STATE LICENSING COMPLIANCE REPORT

Report #: HL346003792C

Date Concluded: September 10, 2026

Name, Address, and County of Facility Investigated:
Golden Touch Health Care LLC
6800 Scott Avenue North
Brooklyn Center, Minnesota 55429
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name:
Nicole Myslicki, RN
Special Investigator

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34600	A. BUILDING: _____ B. WING _____	C 08/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN TOUCH HEALTH CARE LLC	6800 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429

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0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: HL346003792C On August 19, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 4 residents receiving services under the provider's Assisted Living license. The following correction order is issued for HL346003792C, tag identification 1640. On August 19, 2026, MDH issued an immediate temporary suspension and a notice of revocation of the assisted living facility license of Golden Touch. As of the issuance of these correction orders, the immediate temporary suspension was in effect, but the revocation was not final. Therefore, the enclosed violations do not include a time period for correction. If Golden Touch 's is	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

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0 000	Continued From page 1 permitted to resume providing assisted living services, Golden Touch is required to immediately correct these violations. If the revocation becomes final, no follow-up visit will be conducted.	0 000		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and provide all services within the service plan and customized living worksheet for four of four residents (R1, R2, R3, R4) with records reviewed.	01640		

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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).

The findings include:

R1
R1 admitted to the licensee March 30, 2025. R1's diagnoses included unspecified psychosis, alcohol abuse, and pre-diabetes.

The licensee identified R1's evacuation status as level 1: self-sufficient, ambulatory, requiring no or minimal nursing care, and requiring no or minimal assistance in evacuation.

R1's customized living rates worksheet (commonly known as 6790) dated August 8, 2025, written by the licensee and submitted to their case manager (CM) for payment of services September 1, 2025, through August 31, 2026. The form indicated the licensee would provide the following services:
-homemaking
-shopping
-assistance making appointments
-arranging non-medical transportation
- one staff to one resident (1:1) socialization
- one staff to two to five residents (1:2-5) socialization
-breakfast, lunch, dinner, and two snacks
-1:1 driving
-1:1 mileage

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01640	Continued From page 3 -assistance with grooming -assistance with bathing -assistance with self-administration -medication set-up and monitoring -verbal or visual medication reminders -manage orientation issues -manage anxiety -manage agitation -manage self-injurious behavior -manage verbal aggression -manage physical aggression -meet other cognitive/mental health need 1: manage symptoms of schizoaffective disorder with psychotic episodes -meet other cognitive/mental health need 2: manage symptoms of post-traumatic stress disorder (PTSD) -meet other cognitive/mental health need 3: manage symptoms of depression -assistance with dressing The 6790 included the time required for staff to complete the following services: -1 hour per day in homemaking -0.28 hours per day providing assistance making appointments -2 hours per day on 1:1 socialization -1 hour per day on 1:2-5 socialization -0.45 hours per day on 1:1 driving -0.07 hours per day providing assistance with grooming -0.07 hours per day providing assistance with bathing -0.5 hours per day on medication set-up and monitoring -0.25 hours per day on verbal or visual medication reminders -1 hour per day managing orientation issues -1 hour per day managing anxiety -1 hour per day managing agitation	01640		

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01640	Continued From page 4 -1 hour per day managing self-injurious behavior -1 hour per day managing verbal aggression -1 hour per day meeting other cognitive/mental health need 1: managing symptoms of schizoaffective disorder with psychotic episodes -1 hour per day meeting other cognitive/mental health need 2: managing symptoms of PTSD -1 hour per day meeting other cognitive/mental health need 3: managing symptoms of depression -0.07 hours per day providing assistance with dressing R1's service plan dated October 1, 2025, indicated the services identified in the 6790 R1 required assistance with, were the following: -medication reminders daily -medication set up, monitoring, and ordering daily and weekly -showers twice weekly -hygiene and grooming daily -nail care and nail trimming weekly -shaving as needed -dressing daily -daily and nightly checks -heavy laundry three times weekly -personal laundry three times weekly -linen changes three times weekly, -housekeeping daily -food preparation five times daily -1:1 socialization and 2:5 socialization daily -transportation set up monthly and as needed -mental health management daily including orientation issues, anxiety, agitation, verbal aggression, and other cognitive/mental health needs -medication administration R1's nursing assessment dated July 27, 2026, indicated R1 required minimal assistance with	01640		

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bathing to wash his back but consistently refused. R1 required minimal assistance with dressing but the assessment did not identify what kind of help R1 needed. The assessment indicated R1 liked to cook, and staff allowed him to make some of his own food with staff supervision. R1 required assistance with laundry due to a limited ability to independently complete the task. The assessment indicated the pharmacy pre-set R1's medications, and registered nurse (RN) set up was as needed with changes to the medications. R1 could not self-administer medications. Additionally, the assessment identified R1 as not at risk to abuse himself.

R1's service recap summary for July 2026, indicated R1 declined many services consistently throughout the month. For many of R1's declinations, licensee staff either did not identify the reason R1 declined a service, or R1 did not need assistance with the service.

The behaviors identified on the July 2026 service recap summary indicated R1 had 2 out of 31 days where he had been "down" or looked "sad", 1 out of 31 days where he reported having anxiety, 2 out of 31 days where he isolated in his room, but did not require additional intervention other than talking with him and/or redirection. The summary indicated R1 did not display orientation issues, agitation, self-injurious behavior, verbal aggression, or physical aggression. Additionally, R1 did not display symptoms of schizoaffective disorder or PTSD.

R1's service recap summary for August 2026, indicated R1 again declined many services consistently throughout the month. For many of R1's declinations, licensee staff either did not identify the reason R1 declined a service, or R1

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did not need assistance with the service.

The behaviors identified on the August 1 through 18, 2026 service recap summary indicated R1 had 1 out of 18 days where he felt "hopeless", and 1 out of 18 days where he "got mad" when another resident got involved in his conversations but did not require additional intervention other than redirection. The summary indicated R1 did not display orientation issues, anxiety, self-injurious behavior, verbal aggression, or physical aggression. Additionally, R1 did not display symptoms of schizoaffective disorder or PTSD.

The licensee inappropriately requested county payments for services for R1, including assistance with making appointments, 1:1 socialization, assistance with grooming, assistance with bathing, assistance with self-administration, medication set-up and monitoring, verbal or visual medication reminders, managing orientation issues, managing self-injurious behavior, managing verbal aggression, managing physical aggression, managing symptoms of PTSD, and assistance with dressing.

R2
R2 admitted to the licensee March 31, 2025. R2's diagnoses included depression, borderline personality disorder, eating disorder, asthma, and suicidal ideations.

The licensee identified R2's evacuation status as level 1: self-sufficient, ambulatory, requiring no or minimal nursing care, and requiring no or minimal assistance in evacuation.

R2's 6790 dated October 2, 2025, was written be

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01640	Continued From page 7 the licensee and submitted to their CM for payment of services October 1, 2025, through September 30, 2026. The form indicated the licensee would provide the following services: -homemaking -shopping -assistance making appointments -money management -arrange non-medical transportation -1:1 socialization -socialization 1:2-5 -breakfast, lunch, dinner, and two snacks -1:1 driving -1:1 mileage -assistance with dressing -assistance with grooming -assistance with bathing -assistance with walking -continence care -manage anxiety -manage verbal aggression -manage agitation -manage verbal aggression -manage self-injurious behavior -meet other cognitive/mental health need 1: depression -meet other cognitive/mental health need 2: PTSD -meet other cognitive/mental health need 3: borderline personality disorder -delegated clinical monitoring: R2 has asthma diagnosis and RN required vitals signs completed daily to ensure she is at baseline. RN to communicate with providers if vitals are out of range. -assistance with self-administration -verbal or visual medication reminders -medication set-up and monitoring -assistance with eating -manage repetitive behavior	01640		

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01640	Continued From page 8 The 6790 included the time required for staff to complete the following services: -0.75 hours per day in homemaking -0.5 hours per day in shopping -3.5 hours per day providing assistance making appointments -0.14 hours per day in money management -2 hours per day in 1:1 socialization -1 hour per day in 1:2-5 socialization -0.75 hours per day in 1:1 driving -0.14 hours per day providing assistance with dressing -0.14 hours per day providing assistance with grooming -0.28 hours per day providing assistance with bathing (indicated in the note section: R2 would utilize 1:1 support for showering. Staff were to be physically present during the showers to ensure her safety and prevent falls. Staff to assist with getting in and out of the shower) -0.14 hours per day in providing assistance with walking -0.5 hours per day providing continence care -1 hour per day in managing anxiety -1 hour per day in managing agitation -2 hours per day in managing verbal aggression -1 hour per day in managing self-injurious behavior (suicidal ideations) -1 hour per day in meeting other cognitive/mental health need 1 (depression) -1 hour per day in meeting other cognitive/mental health need 2 (PTSD) -2 hours per day in meeting other cognitive/mental health need 3 (borderline personality disorder) -0.5 hours per day in delegated clinical monitoring (indicated in note section: R2 has asthma diagnosis and RN required vitals completed daily to ensure she is at baseline. RN to communicate	01640		

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with providers if vitals are out of range)
-0.75 hours per day providing assistance with self-administration
-0.25 hours per day in verbal or visual medication reminders
-2 hours per week (0.29 hours per day) in medication set-up and monitoring
-1.5 hours per day providing assistance with eating (indicated in note section: R2 required the ordering of specific food items, separate meal planning to ensure her food allergies and eating disorder were adequately addressed)
-1 hour per day in managing repetitive behavior

R2's service plan dated October 1, 2025, indicated the services identified in the 6790 R2 required assistance with, were the following:
-medication reminders and administration daily
-medication set up and monitoring weekly
-shower assistance daily and as needed
-grooming assistance daily and as needed
-nail care weekly and as needed
-dressing assistance daily and as needed
-toileting "set up" daily
-walking stand by assistance daily
-day and night checks daily and as needed
-heavy laundry, personal laundry, and linen changes weekly and as needed
-housekeeping daily
-food preparation for breakfast, lunch, dinner, and two snacks
-1:1 and 1:2-5 socialization daily and as needed
-medical and non-medical transportation set-up monthly and as needed
-mental health management: anxiety, repetitive behavior, agitation, self-injurious behavior, verbal aggression, and other cognitive/mental health needs daily and as needed

R2's assessment dated July 2, 2026, indicated

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R2 required minimal assistance with grooming and bathing to wash her back and other hard to reach areas. The assessment identified R2 as independent with cueing and oversight for dressing. The assessment also identified R2 as independent with eating but required assistance with meal preparation, independent with ambulation, and independent with incontinence products. The assessment indicated R2 completed medication administration independently. Staff brought the medications to her, handed her the basket, she removed medications from the packs and took them, and then handed the basket back to staff. Staff watched her take her medications. The pharmacy set up some of her medications. The nurse monitored the medication supply monthly and ordered as needed. The assessment indicated staff would provide 1:1 service as needed as a measure to reduce the risk of attempted suicide or thoughts of suicide.

R2's July 2026 service recap summary indicated the licensee scheduled vital signs checks, including blood pressure, pulse, respirations, and temperature weekly on Wednesdays. The licensee also scheduled vital signs daily at 8:40 a.m., but staff only documented completing the services 1 out of 31 days. R2 declined the majority of these checks. R2 declined many services consistently throughout the month. Staff did not identify the reason for many of the declinations.

The behaviors identified on the July 2026 service recap summary indicated R2 had 11 out of 31 days where she displayed repetitive behavior. R2 had 8 out of 31 days where she displayed agitation or yelling. R2 had 9 out of 31 days where she displayed aggression (staff did not

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identify whether these were verbal or physical incidents). R2 had 3 out of 31 days where she displayed anxiety. R2 had 3 out of 31 days where she displayed depression. R2 had 2 of 31 days where she displayed paranoia. These behaviors either did not require intervention, or they did not require further intervention than redirection, allowing time to calm down, and administering PRN medication.

R2's August 2026 service recap summary indicated the licensee scheduled vital signs checks, including blood pressure, pulse, respirations, and temperature weekly on Wednesdays. R2 declined the weekly vital sign checks two weeks in a row, with the exception of one respirations check. R2 also consistently declined services throughout the month. Staff did not identify the reason for many of the declinations.

The behaviors identified on the August 1 through 18, 2026 service recap summary indicated R2 had 4 out of 18 days where she displayed repetitive behavior. R2 had 2 out of 18 days where she displayed depression. R2 had 4 out of 18 days where she displayed anxiety. R2 had 5 out of 18 days where she displayed agitation. R2 had 4 out of 18 days where she displayed aggression. R2's behaviors either did not require intervention or did not require further intervention than redirection, allowing space, and administering a PRN.

The licensee inappropriately requested county payments for services for R2, including assistance with shopping, making appointments, money management, 1:1 socialization, 1:2-5 socialization, assistance with dressing, assistance with grooming, assistance with

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bathing, assistance with walking, continence care, managing anxiety, managing agitation, managing verbal aggression, managing other cognitive/mental health need 1 (depression), managing other cognitive/mental health need 3 (borderline personality disorder), delegated clinical monitoring (daily vital signs), medication set-up and monitoring, and assistance with eating.

R3
R3 admitted to the licensee April 21, 2026. R3's diagnoses included substance abuse with substance-induced psychotic disorder with delusions, antisocial personality disorder, paranoid delusions, homicidal ideations, and self-harm.

The licensee identified R3's evacuation status as level 1: self-sufficient, ambulatory, requiring no or minimal nursing care, and requiring no or minimal assistance in evacuation.

R3's 6790 April 8, 2026, written by the licensee and submitted to their CM for payment of services April 15, 2026, through March 31, 2027. The form indicated the licensee would provide the following services:
-homemaking
-shopping
-assistance making appointments
-breakfast, lunch, dinner, and two snacks
-1:1 driving
-1:1 socialization
-1:2-5 socialization
-assistance with dressing
-assistance with self-administration
-verbal or visual medication reminders
-medication set-up and monitoring
-assistance with grooming

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GOLDEN TOUCH HEALTH CARE LLC	6800 SCOTT AVENUE NORTH BROOKLYN CENTER, MN 55429

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01640	Continued From page 13 -assistance with bathing -manage anxiety -manage verbal aggression -manage agitation -manage self-injurious behavior -meet other cognitive/mental health need 1 (manage symptoms of schizophrenia) -meet other cognitive/mental health need 2 (manage symptoms of depression) -other delegated task (R3 is diagnosed with psoriasis and needs daily skin evaluation and assessment by a RN. RN to delegate to the caregivers to assist R3 to apply topical solutions and ointment) The 6790 included the time required for staff to complete the following services: -0.14 hours per day in shopping -0.14 hours per day making appointments -1 hour per day in 1:1 socialization -0.5 hours per day in 1:2-5 socialization -0.5 hours per day in assistance with self-administration -0.17 hours per day in verbal or visual medication reminders -0.14 hours per day providing assistance with grooming -0.14 hours per day providing assistance with bathing -1 hour per day managing anxiety -0.45 hours per day managing verbal aggression -0.5 hours per day managing agitation -0.45 hours per day managing self-injurious behavior -1.5 hours per day meeting other cognitive/mental health need 1 (managing symptoms of schizophrenia) -0.5 hours per day meeting other cognitive/mental health need 2 (managing symptoms of depression)	01640		

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01640	Continued From page 14 -0.5 hours per day performing other delegated tasks (daily skin evaluation and assessment by a RN) R3's service plan dated May 4, 2026, indicated the services identified in the 6790 R3 required assistance with, were the following: -medication reminders daily -medication set-up and monitoring daily and weekly -assistance with showering daily and two times weekly -assistance with grooming daily -assistance with dressing daily -day and night checks daily -heavy laundry, personal laundry, and linen changes three times weekly -housekeeping daily -food preparation for breakfast, lunch, dinner, and two snacks -1:1 socialization daily -1:2-5 socialization daily -medical and non-medical transportation set up weekly and as needed -mental health management daily, including orientation issues, anxiety, repetitive behavior, agitation, self-injurious behavior, verbal aggression, and physical aggression R3's assessment dated August 3, 2026, identified R3 as independent with bathing, dressing, grooming, and shopping. R3's service recap summary for July 2026, indicated the licensee did not include a service to complete a daily skin evaluation due to R3's diagnosis of psoriasis. R3 declined many services consistently throughout the month. The summary identified R3 being out of the building as the reason for the majority of declinations. R3 also	01640		

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completed many services independently. Additionally, staff did not identify a reason for some declinations.

The behaviors identified on the July 2026 service recap summary indicated R3 had 2 out of 31 days where she got mad or had aggression, and 1 out of 31 days where she had anxiety, but did not require additional intervention other than redirection, socialization, and/or a PRN medication. The summary indicated R3 did not display agitation, self-injurious behavior, symptoms of schizophrenia, or symptoms of depression.

R3's service recap summary for August 2026, indicated R3 declined many services consistently throughout the month. The summary identified R3 being out of the building as the reason for the majority of the declinations. R3 also completed many services independently. Additionally, staff did not identify a reason for some declinations.

The behaviors identified on the August 1 through 18, 2026 service recap summary indicated R3 had 3 out of 18 days where she argued, yelled, or had verbal aggression, and 1 out of 18 days where she had physical aggression, but did not require additional intervention other than redirection. The summary indicated R3 did not display agitation, self-injurious behavior, symptoms of schizophrenia, or symptoms of depression.

The licensee inappropriately requested county payments for services for R3, including shopping, assistance making appointments, 1:1 socialization, assistance with dressing, assistance with self-administration, verbal or visual medication reminders, assistance with

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grooming, assistance with bathing, managing self-injurious behavior, meeting other cognitive/mental health need 1 (managing symptoms of schizophrenia), meeting other cognitive/mental health need 2 (managing symptoms of depression), and other delegated task (daily skin evaluation and assessment by a RN due to psoriasis diagnosis).

R4
R4 admitted to the licensee April 23, 2026. R4's diagnoses included schizoaffective disorder bipolar type, opioid dependence in remission, and diabetes mellitus II.

The licensee identified R4's evacuation status as level 1: self-sufficient, ambulatory, requiring no or minimal nursing care, and requiring no or minimal assistance in evacuation.

R4's 6790 dated April 20, 2026, written by the licensee and submitted to their CM for payment of services May 1, 2026, through December 31, 2026. The form indicated the licensee would provide the following services:
-homemaking
-shopping
-assistance making appointments
-1:1 socialization
-1:2-5 socialization
-breakfast, lunch, dinner, and two snacks
-driver 1:1
-assistance with dressing
-assistance with grooming
-assistance with bathing
-assistance with self-administration
-verbal or visual medication reminders
-medication set-up and monitoring
-other delegated tasks: medication injection,

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prepared and administered by RN
-manage anxiety
-manage agitation
-manage verbal aggression
-manage physical aggression
-meet other cognitive/mental health need: manage symptoms of schizophrenia with psychotic and catatonic episodes
-meet other cognitive/mental health need: manage symptoms of visual and auditory hallucinations

The 6790 included the time required for staff to complete the following services:
-1 hour per day in 1:1 socialization
-0.25 hours per day providing assistance with dressing
-0.25 hours per day providing assistance with grooming
-0.14 hours per day providing assistance with bathing
-0.75 hours per day providing assistance with self-administration
-0.5 hours per day in verbal or visual medication reminders
-0.14 per day in medication set-up and monitoring
-1 hour per month in other delegated tasks (RN to prepare and administer Haldol injection as prescribed)
-1 hour per day managing anxiety
-0.5 hours per day managing agitation
-0.5 hours per day managing verbal aggression
-0.28 hours per day managing physical aggression
-1 hour per day meeting other cognitive/mental health need 1 (managing symptoms of schizophrenia with psychotic and catatonic episodes)
-0.5 hours per day meeting other cognitive/mental health need 3 (managing symptoms of visual and

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01640	Continued From page 18 auditory hallucinations) R4's service plan dated April 23, 2026, indicated the services identified in the 6790 R4 required assistance with, were the following: -medication reminders daily -medication set-up and monitoring daily and weekly -assistance with showering daily, and twice weekly -assistance with grooming daily -nail care weekly -assistance with dressing daily -day and night checks daily -heavy laundry, personal laundry, and linen changes three times weekly -housekeeping daily -food preparation for breakfast, lunch, dinner, and two snacks -1:1 socialization daily -1:2-5 socialization daily -medical and non-medical transportation set up weekly and as needed -mental health management daily, including wandering, orientation issues, anxiety, repetitive behavior, agitation, self-injurious behavior, verbal aggression, physical aggression R4's assessment dated July 24, 2026, identified R4 as independent with bathing, dressing, and grooming. The assessment indicated R4 would be monitored by staff at all times, redirected, and ensured her safety. R4's service recap summary for July 2026, indicated R4 had been hospitalized the majority of the month and returned July 23, 2026. R4 declined several services during the nine days of the month. The reason for many of the declinations included R4 completing the service	01640		

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01640	Continued From page 19 independently. The behaviors identified on the July 2026 service recap summary indicated R4 had 4 out of 9 days where she had verbal aggression and yelling. R4 had 3 out of 9 days where she had repetitive behavior. R4 had 4 out of 9 days where she had orientation issues or restlessness. These behaviors did not require additional intervention other than redirection, and offering PRN medication. R4 had 1 of 9 days where she had physical aggression, so staff called COPE and a nurse. R4's service recap summary for August 2026, indicated R4 declined many services during the month. The reason for several declinations, including R4 did not need assistance with the service. Staff did not provide a reason for several declinations. The behaviors identified on the August 1 through 18, 2026 service recap summary indicated R4 had 11 out of 18 days where she had repetitive behavior. R4 had 8 out of 18 days where she had verbal aggression or yelling. R4 had 8 out of 18 days where she had restlessness. R4 had 2 out of 18 days where she had agitation and 2 out of 18 days where she talked to herself. The behaviors did not require additional intervention other than redirection, socialization, and allowing time to calm down. The licensee inappropriately requested county payments for services for R4, including assistance making appointments, 1:1 socialization, assistance with dressing, assistance with grooming, assistance with bathing, assistance with self-administration, and verbal or visual medication reminders.	01640		

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01640	Continued From page 20 Staff schedules dated July 2026, and August 2026, indicated one staff worked at the facility per shift. The shift hours were 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. Occasionally one or two other staff, an activities staff and house manager were scheduled to work between three different facilities, including the licensee. There was no extra staff, so one staff per shift for the following dates: July 11, 12, 16, 17, 25, 26, 27, 28, 30 and 31, 2026 August 1, 4, 8, 9, 11, 13, 14, 18, 22, and 23, 2026 R1, R2, R3, and R4's scheduled daily 1:1 socialization service would not have been provided when there was not a second staff to provide the 1:1 ratio. The total hours of resident individual services required to provide each day for the months of July and August 2026 was 62.65 hours per day compared to 24 hours per day of staff available to provide services when only staffed one per shift and potentially at most 32 hours if the house manager worked the whole shift at just the licensee location. During an interview on August 19, 2026, at 11:26 a.m., RN-A stated the licensee catered to the mental health population. The behaviors managed in residents' service plans were based on behaviors they saw often in the mental health population, as well as their assessments and diagnoses. RN-A stated most residents completed their own cares. During an interview on August 20, 2026, at 10:34 a.m., ombudsman (OMB)-B stated the licensee	01640		

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01640	Continued From page 21 had a resident who has a service for 1:1socialization with staff for two hours per day but had not been receiving it. Staff did not talk to the resident and had even told the resident to "shut up". The licensee-provided policy titled, Service Plan, dated August 1, 2021, indicated service plans were based on the outcomes of assessments, monitoring, and individual reviews of the resident's needs and preferences. The licensee would implement and provide all services indicated in the service plan.	01640		