STATE LICENSING COMPLIANCE REPORT

Report #: HL370902721C

Date Concluded: January 9, 2026

Name, Address, and County of Facility Investigated:
Bright Path Homes
6800 Quail Avenue North
Brooklyn Center, MN 55429
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Rhylee Gilb, RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37090	A. BUILDING: _____ B. WING _____	C 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHT PATH HOMES LLC	6800 QUAIL AVENUE NORTH BROOKLYN CENTER, MN 55429

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: HL370902721C On December 31, 2025, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 4 residents receiving services under the provider's Assisted Living license. The following immediate correction orders are issued. The following immediate correction orders are issued for HL370902721C, tag identification 330, 820, 860, and 1290.	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.	
0 330 SS=I	144G.30 Subd. 4 Information provided by facility (a) The assisted living facility shall provide	0 330		

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0 330	Continued From page 1 accurate and truthful information to the department during a survey, investigation, or other licensing activities. (b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and their legal representatives and designated representatives that includes addresses and telephone numbers and any other information requested about the services to residents. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide truthful and accurate information when the licensee attested verbally and with an invoice of a contracting company completed repair work for the facility when the contracting company was illegitimate. This had the potential to affect all residents, staff and visitors due to no licensed professional was identified by the licensee to complete repairs. This practice resulted in a level three violation (a violation that harmed a 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 residents). The findings include: As the result of a complaint investigation on November 13, 2025, the licensee was issued licensing orders that included orders related to the physical environment. An email correspondence on December 5, 2025,	0 330		

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0 330	Continued From page 2 from the licensee to the investigator, included an attachment of an invoice estimate of repairs. Repair work included walls repair (patching, mudding, sanding), painting, cabinet and countertop (removal and install), doors and windows (repair, remove and install) and smoke alarms (install and connect). The invoice failed to have sales tax included for items and materials. The invoice failed to differentiate labor costs versus items and materials. The invoice dated December 5, 2025, failed to include a company name and the invoice template had "YOUR COMPANY". Below "YOUR COMPANY" had a business address listed. A Google maps search on December 9, 2025, and on January 9, 2025, showed the address listed as the business address on the invoice was a non-existent address in Minnesota. An email correspondence on December 29, 2025, indicated the licensee submitted documents to the Minnesota Department of Health (MDH). The licensee law firm letter dated December 23, 2025, indicated a list of documents to support a request to "Stay of Revocation" and included a copy of an invoice between the licensee and a company called "D Touch LLC" for repair services at the licensee in compliance with MDH licensing standards. The documents included an invoice the licensee provided. The invoice provided on December 29, 2025, included all of the same information as the invoice provided on December 5, 2025, except in place of "YOUR COMPANY", was "D Touch LLC," still listed with a non-existent address as a business address.	0 330		

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0 330	Continued From page 3 During an onsite visit on December 31, 2025, at 10:40 a.m., the facility kitchen cabinets both upper and lower had broken and missing doors. During an interview on December 31, 2025, at 11:13 a.m., owner (OW)-A, stated the contractors were going to replace everything in the kitchen, cabinets, counters and sink on Friday (January 2, 2026). OW-A stated the name of the contractor company was D Touch LLC and spelt the name for the investigator. OW-A stated the contractor company has been replacing the windows, painting, kitchen, floors and the changed the smoked detectors so they were all hard-wired to be interconnected. A search of the Secretary of State on December 31, 2025 and January 9, 2026, indicated D Touch LLC is not a business registered with the Secretary of State. The invoice lacked the licensed professional who repaired work. The kitchen was not repaired as the invoice indicated. TIME PERIOD OF CORRECTION: IMMEDIATE	0 330		
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the	0 820		

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0 820	Continued From page 4 facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation, and interview, the licensee failed to provide egress from the detached garage designated for the smoking area for residents and failed to provide an accessible phone for all residents to access in the event of an emergency. This practice resulted in a level three violation (a violation that harmed a 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 residents). The findings include: During an onsite visit on December 31, 2025, at 10:30 a.m., investigators toured the facility. During an interview on December 31, 2025, at 10:42 a.m., resident (R)1 stated he could not call his case manager because the facility locked up the phone and would not let him use it. R1 stated the designated smoking space was the garage. During observations on December 31, 2025, starting at 11:05 a.m., the investigator went outside to observe the detached garage. Unlicensed personnel (ULP)-B manually lifted up	0 820		

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0 820	Continued From page 5 the garage door. R2 followed into the garage to smoke. The garage had card table and chairs with a metal container for extinguished cigarette butts. The garage was unfinished and had wood framing. The only exit door to the garage had a missing door handle and from the inside of the garage had a 2 x 4 screwed onto the wall studs so it held the door shut, unable to be accessed. R4 who was a smoker and wheelchair dependent would be unable to manually move open the rolling garage door in an emergency. During observations on December 31, 2025, starting at 11:05 a.m., in the facility kitchen, the investigator observed a portable telephone on the wall behind a Plexiglas, locked case. ULP-B stated only staff have the key to access the phone because R1 will put it in water. ULP-B stated there was no other accessible phone for residents. Another facility phone was in the basement nursing office behind two locked doors (the locked mechanical room door and the locked nursing office door). During an interview on December 13, 2025, at 11:13 a.m., owner (OW)-A stated the contracting company was going to repair the garage door. TIME PERIOD OF CORRECTION: IMMEDIATE	0 820		
0 860 SS=F	144G.45 Subd. 6 New construction; plans (a) For all new licensure and construction beginning on or after August 1, 2021, the following must be provided to the commissioner: (1) architectural and engineering plans and specifications for new construction must be prepared and signed by architects and engineers who are registered in Minnesota. Final working	0 860		

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0 860	Continued From page 6 drawings and specifications for proposed construction must be submitted to the commissioner for review and approval; (2) final architectural plans and specifications must include elevations and sections through the building showing types of construction, and must indicate dimensions and assignments of rooms and areas, room finishes, door types and hardware, elevations and details of nurses' work areas, utility rooms, toilet and bathing areas, and large-scale layouts of dietary and laundry areas. Plans must show the location of fixed equipment and sections and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions must be indicated. The roof plan must show all mechanical installations. The site plan must indicate the proposed and existing buildings, topography, roadways, walks and utility service lines; and (3) final mechanical and electrical plans and specifications must address the complete layout and type of all installations, systems, and equipment to be provided. Heating plans must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers, boilers, breeching, and accessories. Ventilation plans must include room air quantities, ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing plans must include the fixtures and equipment fixture schedule; water supply and circulating piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation of water and sewer services; and the building fire protection systems. Electrical plans must include fixtures and equipment, receptacles, switches, power outlets, circuits, power and light panels, transformers, and service feeders. Plans must show location of nurse call signals, cable lines, fire alarm stations,	0 860		

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0 860	Continued From page 7 and fire detectors and emergency lighting. (b) Unless construction is begun within one year after approval of the final working drawing and specifications, the drawings must be resubmitted for review and approval. (c) The commissioner must be notified within 30 days before completion of construction so that the commissioner can make arrangements for a final inspection by the commissioner. (d) At least one set of complete life safety plans, including changes resulting from remodeling or alterations, must be kept on file in the facility. (e) For new construction beginning on or after July 1, 2025, the licensee must comply with section 144.554 to submit applicable construction plans and fees to the commissioner. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to submit plans to the Minnesota Department of Health (MDH) for plan review for approval prior to conducting remodeling. This had the potential to affect all residents and staff. 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: An email correspondence on December 5, 2025,	0 860		

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0 860	Continued From page 8 from the licensee to the investigator, included an attachment of an invoice estimate of repairs. Repair work included walls repair (patching, mudding, sanding), painting, cabinet and countertop (removal and install), doors and windows (repair, remove and install) and smoke alarms (install and connect). During an onsite visit on December 31, 2025, at 10:30 a.m., unlicensed personnel (ULP)-B stated owner (OW)-A was working on home repairs and gave a facility tour. The facility basement, where resident (R)3 lived, had two bedrooms. ULP-B stated R3 was staying in the 2nd bedroom while his bedroom was being renovated. R3's bedroom appeared to have fresh paint. During observation on December 31, 2025, at 10:40 a.m., the facility kitchen cabinets both upper and lower had broken and missing doors. During an interview on December 31, 2025, at 11:13 a.m., OW-A, stated the contractors were going to replace everything in the kitchen, cabinets, counters and sink on Friday (January 2, 2026). OW-A stated the contractor company has been replacing the windows, painting, kitchen, floors and the changed the smoked detectors so they were all hard-wired to be interconnected. The facility failed to submit plans of remodeling repairs to MDH for plan review and approval. TIME PERIOD OF CORRECTION: IMMEDIATE	0 860		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly	01290		

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01290	Continued From page 9 scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have a cleared background study for a maintenance staff person/and or contractor prior to the staff/and or contractor performing work and having access to residents and their property. This had the potential to affect all residents. This practice resulted in a level three violation (a violation that harmed a 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 residents). The findings include: During an onsite visit November 13, 2025, the investigator observed belongings of a resident (R)5 in the lower level bedroom. At 11:12 a.m.,	01290		

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01290	Continued From page 10 owner (OW)-A, who was also the licensed assisted living director, stated R5, an acquaintance, stayed in Room E for a while. R5 had temporarily been staying at the licensee off and on. During an onsite visit on December 23, 2025, at 12:47 p.m., R5 no longer had his belongings in a room at the facility. R5 identified himself as the facility maintenance staff (M)-C. At 12:58 p.m., M-C stated he would be changing the bathroom vent today. During an onsite visit on December 31, 2025, at 10:30 a.m., the licensee had a census of four residents. During an interview on December 31, 2025, at 11:13 a.m., with OW-A, M-C walked through the backdoor to the house entering in the kitchen and identified himself. When asked what his job was at the facility, M-C stated he was the maintenance man and worked for the facility for the last two to three years. OW-A stated M-C worked for the facility, then left and now came back. When asked what M-C's start date was M-C stated he did not know. OW-A stated he started after the initial visit (November 13, 2025). OW-A stated he had a personnel file for M-C. M-C stated he repairs plumbing leaks, little holes and make sure the lights work at the facility. The investigator requested OW-A to send a copy of his cleared background study and the start date for M-C. An email correspondence on December 31, 2025, at 2:17 p.m., OW-A indicated M-C was hired in 2021 as an activity coordinator, but was let go in January 2023 due to poor performance. OW-A stated M-C provides the occasional	01290		

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01290	Continued From page 11 handyman work. OW-A provided personnel file records from 2021, a cleared background study from a facility that was not the licensee and education records. The licensee failed to have a cleared background study completed for the licensee's HFID for M-C. TIME PERIOD OF CORRECTION: IMMEDIATE	01290		