicated ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			
01760 SS=D	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 observation, interview, and record review, the licensee failed to ensure medication was administered as prescribed for one of one resident (R1) and failed to ensure prescriber	01760			

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01760	Continued From page 35 orders were transcribed for one of one resident (R1). 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 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: DOCUMENTATION OF ADMINISTRATION OF MEDICATIONS R1's diagnoses included diabetes, hypertension (high blood pressure), cerebrovascular disease (disorder that affects blood flow to the brain), and macular degeneration (eye disease that affects central vision). R1's Addendum to Contract- Waiver- MN (identified as the service plan) dated April 14, 2025, indicated the resident received services which included medication administration. R1's prescriber orders dated February 26, 2025, included the following medications: Advair (steroid that reduces inflammation in the airways) 115-21 micrograms/actuation (mcg/act) inhale 2 puffs by mouth twice daily; atenolol-chlorthalidone (for blood pressure) 100-25 milligrams (mg) by mouth daily; citalopram (for depression) 20 mg by mouth twice daily; clopidogrel (prevents blood clots) 75 mg by mouth daily;	01760			

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01760	Continued From page 36 Jardiance (for diabetes) 10 mg by mouth daily; lisinopril (for blood pressure) 10 mg by mouth daily; atorvastatin (for cholesterol) 80 mg by mouth daily; metformin (for diabetes) 500 mg by mouth daily with the evening meal; Ozempic (for diabetes and weight loss) 0.5 mg subcutaneous weekly; melatonin (for sleep) 10 mg by mouth every bedtime; R1's medication administration summary dated August 1, 2025, through August 13, 2025, identified R1's record lacked documentation of administered medications for the following dates: Advair - August 2, 2025, AM dose - August 3, 2025, AM dose - August 9, 2025, AM dose - August 10, 2025, AM dose - August 11, 2025, AM dose - August 1 - 12, 2025, PM doses atenolol-chlorthalidone - August 2, 2025, AM dose - August 3, 2025, AM dose - August 9, 2025, AM dose - August 10, 2025, AM dose - August 11, 2025, AM dose citalopram - August 2, 2025, AM dose - August 3, 2025, AM dose - August 9, 2025, AM dose - August 10, 2025, AM dose - August 11, 2025, AM dose - August 1 - 12, 2025, PM doses clopidogrel - August 2, 2025, AM dose - August 3, 2025, AM dose	01760			

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01760	Continued From page 37 - August 9, 2025, AM dose - August 10, 2025, AM dose - August 11, 2025, AM dose Jardiance - August 2, 2025, AM dose - August 3, 2025, AM dose - August 9, 2025, AM dose - August 10, 2025, AM dose - August 11, 2025, AM dose lisinopril - August 2, 2025, AM dose - August 3, 2025, AM dose - August 9, 2025, AM dose - August 10, 2025, AM dose - August 11, 2025, AM dose atorvastatin - August 1 - 12, 2025, metformin - August 1 - 12, 2025, Ozempic - August 5, 2025, and August 12, 2025, melatonin - August 2, 2025, PM dose - August 3, 2025, PM dose - August 9, 2025, PM dose - August 10, 2025, PM dose On August 13, 2025, at 8:31 a.m. clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated R1's record lacked documentation of medication administration for the above listed dates. CNS/LALD-A stated there was no proof the medications were administered, nor was there alternative documentation of why it wouldn't have been given. TRANSCRIPTION OF PRESCRIBER'S ORDERS	01760			

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01760	Continued From page 38 R1's prescriber orders dated February 26, 2025, included orders for: - PreserVision AREDS (eye vitamin) 1 capsule orally two times a day; On August 12, 2025, at 7:14 a.m., the surveyor observed unlicensed personnel (ULP)-C administer PreserVision AREDS 1 capsule to R1. Following the administration of the medication, the surveyor inquired where the PreserVision AREDS medication was documented. ULP-C stated it was not on the MAR but gave it because R1 wanted it. R1's August 2025, MAR did not include the order. On August 13, 2025, at 8:51 a.m., CNS/LALD-A stated R1's order for PreserVision AREDS had not been transcribed or implemented to the MAR as ordered. The licensee's 7.22 Medication & Treatment Record Documentation & Refusal policy dated April 1, 2023, indicated the signature and title of the authorized person who provided the assistance and/or administration of medications/treatment/therapy would be documented in the residents' records after providing medication assistance or administration. The policy also included any refusal of medication would be documented on the [medication administration record] MAR. The licensee's 7.16 Medication & Treatment Orders - Implementing policy dated April 1, 2023, noted upon receipt of a medication and/or treatment order, whether new or change of an order from an authorized prescriber, a licensed	01760			

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01760	Continued From page 39 nurse must take action to implement the order within 24 hours. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must	01790			

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01790	Continued From page 40 address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) trained and ensured competency for one of one employee (unlicensed personnel (ULP)-C) providing medications for residents with unplanned time away from home when the	01790			

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01790	Continued From page 41 licensed nurse was not available. 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 included: ULP-C was hired on March 19, 2025, to provide direct care services to residents at the assisted living. ULP-C's employee record lacked documentation of competencies for providing medications to residents with medication management who have unplanned time away from home. On August 13, 2025, at 10:16 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated ULP-C was trained to administer medications and could encounter times when she would need to get medications ready for a resident to take with them for unplanned time away from home. CNS/LALD-A stated ULP-C's employee record lacked the above required competency. The licensee's 7.10 Medication Management - Planned & Unplanned Time Away policy dated April 1, 2023, noted the registered nurse (RN) may delegate this task to unlicensed personnel if the RN has trained the unlicensed staff and determined the unlicensed staff is competent to	01790			

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01790	Continued From page 42 follow the procedures for giving medications to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790			
01810 SS=D	144G.71 Subd. 12 Medications; over-the-counter drugs; dietary An assisted living facility providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. The facility must verify that the medications are up to date and stored as appropriate. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure over the counter (OTC) drugs were labeled with directions for use prior to setting up for immediate or later administration for one of one resident (R1) observed during medication administration. 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 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).	01810			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER HARMONY HANDS HOME HEALTH CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2441 WILLIAMS DRIVE BURNSVILLE, MN 55337		
(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
01810	Continued From page 43 The findings include: R1's Addendum to Contract- Waiver- MN (identified as the service plan) dated April 14, 2025, indicated the resident received services which included medication administration. R1's prescriber orders dated February 26, 2025, included orders for: - PreserVision AREDS (eye vitamin) 1 capsule orally two times a day; On August 12, 2025, at 7:14 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare and administer medications to R1. R1 asked ULP-C for her eye pill (PreserVision AREDS) and ULP-C gave her 1 capsule. The PreserVision AREDS bottle lacked a name or directions for use. In addition, PreserVision AREDS was not included on R1's MAR. ULP-C stated she followed direction from the resident on how much to give since it was an over the counter (OTC) medication. On August 13, 2025, at 8:51 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated the licensee would require a label with directions for use on OTC medications managed by the licensee. The licensee's 7.12 Medications - Prescribed, Not Prescribed & OTC policy dated April 1, 2023, noted the licensee providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration.	01810			

Minnesota Department of Health

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01810	Continued From page 44 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01810			
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment or therapies were administered as prescribed, or to document the reason they were not 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 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:	01960			

Minnesota Department of Health

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01960	Continued From page 45 R1's diagnoses included diabetes, hypertension (high blood pressure), cerebrovascular disease (disorder that affects blood flow to the brain), and macular degeneration (eye disease that affects central vision). R1's Addendum to Contract- Waiver- MN (identified as the service plan) dated April 14, 2025, indicated the resident received services which included daily blood sugar checks. On August 12, 2025, at 7:14 a.m. the surveyor observed unlicensed personnel (ULP)-C check R1's blood sugar. R1's signed prescriber orders dated February 26, 2025, included: -test blood sugar daily R1's Vital Signs log and Resident Profile Blood Glucose Service History dated August 1, 2025, to August 13, 2025, lacked documentation of when R1's blood sugar was checked on the following days: August 2, 2025; August 3, 2025; August 9, 2025; August 10, 2025; August 11, 2025; On August 13, 2025, at 9:17 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated R1's record lacked documentation of blood sugar checks on the days identified above. The licensee's 7.22 Medication and Treatment Record-Documentation and Refusal policy dated	01960			

Minnesota Department of Health

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01960	Continued From page 46 April 1, 2023, indicated documentation of medication/treatment/therapy administration would be completed by the person who performed the task immediately after the mediation assistance/administration is completed. If medication and or treatment assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited the rights of one of one resident (R1) when the licensee required the resident to sign the House Rules and Boundaries form. 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	02290			

Minnesota Department of Health

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02290	Continued From page 47 of the residents). The findings include: R1's diagnoses included diabetes, hypertension (high blood pressure), cerebrovascular disease (disorder that affects blood flow to the brain), and macular degeneration (eye disease that affects central vision). R1's Addendum to Contract- Waiver- MN (identified as the service plan) dated April 14, 2025, indicated the resident received services which included assistance with bathing, grooming, behavior management, blood sugar checks, and medication administration. R1's Department of Human Services Support Plan dated effective December 1, 2024, through November 30, 2025, did not identify any restrictions. On August 12, 2025, at 1:00 p.m., R1 stated she would like an alcoholic drink occasionally but couldn't because it was against the "rules". R1's record included the licensee's House Rules and Boundaries document dated April 1, 2025, and indicated the following restrictions: - No street drugs or alcohol or contraband, illegal or dangerous on the premise. On August 13, 2025, at 10:00 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A and consultant manager (CM)-B stated they were not aware they couldn't ban street drugs and alcohol. CNS/LALD-A stated both of the licensee's residents had been required to sign the House Rules and Boundaries	02290			

Minnesota Department of Health

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02290	Continued From page 48 document. The licensee's Minnesota Bill of Rights for Assisted Living dated July 17, 2024, indicated residents have the right to individual autonomy, initiative and independence in making life choices. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290			
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were documented after administration for one of one employee (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	02320			

Minnesota Department of Health

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02320	Continued From page 49 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: On August 12, 2025, at 7:14 a.m., the surveyor observed ULP-C prepare R1's medications. ULP-C marked "administered" on R1's AM medication administration record (MAR), then started to compare the medications to the MAR. When interviewed at this time, ULP-C stated she should not mark administered until after the resident had taken the medication. On August 13, 2025, at 8:51 a.m., clinical nurse supervisor/licensed assisted living director (CNS/LALD)-A stated staff should sign off medications as administered after administration, not before. The licensee's 7.22 Medication & Treatment Record - Documentation & Refusal policy dated April 1, 2023, noted documentation of medication administration will be completed by the person who performed the task immediately after the medication assistance/administration is completed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02320			



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

Page: 1

Establishment Info

HARMONY HANDS HOME HEALTH CARE

2441 WILLIAMS DRIVE

Burnsville, MN 55337

Dakota County

Parcel:

Phone:

License Info

License: HFID 40524

Risk:

License:

Expires on:

CFPM: Alfred M Nyariki

CFPM #: 118147; Exp: 07/25/2027

Inspection Info

Report Number: F1018251034

Inspection Type: Full - Single

Date: 8/11/2025 Time: 2:53:30 PM

Duration: minutes

Announced Inspection:

Total Priority 1 Orders: 1

Total Priority 2 Orders: 0

Total Priority 3 Orders: 0

Delivery:

! New Order: 3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

COMMENT: Raw eggs observed to be stored over ready to eat foods in the refrigerator. Discussed with manager to store eggs in the bottom of the refrigerator to prevent cross contamination.

Comply By: 8/11/2025 Originally Issued On: 8/11/2025

Food & Beverage General Comment

Establishment is a residential home with residential equipment.

Establishment does all same day service of foods.

Kitchen has a dishwasher capable of achieving 160F. Temperature sticker confirmed that appropriate temperature was achieved during the wash cycle.

The kitchen has a two-basin sink with one basin specifically for hand washing and one specifically for food prep.

The floors, walls, and ceilings were observed to be in good condition during this inspection.

Establishment has a needle point thermometer for checking food temperatures.

Discussed pest control.

Discussed employee illness and viewed illness log.

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 F1018251034 from 8/11/2025

17.



Robin Stepney
Manager

Rebecca Prestwood, REHS
Public Health Sanitarian 3
651-201-3777
rebecca.prestwood@state.mn.us