



*Protecting, Maintaining and Improving the Health of All Minnesotans*

## NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

January 14, 2026

Licensee

Risen Home Care LLC

3018 Thurber Road

Brooklyn Center, MN 55429

RE: Denial of License Number 419368  
Health Facility Identification Number (HFID) 40997  
Initial survey; Project Number SL40997015

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on November 20, 2025, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above-mentioned provider. Based on the survey, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statute, Chapter 144G. As a result, your authority to continue to operate under a provisional license or be approved for an assisted living facility license is being denied.

### STATE CORRECTION ORDERS

The enclosed State Form documents the state licensing orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

### REQUEST FOR RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

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



**REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF RESIDENTS**

You must comply with the requirements for notification and coordinated move of residents noted in Minn. Stat. § 144G.52 and Minn. Stat. § 144G.55. Additionally, please provide the information described in Minn. Stat. § 144G.20, Subd. 15 (a) (1), (2), (3), (4) and (5) to this department's contact, Jess Schoenecker, via email at: Jess.Schoenecker@state.mn.us. Also provide this information to the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care **no later than January 17, 2026**.

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

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

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

If you have any additional questions, please do not hesitate to contact Jess Schoenecke, Supervisor, at Jess.Schoenecker@state.mn.us. Jess Schoenecker can also be reached by office phone at 651-201-3789.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, flowing style.

Rick Michals, J.D.

**Executive Regional Operations Manager**

**Minnesota Department of Health**

**Health Regulation Division**

HHH



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>40997 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | (X3) DATE SURVEY COMPLETED<br><br>11/20/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>RISEN HOME CARE LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3018 THURBER ROAD<br>BROOKLYN CENTER, MN 55429                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                              |
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| 0 000                                                   | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL40997015-0</p> <p>On November 17, 2025, through November 20, 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 three (3) residents; three receiving services under the Provisional Assisted Living Facility license.</p> <p>An immediate correction order was identified on November 17, 2025, issued for SL40997015-0, tag identification 0775.</p> <p>On November 19, 2025, an immediate correction order was issued for tag identification 2310.</p> <p>During the course of the survey, the licensee took action to mitigate the imminent risk related to tag identification 2310. Noncompliance remained and the scope and level remain unchanged.</p> | 0 000                                                           | <p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p> |                    |                                              |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| 0 110<br>SS=C                                                  | <p><b>144G.10 Subdivision 1a Assisted living director license required</b></p> <p>Each assisted living facility must employ an assisted living director who is licensed or permitted by the Board of Executives for Long Term Services and Supports and affiliated as the director of record with the board.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During survey prep on November 17, 2025, at 9:38 a.m., the Minnesota Board of Executives for Long-Term Services and Supports (BELTSS) website indicated owner/LALD (O/LALD)-D obtained the license on August 6, 2021, and effective through October 31, 2026; the website did not indicate O/LALD-D was the director of record for the facility.</p> <p>During the entrance conference on November 17,</p> | 0 110                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 110                                                          | Continued From page 2<br><br>2025, at 11:00 a.m., clinical nurse supervisor (CNS)-A stated O/LALD-D was the LALD for this facility.<br><br>During interview on November 17, 2025, at 3:30 p.m., O/LALD-D stated they contacted BELTSS last week and was informed they needed to submit an application to be added as the LALD for this facility.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 110                                                                                           |                                                                                                                          |  |                                                     |
| 0 550<br>SS=F                                                  | 144G.41 Subd. 7 Resident grievances; reporting maltreatment<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record | 0 550                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 550                                                          | <p>Continued From page 3</p> <p>review, the licensee failed to post the required information about the licensee's grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. This had the potential to affect all of the licensee's current residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On November 17, 2025, at 3:30 p.m., during a self-guided facility observation of the licensee's postings on a bulletin board in the common area off the kitchen near the medication cart, the surveyor observed the licensee lacked a posting of the grievance procedure, in a conspicuous place, with the following required information:<br/>- name, telephone number, and e-mail contact information for the individuals who would be responsible for handling resident grievances. Owner/licensed assisted living director (O/LALD)-D was unable to locate a posted grievance procedure but stated it was posted and could not explain why it was taken down. The surveyor observed O/LALD-D post the grievance procedure on the wall next to the bulletin board later on during the survey.</p> <p>The licensee's undated Complaint and Investigation Process policy (policy referenced</p> | 0 550                                                                                           |                                                                                                                          |  |                                                     |



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| 0 550                                                          | Continued From page 4<br><br>144A statutes, but the licensee operated under 144G statutes), indicated the clients [residents] would be informed of their right to complain to the licensee about the services received and of the process to follow when making a complaint to the provider.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 550                                                                  |                                                                                                                          |  |                                                     |
| 0 650<br>SS=F                                                  | 144G.42 Subd. 8 (a) Staff records<br><br>(a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br>(6) documentation of the background study as required under section 144.057. | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                          | <p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the employee record contained the required content for two of two unlicensed personnel ((ULP)-B, ULP-H).</p> <p>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).</p> <p>The findings include:</p> <p>During the entrance conference on November 17, 2025, at 11:00 a.m., clinical nurse supervisor (CNS)-A stated they were aware of the required contents of the employee records. CNS-A stated the licensee provided oxygen therapy, blood glucose (BG) testing, medication administration including insulin, CPAP (device that delivers continuous air pressure for sleep apnea), wound care, and ankle/foot orthosis (AFO) brace assistance to R1.</p> <p>R1's Assessment by Date (post-hospitalization assessment) dated November 14, 2025, indicated under Medication Management; medication management tasks such as ear drops, eye drops, inhaler, nasal, oral, nebulizer, sublingual (under tongue), topical, and transdermal were delegated to ULP. R1's assessment also indicated R1 required assistance with compression stockings, BG</p> | 0 650                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                          | <p>Continued From page 6</p> <p>checks, oxygen therapy, CPAP, and AFOs.</p> <p>ULP-B and ULP-H were hired on November 25, 2024, and December 17, 2024, respectively, to provide assisted living services.</p> <p>During observation on November 19, 2025, at 12:10 p.m., ULP-H stated R1's BG was 213 that morning and ULP-H had to administer as needed (PRN) insulin. ULP-H set up R1's oral medications and brought R1's glucometer and Humalog KwikPen (fast-acting insulin) into R1's room. R1's BG was 131 so R1 did not require insulin. ULP-H administered R1's oral medications.</p> <p>ULP-B and ULP-H's records included training on medication administration and routes, BG testing, compression stockings, CPAP, insulin pens, nebulizers/inhalers, oxygen, vital signs (blood pressure, temperature, pulse, respirations and oxygen saturation), and wound care. Their records also included competencies on oral medication, topical medications, and topical medication patches.</p> <p>ULP-B and ULP-H's records lacked competency evaluations on the following:</p> <ul style="list-style-type: none"><li>- medication administration routes including eye drops/ointment, ear drops, inhaler, nasal, and subcutaneous injection;</li><li>-use of CPAP;</li><li>-BG checks;</li><li>-compression stockings; and</li><li>-AFOs.</li></ul> <p>During interview on November 20, 2025, at 2:28 p.m., ULP-H stated CNS-A provided training on medication administration, CPAP, insulin, and other topics. ULP-H also stated they received</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                          | <p>Continued From page 7</p> <p>online (Educare) training. CNS-A explained they would do one-on-one training with staff by going over all the required topics using Educare's printed PowerPoints and documented the training on the licensee's orientation checklist. Once completed, they would observe each person complete verbal or return demonstrations and documented on their clinical skill competency form. CNS-A was unable to locate documentation of the missing competencies listed above and stated their forms would need to be updated to include the required documentation.</p> <p>The licensee's undated Training and Competency Evaluation Policy (policy referenced 144A statutes, but the licensee operated under 144G statutes), indicated unlicensed personnel performing delegated nursing tasks for a comprehensive home care provider [assisted living provider] have successfully passed competency evaluation shall be provided a written certificate and documentation of competency shall be maintained in the personnel file of each employee.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 650                                                                                           |                                                                                                                          |  |                                                     |
| 0 660<br>SS=F                                                  | <p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 660                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                          | <p>Continued From page 8</p> <p>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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include a current facility TB risk assessment. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's provisional assisted living license was effective January 22, 2025, and set to expire on January 21, 2026.</p> <p>The licensee's Notice of Providing Assisted Living Services form dated May 2, 2025, indicated they</p> | 0 660                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                          | <p>Continued From page 9</p> <p>began providing assisted living services to R3 on April 21, 2025.</p> <p>On November 17, 2025, at 3:30 p.m., owner/licensed assisted living director (O/LALD)-D provided their facility TB risk assessment dated August 20, 2024 (prior to serving their first resident), and stated that was their current assessment for the facility. O/LALD-D stated they did not have any residents at the time the TB risk assessment was completed and thought it was supposed to be completed every two years.</p> <p>The licensee lacked a current TB facility risk assessment.</p> <p>On November 18, 2025, at 8:28 a.m., by email, O/LALD-D provided another facility TB risk assessment dated November 17, 2025, indicating facility name [James House] and address [5333 James Ave N. Brooklyn Center, MN 55430] which was for another licensee owned by the same owner.</p> <p>The licensee's undated Tuberculosis Screen policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated to ensure each provider is free of communicable disease prior to providing direct care to clients in their home, they would implement a system for facility assessment of risk of TB and provide testing in accordance with the assessment. The policy also indicated facility completes a risk assessment worksheet to determine level of risk. The risk assessment is completed annually.</p> <p>The Minnesota Department of Health (MDH) Assisted Living Resources and Frequently Asked</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



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| 0 660                                                          | <p>Continued From page 10</p> <p>Questions (FAQs) website, last updated October 13, 2025, indicated each provider licensed by MDH was required to complete a TB risk assessment annually. Completion of this assessment will assist providers in the development of an infection control committee and in determining the frequency of screening.</p> <p>The CDC, "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" dated December 30, 2005, indicated:<br/>The first and most important level of TB controls is the use of administrative measures to reduce the risk for exposure to persons who might have TB disease. Administrative controls consist of the following activities:</p> <ul style="list-style-type: none"><li>- assigning responsibility for TB infection control in the setting;</li><li>- conducting a TB risk assessment of the setting;</li><li>- developing and instituting a written TB infection-control plan to ensure prompt detection, airborne precautions, and treatment of persons who have suspected or confirmed TB disease;</li><li>- ensuring the timely availability of recommended laboratory processing, testing, and reporting of results to the ordering physician and infection-control team;</li><li>- implementing effective work practices for the management of patients with suspected or confirmed TB disease;</li><li>- ensuring proper cleaning and sterilization or disinfection of potentially contaminated equipment (usually endoscopes);</li><li>- training and educating HCWs regarding TB, with specific focus on prevention, transmission, and symptoms;</li><li>- screening and evaluating HCWs who are at risk for TB disease or who might be exposed to M. tuberculosis (i.e., TB screening program);</li></ul> | 0 660                                                                                           |                                                                                                                          |  |                                                     |



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| 0 660                                                          | Continued From page 11<br><br>- applying epidemiologic-based prevention principles, including the use of setting-related infection-control data;<br>- using appropriate signage advising respiratory hygiene and cough etiquette; and<br>- coordinating efforts with the local or state health department.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 660                                                                                           |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                  | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(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. | 0 680                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                          | <p>Continued From page 12</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>During facility tour on November 17, 2025, at 12:33 p.m., the surveyor noted a rambler style home with a living room, kitchen, dining area, three bedrooms (two occupied), attached four season porch, and bathroom on the main floor. The lower level had a living room, two bedrooms (one occupied), bathroom, and laundry room. The lower level had an egress door going outside. On either level, the surveyor could not locate posted exit diagrams.</p> <p>The licensee's EPP last reviewed June 2, 2025, lacked evidence of the following required content:<br/>-hazard vulnerability analysis (HVA);<br/>-quarterly missing resident plan review; and<br/>-arrangement with other facilities.</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                          | <p>Continued From page 13</p> <p>On November 17, 2025, at 3:30 p.m., owner/licensed assisted living director (O/LALD)-D stated the exit diagrams were posted behind each resident's door then walked into R3's room, looked behind the door and said there was not one posted. O/LALD-D was unable to locate an exit diagram on the main level. The exit diagram was later posted on both floors before the completion of the survey.</p> <p>On November 20, 2025, at 11:58 a.m., O/LALD-D stated the missing resident plan had not been reviewed as they thought it required annual review. O/LALD-D stated the EPP did not include facility risk assessment for hazard vulnerabilities but may have it located elsewhere. For full evacuation, O/LALD-D stated residents would go to licensee's sister facilities using their company vehicle but stated that information was not included in the EPP.</p> <p>The licensee's undated Missing Client policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated when a client [resident] is not where the client can reasonably be expected to be such as client's home or apartment, staff promptly implements the missing client procedure.</p> <p>The licensee's undated Hazard Vulnerability Analysis (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated the proactive risk assessment or HVA would be performed using an all-hazards approach to identify possible emergency events the facility could experience that could interfere with the delivery of care and services. The EPP would be developed based on the documented, facility-based and community-based risk</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>40997</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>11/20/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 680                                                          | Continued From page 14<br><br>assessment utilizing a proactive all-hazards approach.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 680                                                                  |                                                                                                                          |  |                                                     |
| 0 730<br>SS=E                                                  | 144G.43 Subd. 3 Contents of resident record<br><br>Contents of a resident record include the following for each resident:<br>(1) identifying information, including the resident's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;<br>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;<br>(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;<br>(5) the resident's advance directives, if any;<br>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;<br>(7) the facility's current and previous assessments and service plans;<br>(8) all records of communications pertinent to the resident's services;<br>(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; | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 0 730                                                          | <p>Continued From page 15</p> <p>(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;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview, observation, and record review, the licensee failed to ensure the resident record included accurate documentation of all provided services for two of two residents (R1, R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>Throughout the survey from November 17</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 0 730                                                          | <p>Continued From page 16</p> <p>through November 20, 2025, at various times, the surveyor observed unlicensed personnel (ULP)-B and ULP-H provide supervision, meals, medication and treatment administration, check oxygen saturation using an oximeter, and document medication/treatment administration.</p> <p>R1<br/>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>R1's Service Plan (Waiver)-Addendum to Contract signed May 5, 2025, indicated R1 received assistance with activity assistance, incontinence care, mechanical full body lift, oxygen delivery, recording bowel movement, urine output, oxygen saturation, positioning, safety checks, food preparation, housekeeping, grooming, dressing, glasses care, and behavior management.</p> <p>R1's Service Recap Summary dated October 2025, indicated blank boxes (no staff initials) for the following dates for services provided:<br/>-October 11-13, 15, and 25-29; from 12:00 a.m. through 6:00 a.m. (overnight shift) for positioning, safety checks, and behavior management;<br/>-October 8, 15, 22, and 29; at "AM" (morning shift) for recording respirations; and<br/>-October 10-12, and 13; from 3:00 p.m. through 10:00 p.m. (evening shift) for activity assistance, incontinence care, mechanical full body lift, oxygen delivery, recording bowel movement, urine output, oxygen saturation, positioning, safety checks, food preparation, housekeeping, grooming, dressing, glasses care, and behavior</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                     |
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| 0 730                                                          | <p>Continued From page 17</p> <p>management.</p> <p>R1's Service Recap Summary dated November 2025, indicated blank boxes (no staff initials) for the following:<br/>-November 7-8; from 8:00 p.m. through 10:00 p.m., for grooming, mechanical full body lift, oxygen delivery, positioning, dressing, glasses care, incontinence care, behavior management, safety checks, and recording bowel movement and urine output.</p> <p>R2<br/>R2 was admitted and began receiving assisted living services on November 1, 2025.</p> <p>R2's Service Plan (Waiver)-Addendum to Contract signed November 1, 2025, indicated R2 received assistance with dressing, glasses care, grooming, recording meal percentage, safety checks, transfer assistance, manage behaviors, and toileting.</p> <p>R2's Service Recap Summary dated November 2025, indicated blank boxes (no staff initials) for the following dates for services provided:<br/>-November 7; from 8:00 p.m. through 11:00 p.m., for dressing, glasses care, grooming, recording meal percentage, safety checks, transfer assistance, manage behaviors, and toileting; and<br/>-November 8-12; from 12:00 a.m. through 6:00 a.m., for seven (7) safety checks, and behavior management.</p> <p>During interview on November 18, 2025, at 11:00 a.m., clinical nurse supervisor (CNS)-A explained the blank boxes indicated staff did not chart on the services performed. If a service was declined, staff would indicate declined which would show a red circle within the box. CNS-A stated he had</p> | 0 730                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                          | <p>Continued From page 18</p> <p>addressed this issue with staff already.</p> <p>The licensee's undated Clinical Records/Medical Record Retention policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated any person who renders resident care and who is professionally involved in the management and/or coordination of resident services may make an entry into the clinical record by dating and signing the record to authenticate the entry. The policy also required documentation for each service or care provided must be completed on the day the service is rendered and filed in the clinical record within 14 days.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |
| 0 775<br>SS=G                                                  | <p><b>144G.45 Subd. 2. (a) Fire protection and physical environment</b></p> <p>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to provide egress windows in compliance with Minnesota State Fire Code in Minnesota Rules chapter 7511. This deficient condition had the ability to affect all staff and residents.</p> <p>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</p>                                                                                                          | 0 775                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 775                                                   | Continued From page 19<br><br>than minimal harm to the resident), 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).<br><br>The findings include:<br><br>On November 17, 2025, the surveyor toured the facility with clinical nurse supervisor (CNS)-A. During the tour, survey staff asked CNS-A to open the windows in the resident rooms for measurement. The noncompliant measurements were as follows:<br><br>Resident room 3: The window measured 30 inches clear width, 20.5 inches clear height, and 615 square inches total open area.<br><br>Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no less than 648 square inches total of openable area (4.5 square feet) for the window.<br><br>TIME PERIOD FOR CORRECTION: Immediate | 0 775                                                                                   |                                                                                                                          |  |                                              |
| 0 780<br>SS=C                                           | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 780                                                                                   |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 780                                                   | <p>Continued From page 20</p> <p>bedrooms;<br/>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br/>(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<br/>(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;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated</p> | 0 780                                                                                   |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| 0 780                                                   | Continued From page 21<br><br>11/17/2025, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 780                                                                                   |                                                                                                                          |  |                                              |
| 0 790<br>SS=C                                           | 144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.<br><br>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). | 0 790                                                                                   |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>40997</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>11/20/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 790                                                          | Continued From page 22<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 11/17/2025, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 790                                                                  |                                                                                                                          |  |                                                     |
| 0 800<br>SS=C                                                  | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.<br><br>This practice resulted in a level one violation (a violation that will cause only minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to | 0 800                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                     |
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| 0 800                                                          | Continued From page 23<br><br>affect a large portion or all the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 11/17/2025, for the specific violations related the physical environment under Minnesota Statute 144G.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) Days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 800                                                                                           |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                  | 144G.45 Subd. 2 (b-f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) staff actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The | 0 810                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 0 810                                                          | <p>Continued From page 24</p> <p>training shall be made available to residents at least once per year.<br/>(f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 11/17/2025, for the specific violations related the physical environment under Minnesota Statute 144G.</p> <p>TIME PERIOD FOR CORRECTION: Twenty one (21) Days.</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                        |
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| 0 830                                                          | Continued From page 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 830                                                                                           |                                                                                                                          |  |                                                        |
| 0 830<br>SS=E                                                  | <p>144G.45 Subd. 3 Local laws apply</p> <p>Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated 11/17/2025, for the specific violations related the physical environment under Minnesota Statute</p> | 0 830                                                                                           |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                     |
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| 0 830                                                          | Continued From page 26<br><br>144G.<br><br>TIME PERIOD FOR CORRECTION: Twenty one<br>(21) days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 830                                                                                           |                                                                                                                          |  |                                                     |
| 0 900<br>SS=D                                                  | 144G.50 Subdivision 1 Contract required<br><br>(a) An assisted living facility may not offer or<br>provide housing or assisted living services to any<br>individual unless it has executed a written<br>contract with the resident.<br>(b) The contract must contain all the terms<br>concerning the provision of:<br>(1) housing;<br>(2) assisted living services, whether provided<br>directly by the facility or by management<br>agreement or other agreement; and<br>(3) the resident's service plan, if applicable.<br>(c) A facility must:<br>(1) offer to prospective residents and provide to<br>the Office of Ombudsman for Long-Term Care a<br>complete unsigned copy of its contract; and<br>(2) give a complete copy of any signed contract<br>and any addendums, and all supporting<br>documents and attachments, to the resident<br>promptly after a contract and any addendum has<br>been signed.<br>(d) A contract under this section is a consumer<br>contract under sections 325G.29 to 325G.37.<br>(e) Before or at the time of execution of the<br>contract, the facility must offer the resident the<br>opportunity to identify a designated representative<br>according to subdivision 3.<br>(f) The resident must agree in writing to<br>any additions or amendments to the contract.<br>Upon agreement between the resident and the<br>facility, a new contract or an addendum to the<br>existing contract must be executed and signed. | 0 900                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 900                                                          | <p>Continued From page 27</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure one of three resident's (R1) assisted living written contract included a signature by the resident or resident representative. The licensee also failed to provide to the Office of Ombudsman for Long-Term Care (OOLTC) a complete unsigned copy of the assisted living contract. This had the potential to affect all current residents.</p> <p>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).</p> <p>The findings include:</p> <p>R1<br/>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>R1's record included a signed Service Plan (Waiver)-Addendum to Contract dated May 5, 2025. R1's record lacked a signed assisted living contract.</p> <p>On November 18, 2025, at 12:20 p.m., owner/licensed assisted living director (O/LALD)-D stated they did not have a signed</p> | 0 900                                                                                           |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 0 900                                                          | <p>Continued From page 28</p> <p>contract yet and had attempted to have the guardian sign it, but the guardian was not "computer savvy" and the guardian was supposed to sign it when they came to the facility but did not. During the signing of R1's other admission documents, O/LALD-D stated the contract was not ready to be signed, but when it was, the guardian had already left. The licensee did not attempt to mail the contract for signatures.</p> <p>OOLTC<br/>The licensee held a provisional assisted living license effective January 22, 2025, and set to expire on January 21, 2026.</p> <p>On November 20, 2025, at 9:45 a.m., O/LALD-D stated they did not submit a blank contract to OOLTC for this facility but did submit a contract to OOLTC for another facility owned by the same owner when the licensee changed from comprehensive home care to assisted living in 2021.</p> <p>The licensee's undated Assisted Living Contract Signing Policy indicated the licensee would provide every prospective and current resident or legal representative with a written assisted living contract that complied with Minnesota statutes 144G.50-144G.54. No services may begin until the contract is fully executed. The procedure was to obtain dated signatures from both parties.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |
| 0 920<br>SS=C                                                  | 144G.50 Subd. 2 (c) Contract information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 920                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 0 920                                                          | <p>Continued From page 29</p> <p>(c) The contract must include:<br/>(1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license;<br/>(2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount;<br/>(3) a delineation of the cost and nature of any other services to be provided for an additional fee;<br/>(4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract;<br/>(5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation;<br/>(6) billing and payment procedures and requirements; and<br/>(7) disclosure of the facility's ability to provide specialized diets.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R2). This had the potential to affect all three residents who received assisted living services.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive</p> | 0 920                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                     |
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| 0 920                                                          | <p>Continued From page 30</p> <p>or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 admitted to the licensee and began receiving assisted living services on November 1, 2025.</p> <p>R2's Service Plan (Waiver)-Addendum to Contract signed November 1, 2025, indicated R2 received assistance with walking, bathing, dressing and grooming, behavior management, toileting, and safety checks.</p> <p>R2's Resident Contract for Assisted Living signed November 1, 2025, lacked the licensee's disclosure of the category of assisted living facility license held by the facility and disclosure the licensee does not hold an assisted living with dementia care license.</p> <p>On November 20, 2025, at 9:45 a.m., owner/licensed assisted living director (O/LALD)-D stated R2's contract was the current contract used for all residents. At 9:54 a.m., during contract review, O/LALD-D was unable to locate the missing required content, unaware it was required, and stated they would update the contract.</p> <p>The licensee's undated Assisted Living Contract Signing Policy indicated the licensee would provide every prospective and current resident or legal representative with a written assisted living contract that complied with Minnesota statutes 144G.50-144G.54.</p> <p>No further information was provided.</p> | 0 920                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 0 920                                                          | Continued From page 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 920                                                                  |                                                                                                                          |  |                                                     |
| 0 940<br>SS=C                                                  | <b>144G.50 Subd. 2 (e; 5-7) Contract information</b><br><br>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:<br>(i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;<br>(ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);<br>(iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;<br>(iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;<br>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;<br>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and<br>(vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;<br>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and | 0 940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 0 940                                                          | <p>Continued From page 32</p> <p>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R2). This had the potential to affect all three residents who received assisted living services.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 admitted to the licensee and began receiving assisted living services on November 1, 2025.</p> <p>R2's Service Plan (Waiver)-Addendum to Contract signed November 1, 2025, indicated R2 received assistance with walking, bathing, dressing and grooming, behavior management, toileting, and safety checks.</p> <p>R2's Resident Contract for Assisted Living signed November 1, 2025, lacked the following required content:<br/>-a description of the licensee's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:<br/>-whether the facility is enrolled with the commissioner of human services to provide</p> | 0 940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                     |
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| 0 940                                                          | <p>Continued From page 33</p> <p>customized living services under medical assistance waivers; and<br/>-whether the licensee has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b).</p> <p>On November 20, 2025, at 9:45 a.m., owner/licensed assisted living director (O/LALD)-D stated R2's contract was the current contract used for all residents. At 9:54 a.m., during contract review, O/LALD-D was unable to locate the missing required content, unaware it was required, and stated they would update the contract.</p> <p>The licensee's undated Assisted Living Contract Signing Policy indicated the licensee would provide every prospective and current resident or legal representative with a written assisted living contract that complied with Minnesota statutes 144G.50-144G.54.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 940                                                                                           |                                                                                                                          |  |                                                     |
| 01060<br>SS=F                                                  | <p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p>                                                                                                                                                                                                                                                                                                                                                                                                                               | 01060                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01060                                                          | <p>Continued From page 34</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and</p> <p>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative and failed to provide the</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01060                                                          | <p>Continued From page 35</p> <p>notification to the Office of Ombudsman for Long-Term Care (OOLTC) of the emergency relocation greater than four days for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>R1's Service Plan (Waiver)-Addendum to Contract signed May 5, 2025, indicated R1 received assistance with bathing, dressing and grooming, incontinence care, behavior management, oxygen delivery, repositioning, blood glucose monitoring, safety checks, and medication administration, but lacked transfer assistance using a full body mechanical lift.</p> <p>R1's Resident Notes from August 1, 2025, through November 18, 2025, indicated on November 10, 2025, at 6:20 p.m., clinical nurse supervisor (CNS)-A noted "On 11/09/25, [R1's initials] called the writer at 9 PM and requested going to the ER [emergency room] to be evaluated for upper left side pain and vomiting.</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01060                                                          | <p>Continued From page 36</p> <p>Today, the attending nurse reported that [R1's initials] was being evaluated for bowel obstruction."</p> <p>R1's Resident Notes dated November 14, 2025, at 7:21 p.m., indicated by CNS-A that R1 was "discharged tonight at 5 PM after 5 days of hospitalization for a small bowel obstruction."</p> <p>R1's record lacked evidence the licensee provided the resident or resident's representative a written emergency relocation notice. The record also lacked evidence to indicate the licensee provided the notification to the OOLTC of the emergency relocation greater than four days as required.</p> <p>On November 17, 2025, at 2:40 p.m., CNS-A stated R1 was sent to the hospital on Sunday night (November 9, 2025) and returned November 14, 2025. CNS-A stated they emailed an update to R1's guardian. The email did not include a written emergency relocation notice with the required content and it was CNS-A's understanding the ombudsman needed to be notified within two to three days, which was not done. CNS-A was unable to provide a blank emergency relocation notice to review the required content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01060                                                                                           |                                                                                                                          |  |                                                        |
| 01290<br>SS=F                                                  | <p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01290                                                                                           |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>40997</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>11/20/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 01290                                                          | <p>Continued From page 37</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure a background study was affiliated to the current health facility identification (HFID) number for five of thirteen employees (unlicensed personnel (ULP)-B, ULP-E, ULP-F, ULP-G, ULP-H) shown to have worked with licensee's residents.</p> <p>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).</p> <p>The findings include:</p> <p>On November 17, 2025, at 10:37 a.m., owner/licensed assisted living director</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                        |
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| 01290                                                          | <p>Continued From page 38</p> <p>(O/LALD)-D emailed the surveyor the employee roster which included ULP-B, ULP-F, ULP-G, and ULP-H, with hire dates of November 25, 2024, August 9, 2020, July 30, 2024, and December 17, 2024, respectively. The employee roster did not include ULP-E.</p> <p>The licensee's posted staff schedule dated October 5, 2025, through November 15, 2025, indicated ULP-B, ULP-E, ULP-F, ULP-G, and ULP-H were all scheduled to work various shifts at various times. The schedule indicated one person was assigned each shift (7:00 a.m.-3:00 p.m. (day), 3:00 p.m.-10:00 p.m. (evening), and 10:00 p.m.-7:00 a.m. (overnight)).</p> <p>On November 18, 2025, at 8:28 a.m., the surveyor received and reviewed the facility's NETStudy 2.0 roster and compared it to the facility's staff roster and discovered ULP-B, ULP-F, ULP-G, and ULP-H were affiliated to current facility HFID 40997 on November 17, 2025, after survey was initiated. ULP-E was not listed on the NETStudy 2.0 roster. At 10:27 a.m., the surveyor's supervisor indicated ULP-E was affiliated to other licensees owned by the same owner with HFIDs 37667, 36999, 35306 on July 2024.</p> <p>R1's Service Recap Summary-Month dated November 2025, indicated ULP-E's initials for services provided on Sunday November 9, 2025, from 3:00 p.m. to 8:00 p.m.</p> <p>During observation on November 17, 2025, from 10:45 a.m. through 3:00 p.m., the surveyor observed ULP-B provide supervision, meals, and direction to the licensee's residents.</p> <p>During observation on November 18, 2025, at</p> | 01290                                                                                           |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01290                                                          | <p>Continued From page 39</p> <p>11:28 a.m., ULP-B provided medication administration to R1.</p> <p>During observation on November 19, 2025, and November 20, 2025, the surveyor observed ULP-H provide medication and treatment administration, meals, and supervision to licensee's residents.</p> <p>On November 19, 2025, at 3:00 p.m., O/LALD-D stated upon hire, they affiliate the new staff to all HFIDs because staff float locations. O/LALD-D stated the staff that were affiliated on November 17, 2025, were hired before this facility admitted their first resident on April 21, 2025, so they were not affiliated to HFID 40997. O/LALD-D stated this was an oversight.</p> <p>The licensee's undated Background Studies policy indicated each facility employee/volunteer or contractor who will provide direct care to residents must have a background study completed. The policy lacked an affiliation procedure.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 01290                                                                                           |                                                                                                                          |  |                                                     |
| 01420<br>SS=F                                                  | <p>144G.62 Subd. 2 Delegation of assisted living services</p> <p>(b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01420                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01420                                                          | <p>Continued From page 40</p> <p>demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, licensee failed to provide training and competency evaluations by a registered nurse (RN) to unlicensed personal (ULP) for delegated full body mechanical lifts for two of two employees (ULP-B, ULP-H).</p> <p>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).</p> <p>The findings include:</p> <p>On November 17, 2025, at 11:45 a.m., during facility tour, the surveyor observed a Hoyer (electric full body lift) stored in the living room of the main floor near the entrance door. On the lower level, a manual full body lift stored in the common area near the stairs.</p> <p>Throughout the survey from November 17</p> | 01420                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01420                                                          | <p>Continued From page 41</p> <p>through 20, 2025, the surveyor did not observe the Hoyer lift on the main floor move from its location or observe R1 in her wheelchair (R1 required use of Hoyer lift to get into wheelchair).</p> <p>The licensee's Staffing Schedule [staffing plan] dated November 1, 2025, indicated the facility required one staff [ULP] for each shift (morning, evening, and overnight) according to the needs of three residents.</p> <p>The licensee's October 2025 staff schedule dated October 5, 2025, through November 15, 2025, indicated one ULP was scheduled for each shift (morning, evening, and overnight).</p> <p>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>R1's Service Plan (Waiver)-Addendum to Contract signed May 5, 2025, indicated R1 received assistance with bathing, dressing and grooming, incontinence care, behavior management, oxygen delivery, repositioning, blood glucose monitoring, safety checks, and medication administration, but lacked transfer assistance using a full body mechanical lift.</p> <p>R1's Resident Profile (list of medications and services provided) with as of date June 2, 2025, indicated R1 received assist of two (2) people with the Hoyer lift transfer at 10:00 a.m., 12:00 p.m., 3:00 p.m., 5:00 p.m., and 8:00 p.m.</p> <p>R1's post-hospital Assessment by Date dated November 14, 2025, indicated by clinical nurse</p> | 01420                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01420                                                          | <p>Continued From page 42</p> <p>supervisor (CNS)-A's assessment, R1 required one staff to transfer from bed to wheelchair using a Hoyer lift, but also indicated R1 declined transfers multiple times due to severe back pain while in the wheelchair.</p> <p>During interview on November 17, 2025, at 12:45 p.m., R1 stated they have a desire to get out of bed but cannot due to lack of staffing two ULPs and licensee only staffed one ULP on each shift.</p> <p>During interview on November 18, 2025, at 11:28 a.m., ULP-B stated it required two people to complete Hoyer lift transfers, and if management was not on site to assist, they would contact CNS-A to come in and assist. For weekends, ULP-B stated CNS-A was at the facility to perform wound care so they would complete the transfer while CNS-A was there, then during the next shift change, the oncoming staff would help transfer the resident back to bed. ULP-B stated they were trained by CNS-A on how to use the Hoyer lift.</p> <p>During interview on November 18, 2025, at 1:35 p.m., CNS-A stated for the electric full body lift (Hoyer), it required one person for use, but the manual full body lift required two people for use.</p> <p>During interview on November 19, 2025, at 10:00 a.m., ULP-H stated the Hoyer lift in the main living room belonged to R1 and has used it before but could not specify when it was last used. ULP-H stated the Hoyer lift required two people to use it.</p> <p>During interview on November 20, 2025, at 10:20 a.m., ULP-H stated they were trained by CNS-A on how to use the Hoyer lift.</p> <p>ULP-B and ULP-H were hired on November 25,</p> | 01420                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01420                                                          | <p>Continued From page 43</p> <p>2024, and December 17, 2024, respectively, to provide assisted living services.</p> <p>ULP-B and ULP-H's Mechanical Lift Competency signed December 16, 2024, and March 27, 2025, respectively, indicated under "All Mechanical Lifts: require two staff to safely operate lift."</p> <p>During interview on November 20, 2025, at 12:00 p.m., CNS-A observed the above Mechanical Lift Competency for ULP-B and ULP-H, and stated they would need to complete another competency to ensure all staff were able to complete the Hoyer lift transfer by themselves safely.</p> <p>The licensee's undated Training and Competency Evaluation Policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated ULP performing delegated nursing tasks must have successfully completed training and demonstrated competency by the RN. The RN would ensure the ULP are trained in the proper methods to perform the tasks or procedures for each resident and are able to demonstrate the ability to competently follow the procedures and perform the tasks.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01420                                                                  |                                                                                                                          |  |                                                     |
| 01760<br>SS=I                                                  | <p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 01760                                                          | <p>Continued From page 44</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>R1's Service Plan (Waiver)-Addendum to Contract signed May 5, 2025, indicated R1 received assistance with medication and treatment administration.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 45</p> <p>R1's medication administration record (MAR) dated November 2025, indicated R1 received scheduled insulin injection for diabetes, one oral medication for seasonal allergies, one for high cholesterol, one to help prevent urinary tract infection, two for depression, three supplements, one for anxiety, one for sleep, two for seizure control, one for pain, one for acid reflux, and one anti-fungal topical medication. The MAR indicated R1 received:</p> <ul style="list-style-type: none"><li>-Humalog KwikPen 100 unit/milliliters (ml) injection (fast-acting insulin) for high blood glucose (BG): 1 unit for BG 200-250; 2 units for BG 251-300; 3 units for BG 301-350; 4 units for BG 351-400; if over 400, go to the emergency room; and</li><li>-lisinopril (dose unknown), give one tablet by mouth once daily as needed (PRN) for systolic blood pressure (SBP) greater than 130.</li></ul> <p><b>HUMALOG INSULIN</b><br/>R1's provider orders dated June 16, 2025, instructed to check R1's BG once daily at 8:00 a.m., and give PRN Humalog insulin as shown above when BG was 200 or above. Recheck BG before lunch and notify the nurse if BG remained above 200.</p> <p>R1's Vital Signs record dated October 1, 2025, through November 18, 2025, indicated R1's BG was 200 or above on the following dates:</p> <ul style="list-style-type: none"><li>-October 8, BG was 220;</li><li>-October 11, BG was 209;</li><li>-October 18, BG was 223;</li><li>-October 29, BG was 229;</li><li>-November 4, BG was 219;</li><li>-November 8, BG was 204; and</li><li>-November 16, BG was 204.</li></ul> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 46</p> <p>R1's MAR dated October 1-31 and November 1-17, 2025, indicated no documentation Humalog KwikPen was given (entirely blank).</p> <p>During medication refrigerator and cart review on November 18, 2025, at 10:38 a.m., the surveyor observed one box containing two (2) new KwikPens of Humalog which was dispensed from the pharmacy on April 11, 2025. Clinical nurse supervisor (CNS)-A stated R1 rarely received Humalog but needed it when her BG was greater than 200. The medication cart did not contain a Humalog KwikPen currently in use (once a pen is pulled from the refrigerator and used for the first time, it is stored in room temperature and good for 28 days then must be discarded).</p> <p>During interview on November 18, 2025, at approximately 11:30 a.m., unlicensed personnel (ULP)-B stated they had given Humalog before but lately R1's BGs had been below 200. If BG was above 200, ULP-B would give PRN Humalog and document how much was given on the MAR.</p> <p>R1's Service Recap Summary dated October 2025, and November 2025, indicated ULP-B's initials were documented for checking R1's BG on October 18, 2025, and November 4 and 16, 2025, and ULP-H's initials on October 8, 11, 29, 2025, and November 8, 2025.</p> <p>On November 18, 2025, at 1:35 p.m., CNS-A stated staff were contacting them when R1's BG was greater than 200 and stating they were going to administer Humalog insulin.</p> <p>During observation on November 19, 2025, at 12:10 p.m., ULP-H stated R1's BG was 213 that morning and had to administer PRN insulin. ULP-H set up R1's oral medications and brought</p> | 01760                                                                                           |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 47</p> <p>R1's glucometer and Humalog KwikPen into R1's room. R1's BG was 131 so R1 did not require insulin. ULP-H administered R1's oral medications.</p> <p>During interview on November 20, 2025, at 10:20 a.m., ULP-H stated they were trained by CNS-A on medication administration. ULP-H stated R1's BG was over 200 yesterday so they gave PRN Humalog after contacting CNS-A whom instructed ULP-H to recheck in two hours. If BG was still over 200, give additional insulin per MAR. When asked if this was the procedure they followed prior to yesterday, ULP-H stated, "I do not know," and did not provide additional information.</p> <p>The Mayo Clinic's Hyperglycemia (high blood sugar) in Diabetes dated April 30, 2025, indicated hyperglycemia can cause complications when blood sugar levels are above 180 to 200. The longer the blood glucose levels persist, the more serious complications may become. Long-term complications of hyperglycemia include:<br/>-cardiovascular disease (hypertension and stroke);<br/>-nerve damage;<br/>-kidney damage or kidney failure;<br/>-damage to blood vessels in the retina that could lead to blindness;<br/>-foot problems cause by damaged nerves or poor blood flow that could leave to serious skin infections, ulcerations, and in some cases, amputation;<br/>-bone and joint problems; and<br/>-teeth and gum infections.</p> <p>LISINOPRIL<br/>R1's provider orders dated June 16, 2025, instructed to give lisinopril 10 milligram (mg) tablet once daily PRN for SBP greater than 130.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 48</p> <p>Under Treatment and Therapy: Record-Blood Pressure daily at 8:00 a.m., check and record blood pressure (BP). Administer lisinopril 10 mg one tablet once daily if SBP is greater than 130. Check blood pressure 1 hour later and notify the nurse if SBP remains greater than 130.</p> <p>R1's Assessment by Date (nursing assessment) dated November 14, 2025, indicated as of May 15, 2025, R1's BP was stable, however, R1 would take lisinopril 10 mg, one tablet by mouth daily PRN for SBP greater than 130. As of November 14, 2025, there were no updates to that plan.</p> <p>R1's MAR dated October 1-31, 2025, instructed to give lisinopril 10 mg tablet, one tablet by mouth daily PRN for SBP greater than 130. The MAR indicated PRN lisinopril was given on the following dates:<br/>-October 1-for BP 147/89;<br/>-October 2-for BP 147/91;<br/>-October 8-for BP 130/88 (should not have been given);<br/>-October 10-for BP 161/92; and<br/>-October 16-for BP 140/88.</p> <p>R1's Vital Signs form dated October 1, 2025, through November 18, 2025, documented 26 times that R1's SBP was greater than 130, but MARs did not show documentation that PRN lisinopril was given as ordered.</p> <p>On November 18, 2025, at 1:35 p.m., CNS-A stated staff were trained to administer PRN lisinopril when SBP was greater than 130. At 2:10 p.m., CNS-A pulled out the most recent bubble pack of lisinopril (dispensed from pharmacy on November 4, 2025), and observed two doses punched out (given). November MAR did not show documentation of lisinopril given.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 49</p> <p>During observation on November 19, 2025, at 12:10 p.m., after ULP-H administered R1's oral medications, ULP-H showed the surveyor on R1's MAR stating R1 received PRN lisinopril that morning at 8:59 a.m. because the blood pressure was 137/89. ULP-H showed the surveyor the bubble pack which showed the third dose punched out (given). CNS-A stated staff were supposed to be charting on the MAR whenever a PRN medication was given.</p> <p>On November 19, 2025, starting at 8:13 a.m., the surveyor attempted phone interviews with three other ULPs but was unable to interview before survey completion.</p> <p>R1's medical record lacked numerous documentation entries and based on medication availability, the surveyor was unable to determine whether medications were administered as ordered.</p> <p>The American Heart Association's Health Threats from High Blood Pressure dated August 15, 2025, indicated if hypertension (high blood pressure) was not controlled, it could lead to:</p> <ul style="list-style-type: none"><li>-heart attack;</li><li>-stroke;</li><li>-heart failure;</li><li>-kidney disease or kidney failure;</li><li>-vision loss;</li><li>-sexual disfunction;</li><li>-heart disease; and</li><li>-atherosclerosis (plaque buildup in the arteries).</li></ul> <p>The licensee's undated PRN Medication Administration Policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated staff trained by the registered</p> | 01760                                                                                           |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01760                                                          | <p>Continued From page 50</p> <p>nurse may administer PRN medications. Staff must follow the six (6) rights of medication administration:</p> <ul style="list-style-type: none"><li>1) Right person</li><li>2) Right medication</li><li>3) Right time</li><li>4) Right route</li><li>5) Right dose</li><li>6) Right documentation-must include name of medication administered, dose given, date and time administered, method and route administered, staff signature and title, reason for administration, and follow-up evaluation (effectiveness, adverse reactions)</li></ul> <p>PRN documentation would be reviewed periodically by the registered nurse (RN) or supervisor and any errors, omissions, or patterns of incorrect use will be addressed through corrective training.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01760                                                                                           |                                                                                                                          |  |                                                     |
| 01880<br>SS=F                                                  | <p><b>144G.71 Subd. 19 Storage of medications</b></p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to monitor refrigeration temperatures to ensure temperatures were maintained according to the manufacturer's</p>                                                                                                                                                                                                                                                                                                                                             | 01880                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01880                                                          | <p>Continued From page 51</p> <p>instructions for one of one resident (R1) using insulin to manage type 2 diabetes.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During entrance conference on November 17, 2025, at 10:45 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided medication management services to residents and one resident was a diabetic.</p> <p>On November 18, 2025, at 10:38 a.m., CNS-A unlocked the medication refrigerator using a key and opened the door. The surveyor observed a thermometer that read 49 degrees Fahrenheit (F). CNS-A stated the temperature was warmer than normal, and usually ran around 40 degrees F. Staff checked the temperatures and tracked the data on their electronic health record (Residex). The refrigerator contained the following medications for R1:</p> <ul style="list-style-type: none"><li>-one (1) Ozempic pen (one month of doses in one pen-stimulates insulin release from pancreas to help lower blood sugar levels);</li><li>-four (4) Lantus pens (long-acting insulin); and</li><li>-two (2) Humalog Kwikpens (rapid-acting insulin-last dispensed on April 11, 2025).</li></ul> <p>On November 18, 2025, at 12:32 p.m., CNS-A stated their process was to assign "house chores</p> | 01880                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01880                                                          | <p>Continued From page 52</p> <p>to staff" which included checking the medication refrigerator temperature, but failed to assign that tasks for this facility. The temperature had not been checked nor documented. CNS-A checked the temperature again and it was between 44-45 degrees. CNS-A stated the reason the temperature was 49 degrees earlier was because they were in the refrigerator prior to the surveyor checking the temperature.</p> <p>The licensee's undated Medication Storage Policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated the licensee would ensure all medications were stored safely and securely to protect resident safety, prevent contamination, avoid medication errors, and ensure regulatory compliance. The policy indicated refrigerated medications must be stored in a designated, locked medication refrigerator and temperature logs must be maintained daily for any medication refrigerator. The temperatures must remain between 36-46 degrees F. Daily temperature logs must be completed, signed, and stored for recordkeeping and staff must report any temperature outside of the acceptable range to the registered nurse immediately.</p> <p>The manufacturer's instructions for Ozempic Pen revised September 2023, indicated to store unused pens in the refrigerator at 36° F to 46° F and not to use if the pen had been frozen.</p> <p>The manufacturer's instructions for Lantus Solostar pen revised May 2025, indicated to store unused pens in the refrigerator at 36° F to 46° F and not to use if the pen had been frozen.</p> <p>The manufacturer's instructions for Humalog KwikPen revised May 2025, indicated to store</p> | 01880                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                     |
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| 01880                                                          | Continued From page 53<br><br>unused in the refrigerator at 36° F to 46° F and not to use if the pen had been frozen.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01880                                                                                           |                                                                                                                          |  |                                                     |
| 01940<br>SS=D                                                  | 144G.72 Subd. 3 Individualized treatment or therapy managemen<br><br>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:<br>(1) a statement of the type of services that will be provided;<br>(2) documentation of specific resident instructions relating to the treatments or therapy administration;<br>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;<br>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must | 01940                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 01940                                                          | <p>Continued From page 54</p> <p>be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R1) who received assistance with treatments.</p> <p>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).</p> <p>The findings include:</p> <p>During observation on November 18, 2025, at 9:00 a.m., outside homecare agency registered nurse (RN)-K performed wound care to R1's right buttock by cleansing the wound with saline, applying cream around the opening of the wound, then covered with bandage.</p> <p>During observation on November 20, 2025, at 1:01 p.m., the surveyor observed R1's bilateral ankle/foot orthosis (AFO) brace with Velcro straps stored on the seat of the power wheelchair within R1's room and R1's CPAP machine (device that delivers continuous air pressure for sleep apnea) with mask was sitting on top of R1's bedside table.</p> | 01940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01940                                                          | <p>Continued From page 55</p> <p>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>R1's Master Care Plan last updated by clinical nurse supervisor (CNS)-A on November 14, 2025, indicated R1 required assistance with application of compression stockings and AFO brace bilaterally prior to being transferred to wheelchair, wound care performed based on provider order, and application/removal and cleaning of CPAP.</p> <p>R1's Service Recap Summary dated November 1-18, 2025, indicated staff assisted with oxygen delivery three times daily, CPAP daily maintenance, daily blood glucose checks, daily blood pressure checks by unlicensed personnel (ULP), and daily wound care performed by registered nurse (RN).</p> <p>R1's signed Service Plan (Waiver)-Addendum to Contract dated May 5, 2025, indicated R1 received assistance with medication administration, oxygen delivery three times daily, daily blood glucose checks, and daily blood pressure check by the RN.</p> <p>R1's medical record included the following prescribe orders:<br/>-daily blood pressure checks (administer lisinopril 10 milligram (mg) if systolic blood pressure is greater than 130, then recheck one hour later) dated June 16, 2025;<br/>-daily wound care daily for pressure injury of right ischium (lower and back part of hip bone), stage 4 (deep tissue destruction extending through</p> | 01940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01940                                                          | <p>Continued From page 56</p> <p>fascia and may involve muscle, bone and tendons) dated October 27, 2025;<br/>-use CPAP daily for obstructive sleep apnea dated September 19, 2025;<br/>-bilateral compression stockings 20-30 millimeters of mercury (mmHg) for localized swelling of lower limbs order dated July 30, 2025; and<br/>-daily wound care to right ischium and right posterior thigh dated October 27, 2025.</p> <p>R1's record lacked a signed revised service agreement indicating staff assisted with CPAP, AFO braces, compression stockings, daily blood pressure checks by ULP not RN, and daily wound care.</p> <p>The licensee's undated Service Plan policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated service plan and any revisions must include a signature or other authentication by the home care provider [assisted living provider], and by the client [resident] or client representative documenting agreement on the services to be provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01940                                                                  |                                                                                                                          |  |                                                     |
| 01970<br>SS=D                                                  | <p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01970                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01970                                                          | <p>Continued From page 57</p> <p>information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to obtain an up-to-date written or electronically recorded order for one of one resident (R1) receiving assistance with treatments.</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>During observation throughout the survey from November 17, 2025, through November 20, 2025, the surveyor did not observe R1 out of bed and did not observe R1's bilateral ankle-foot orthoses (AFO) braces, designed to provide support and stability to the foot and ankle, on at any time.</p> <p>On November 20, 2025, at 1:01 p.m., the surveyor observed R1's bilateral AFO braces with</p> | 01970                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                          |  |                                                     |
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| 01970                                                          | <p>Continued From page 58</p> <p>Velcro straps stored on the seat of the power wheelchair within R1's room.</p> <p>R1's Master Care Plan last updated on November 14, 2025, under "ADL Needs-Dressing Needs-Special," indicated R1 needed assistance with orthotic or prosthesis on both feet prior to being transferred to wheelchair.</p> <p>R1's medical record lacked prescriber orders for AFO braces.</p> <p>On November 20, 2025, at 12:00 p.m., clinical nurse supervisor (CNS)-A stated when R1 originally admitted to another licensee owned by the same owner in 2021, R1 came with the AFO braces and did not have prescriber orders at that time. CNS-A stated about two years ago, the AFO braces were evaluated for proper fit and Velcro straps were replaced. The AFO braces were used when R1 went out to appointments but did not have a prescriber order available.</p> <p>The licensee's undated Treatment and Therapy Management Services policy (policy referenced 144A statutes, but licensee operated under 144G statutes), indicated the treatment or therapy services would be provided under the orders of an authorized prescriber, the licensee would provide documentation of orders obtained, develop an individualized plan of care for treatment and therapies, and the orders would be maintained in the resident's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01970                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b>                                                           |  |                                                     |
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| 02310                                                          | Continued From page 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02310                                                                  |                                                                                                                                                           |  |                                                     |
| 02310<br>SS=I                                                  | <p><b>144G.91 Subd. 4 (a) Appropriate care and services</b></p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical or nursing standards for one of one resident (R2) with consumer bed rails (grab bars).</p> <p>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).</p> <p>The findings include:</p> <p>R2 was admitted on November 1, 2025, with diagnoses including Alzheimer's disease, restless leg syndrome (strong urge to move legs), weakness, and lymphedema (accumulation of fluid in tissues resulting in swelling).</p> <p>R2's Service Plan (Waiver)-Addendum to Contract signed November 1, 2025, indicated R2 received assistance with bathing, dressing, grooming, toileting, safety checks, transfer assistance, and medication administration.</p> | 02310                                                                  | During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged. |  |                                                     |



Minnesota Department of Health

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| 02310                                                          | <p>Continued From page 60</p> <p>R2's Assessment by Date (14-day) dated November 14, 2025, indicated R2's preferred bedtime was 10:00 p.m., and that R2 would like to sleep either in a recliner or in bed.</p> <p>During facility tour on November 17, 2025, at 11:45 a.m., the surveyor observed R2 sitting in her oversized recliner watching television and between the recliner and hospital bed was a walker with tray holding personal items that were easily accessible to R2. The hospital bed had two metal round grab bars (Halos) attached to the bed frame. The Halos were fixed and had slight movement at the attachment area, but they were attached to the frame securely.</p> <p>R2's Incident Report dated November 4, 2025, at 1:30 a.m., indicated R2's call light was activated and upon entry, unlicensed personnel (ULP)-J found R2 kneeled on the floor at the side of the bed. R2 was attempting to stand up but could not and required assistance off the floor.</p> <p>During interview on November 18, 2025, at 1:15p.m., clinical nurse supervisor (CNS)-A stated the bed with grab bars came with the resident upon admission. CNS-A was told R2's family member (FM)-I informed them R2 preferred to sleep in the recliner and at the time, they began the process of getting a different bed to make R2 more comfortable. CNS-A stated they did not assess the grab bars as they did not realize it was considered a bed rail and thought it was classified as an assistive device. CNS-A was not aware on how to check for consumer bed rail recalls on the Consumer Product Safety Commission (CPSC) website or had any manufacturer's guidelines for the Halos. At 1:35 p.m., CNS-A and the surveyor observed the</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



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| 02310                                                          | <p>Continued From page 61</p> <p>Halos to check for a manufacturer label but could not locate one. R2 stated she did not have any manufacturer information available.</p> <p>R2's medical record lacked the following documentation:</p> <ul style="list-style-type: none"><li>-a bed rail assessment;</li><li>-bed rails were determined to not act as a restraint;</li><li>-portable bed rails were installed and maintained according to the manufacturer's guidelines;</li><li>-the manufacturer's guidelines are accessible upon request; and</li><li>-the risk vs. benefits were discussed and documented with the resident/responsible party.</li></ul> <p>During interview on November 19, 2025, at 11:45 a.m., FM-I stated R2 used to sleep in a larger bed while living at a different facility, but since the current bed was too small for R2, R2 preferred to sleep in the recliner as it could lay flat. FM-I stated the goal was to get R2 sleeping in a bed consistently but could not confirm whether R2 slept in the recliner or bed.</p> <p>The licensee's undated Use of Side Rails in the Home policy, indicated bed rails would not be used in the home setting except in situations where assessment determined they were necessary for safety of the resident. If the resident or resident's representative wanted bed rails on the bed, the registered nurse (RN) would educate the resident/representative about the risks related to bed rails. The RN would assess and evaluate what the resident's needs were and if the resident could safely utilize the side rail. The policy did not provide information on checking for recalls using the CSPA website or making sure bed rails were installed and maintained according to the manufacturer's guidelines.</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02310                                                          | <p>Continued From page 62</p> <p>The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe".</p> <p>The Minnesota Department of Health (MDH) website last updated October 13, 2025, Assisted Living Resources &amp; Frequently Asked Questions (FAQs) indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to:</p> <ul style="list-style-type: none"><li>-Purpose and intention of the bed rail;</li><li>-Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail;</li><li>-The resident's bed rail use/need assessment;</li><li>-Risk vs. benefits discussion (individualized to each resident's risks);</li><li>-The resident's preferences;</li></ul> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02310                                                          | <p>Continued From page 63</p> <p>-Installation and use according to manufacturer's guidelines;<br/>-Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and<br/>-Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements".</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>Based on observation, interview, and record review, the licensee also failed to provide care and services according to acceptable health care, medical or nursing standards for one of one resident (R1) who utilized hospital bed rails.</p> <p>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).</p> <p>The findings include:</p> <p>On November 17, 2025, at 12:45 p.m., during observation and interview with R1, the surveyor observed an oversized hospital style bed up against R1's window with one upper ½ bed rail attached on each side. Both bed rails were raised and R1 was sitting up in bed near the right edge of the mattress (to access items on portable over-the-bed table) which compressed the mattress due to R1's weight. The bed rail to the</p> | 02310                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 02310                                                          | <p>Continued From page 64</p> <p>right of R1 slightly rocked from side to side but did not pull away from the bed. R1 stated she never observed clinical nurse supervisor (CNS)-A inspect her bed rails. R1 stated she wanted another bed rail for the lower part of right side of bed to help keep her from potentially falling out of bed due to paralysis of lower extremities.</p> <p>During observation on November 18, 2025, at 9:00 a.m., the surveyor observed R1 sitting in same position as the day before. R1's head of bed (HOB) was lowered by CNS-A so R1 could roll to her left side by grabbing the bed rail to pull herself to the side to receive wound care.</p> <p>R1 was admitted to the facility on May 5, 2025, and had diagnoses including spina bifida (neural tube defect that occurs when a baby's spinal column and spinal cord do not form properly in the womb), seizure disorder, skin ulcer of perineum, type 2 diabetes, and anxiety.</p> <p>R1's Service Plan (Waiver)-Addendum to Contract signed May 5, 2025, indicated R1 received assistance with bathing, dressing and grooming, incontinence care, behavior management, oxygen delivery, repositioning, blood glucose monitoring, safety checks, and medication administration.</p> <p>R1's Assessment by Date (pre-admission assessment) dated May 1, 2025, did not indicate R1 had a hospital style bed with bed rails.</p> <p>R1's Side-Rail [bed rail] Use Assessment Form dated May 5, 2025, indicated the following information regarding R1:<br/>-level of consciousness fluctuated;<br/>-displayed poor bed mobility or difficulty moving to a sitting position;</p> | 02310                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 02310                                                          | <p>Continued From page 65</p> <p>-on medications that may require safety precautions;<br/>-currently used bed rail for positioning, support, and increased independence;<br/>-visually challenged; and<br/>-family/resident understood risks of bed rail use.</p> <p>R1's Assessment by Date (post-hospital assessment) dated November 14, 2025, indicated under Safety-bed safety the following information:<br/>-R1 had bilateral (two) half bed rails of 30 inches long and a height of 17 inches;<br/>-R1 had no sensation in lower extremities and level of consciousness fluctuated;<br/>-bed rails would help promote independence with turning while in bed; and<br/>-on May 15, 2025 (14-day assessment), the "space between the bed rail bars is 4 to 4.4 inches. The space between the mattress and the side rails is 2 inches at the sides and 1 inch and the head/foot sides." For November 14, 2025: "No change in this area."</p> <p>R1's medical record lacked documentation of physical inspection of bed rail and mattress for areas of entrapment-zones 2 and 4, stability, and correct installation.</p> <p>During interview on November 18, 2025, at 1:15 p.m., CNS-A stated upon each assessment, they used the bed rail assessment form and measured the space between the bed rail bars, between the mattress and bed rail, and determined if R1's head could fit through the spacing. On November 20, 2025, at 1:05 p.m., within R1's room, CNS-A demonstrated to the surveyor how physical inspection of the bed and measurements were completed. CNS-A stated they measured between the bars of the bed rail, measured the</p> | 02310                                                                                           |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>40997</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/20/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RISEN HOME CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3018 THURBER ROAD<br/>BROOKLYN CENTER, MN 55429</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 02310                                                          | <p>Continued From page 66</p> <p>gap between the mattress and headboard, and the gap between the mattress and bed rail. CNS-A stated R1's bed rail did not have the ability to tighten to eliminate the rocking from side to side.</p> <p>The licensee's undated Use of Side Rails in the Home policy, indicated the registered nurse (RN) would assess to determine whether the equipment met the Food and Drug Administration (FDA) standards for bed rails.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 02310                                                                                           |                                                                                                                          |  |                                                        |





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

|                                                                                                                                                                                 |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Establishment Info</b><br><b>Risen Home Care LLC</b><br><br><b>3018 Thurber Road</b><br><br><b>Brooklyn Center</b><br>, MN 55429<br>Hennepin County<br>Parcel:<br><br>Phone: | <b>License Info</b><br><br>License: <b>HFID 40997</b><br><br>Risk:<br>License:<br>Expires on:<br>CFPM: ANGELIQUE KAPILA<br>CFPM #: 31337; Exp: 2/11/2028 | <b>Inspection Info</b><br><br>Report Number: F8058251157<br>Inspection Type: Full - Single<br>Date: 11/17/2025 Time: 2:03:31 PM<br>Duration: minutes<br>Announced Inspection: No<br><b>Total Priority 1 Orders: 0</b><br><u>Total Priority 2 Orders: 0</u><br><u>Total Priority 3 Orders: 0</u><br><u>Delivery: Emailed</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

No orders were issued for this inspection report.

Food & Beverage General Comment

HRD INSPECTOR ANNA BOHNEN

RESIDENTIAL HOME WITH NON COMMERCIAL APPLIANCES AND FINISHES

41 CHEESE COOLER  
41 GRAPES COOLER  
170 DISH TEMP

**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 F8058251157 from 11/17/2025**

ANGELIQUE KAPILA  
PIC

  
Aaron Gertz,  
Public Health Sanitarian 3  
651-201-4516  
aaron.gertz@state.mn.us



# Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

|                                                             |                  |
|-------------------------------------------------------------|------------------|
| Project No: 40997015                                        | Date: 11/17/2025 |
| Facility Name: Risen Home Care LLC                          |                  |
| Facility Address: 3018 Thurber Rd Brooklyn Center, MN 55429 |                  |

☒ TAG IDENTIFICATION: 0780

SCOPE/ SEVERITY: Level 1; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

1. Smoke alarms interconnected so that actuation of one alarm causes all alarms in the individual dwelling or sleeping unit to operate where more than one smoke alarm is required within an individual dwelling or sleeping unit. [Minn. Stat. 144G.45 subd.2]

*Comments: There were battery operated interconnected smoke alarms throughout the facility. In basement resident rooms 4, 5 and outside the sleeping area there were also hardwired smoke alarms. Existing hardwired (receiving power from the building electrical system) smoke alarms are required to be maintained as installed previously and interconnected to additional battery-operated alarms so activation of one alarm activates all alarms throughout the facility.*

☒ TAG IDENTIFICATION: 0790

SCOPE/ SEVERITY: Level 1; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days

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

*Comments: The fire extinguishers that were installed throughout the facility were equipped with manufacturer tags that had monthly inspections marked starting on 3/28/2024 but lacked documentation indicating they had been annually serviced. Fire extinguishers are to be replaced or serviced annually by a qualified technician.*

☒ TAG IDENTIFICATION: 0800

SCOPE/ SEVERITY: Level 1; Widespread

TIME PERIOD OF CORRECTION: Seven (7) days



1. The physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment are 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. [Minn. Stat. 144G.45 subd.2]

*Comments:*

- a. There was a missing handrail on the stairs leading to the basement.*
- b. There was missing drywall at the top of the stairs to the basement.*
- c. In the basement, the door frame of the door leading out the back of the facility was split and missing trim on the latch side of the door.*

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☒ **TAG IDENTIFICATION: 0810**

**SCOPE/ SEVERITY:** Level 2; Widespread

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

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

*Comments: The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate) and P.A.S.S (Pull, Aim, Squeeze, and Sweep) but the plan was designed for a building with life safety systems such as sprinklers. The policy had not been updated to provide complete actions for employees to take in the event of a fire or similar emergency at the licensed facility which did not have life safety systems.*

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

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

3. Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. [Minn. Stat. 144G.45 subd.2]



*Comments: Clinical nurse supervisor (CNS)-A stated that staff are trained on the FSEP at time of hire and twice per year thereafter. CNS-A stated that they did not have access to the training documentation at time of the survey. No training documentation was provided for review.*

4. Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. [Minn. Stat. 144G.45 subd.2]

*Comments: CNS-A provided documentation that only 1 of the residents had been trained on the FSEP. No other resident training documentation was provided.*

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☒ **TAG IDENTIFICATION: 0830**

**SCOPE/ SEVERITY:** Level 2; Pattern

**TIME PERIOD OF CORRECTION:** Twenty One (21) days

- 
1. Facility complies with all state and local governing laws, and codes for fire safety, building, and zoning requirements. [Minn. Stat. 144G.45 subd.3]

*Comments: During the survey it was noted that there was a roof type structure that had previously been erected above the steps from the lower level of the facility. The surveyor noted that it did not appear to be a code compliant structure for reasons including but not limited to the lack of proper flashing against the house, proper orientation of the roofing material, exposed fasteners on the roofing material, improper seam placement of the roof sheeting, and improper anchor points to the deck and retaining wall. On 11/19/2025 at 9:13 a.m. the surveyor emailed owner/licensed assisted living director (O/LALD)-D requesting additional information on the structure including proof of a building permit from the city of Brooklyn Center. On 11/19/2025 at 6:36 p.m. O/LALD-D responded in an email stating that they were unable to obtain permit information from their contractor and that the city of Brooklyn Center will require a permit for the structure.*