STATE LICENSING COMPLIANCE REPORT

Report #: #HL353103942C

Date Concluded: September 28, 2026

Name, Address, and County of Facility Investigated:
Unique Homes LLC
4922 Newton Ave North
Minneapolis, MN
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Erin Johnson-Crosby, 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
	35310	A. BUILDING: _____ B. WING _____	C 08/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE HOMES LLC	4922 NEWTON AVENUE NORTH MINNEAPOLIS, MN 55430

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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: #HL353103942C On August 27, 2026, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were four residents receiving services under the provider's Assisted Living license. The following correction order is issued for #HL353103942C, tag identification 1640.	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	01640		

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01640	Continued From page 1 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 support plan for county waivered services for 4 of 4 residents (R1, R2, R3, R4) residents reviewed. 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 resided at the facility with diagnoses including	01640	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	

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01640	Continued From page 2 traumatic brain injury, anxiety and psychosis. A support plan was requested but not provided. Review of R1's licensee assessment dated June 7, 2026, service plan dated June 7, 2026, and customized living worksheet (6790), effective through February 28, 2027, included discrepancies of what services R1 was provided, and which services the licensee received county waivered payment for R1 including: Homemaking - Assessment, not identified - Service plan, three times a week - 6790, 1 hour per day Shopping - Assessment, not identified - Service plan, once a week - 6790, 0.36 hours per day Assistance making appointments - Assessment, independent with some assistance - Service plan, as needed - 6790, 0.2 hours per day Arrange non-medical transportation - Assessment, independent with some assistance - Service plan, as needed - 6790, 0.14 hours per day Socialization 1:1 - Assessment, not identified - Service plan, not included - 6790, 2 hours per day Non-medical transportation - Assessment, not identified - Service plan, as needed - 6790, 0.5 hours per day Assistance with dressing - Assessment, independent with dressing - Service plan, as needed	01640	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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01640	Continued From page 3 - 6790, 0.5 hours per day Assistance with grooming - Assessment, independent with reminders - Service plan, not included - 6790, 0.25 hours per day Assistance with bathing - Assessment, independent with reminders - Service plan, once a day, prep the bathroom - 6790, 0.25 hours per day Assistance with eating - Assessment, independent with eating - Service plan, not included - 6790, .75 hours per day Assistance with self-administration, medication reminder, medication set ups and monitoring - Assessment, unable to self- administer medications - Service plan, three times daily and set up weekly - 6790, 2.5 hours per day Manage wandering - Assessment, no cognitive impairment, no elopement risk - Service plan, not included - 6790, 2 hours per day Manage orientation issues - Assessment, no cognitive impairment - Service plan, redirect/reassure as needed - 6790, 2 hours per day Manage Anxiety - Assessment, not identified - Service plan, direct/reassure as needed - 6790, 2 hours per day Manage agitation - Assessment, not identified - Service plan, redirect/reassure as needed - 6790, 1 hour per day Manage verbal aggression - Assessment, not identified - Service plan, not included	01640		

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01640	Continued From page 4	01640		

- 6790, 1 hour per day

Manage property destruction
- Assessment, not identified
- Service plan, not included
- 6790, 2 hours per day

Other cognitive/mental health needs
- Assessment, not identified
- Service plan, not included
- 6790, 2 hours per day

R1's assessment dated June 7, 2026, indicated R1 functioned independently with activities of daily living. R1 has been medically and psychiatrically stable with no significant changes. The assessment did not include information R1 required interventions for wandering, orientation issues, anxiety, agitation, verbal aggression, property destruction or cognitive/mental health needs.

R2
R2 was admitted August 11, 1016, with current diagnoses including diabetes, schizoaffective disorder and anxiety.
A support plan was requested but not provided.

Review of R2's licensee assessment dated August 11, 2026, service plan dated June 7, 2026, and customized living worksheet (6790), effective through March 31, 2027, included discrepancies of what services R2 was provided, and which services the licensee received county waivered payment for R2 including:

Homemaking
- Assessment, independent with laundry and light housekeeping
- Service plan, three times a week
- 6790, 0.75 hours per day

Shopping

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01640	Continued From page 5 - Assessment, no identified - Service plan, once a week - 6790, 0.25 hours per day Assistance making appointment - Assessment, independent - Service plan, as needed - 6790, 0.2 hours per day Arrange non-medical transportation - Assessment, independent - Service plan, as needed - 6790, 0.14 hours per day Socialization 1:1 - Assessment, not identified - Service plan, not included - 6790, 2 hours per day Non- medical transportation - Assessment, drives independently- has car - Service plan, as needed - 6790, 0.5 hours per day Assistance with medication administration - Assessment, independent with medication administration - Service plan, verbal reminders three times daily - 6790, 4.3 hours per day Manage Anxiety - Assessment, not identified - Service plan, redirect/reassure as needed - 6790, 2 hours per day Manage Agitation - Assessment, not identified - Service plan, redirect/reassure as needed - 6790, 1.25 hours per day Manage verbal aggression - Assessment, not identified - Service plan, not included - 6790, 1.75 hours per day Manage self- injurious behavior - Assessment, not identified - Service plan, not included	01640		

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01640	Continued From page 6 - 6790, 1 hour per day Manage property destruction - Assessment, not identified - Service plan, not included - 6790, 2 hours per day Meet other cognitive/mental health needs - Assessment, no cognitive impairment - Service plan, not included - 6790, 2 hours per day R2's unsigned assessment dated August 11, 2026, indicated R2 was independent with medication management and there were no concerns regarding medication adherence. R2 functioned independently and remains active in the community. R2's assessment did not indicate R2 required assistance with managing anxiety, aggression, self- injurious behavior, property destruction, or other cognitive/mental health needs. R3 R3 resided at the facility with current diagnoses including alcohol disorder and hypertension. Review of R3's licensee assessment dated June 8, 2026, service plan dated January 10, 2026, and support plan, effective through June 30, 2027, included discrepancies of what services R3 was provided, and which services the licensee received county waivered payment for R3 including: Homemaking - Assessment, assist with housekeeping and laundry - Service plan, three times weekly - Support plan, 1 hour per day Shopping - Assessment, not identified - Service plan, once a week	01640		

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01640	Continued From page 7 - Support plan, 0.36 hours per day Socialization 1:1 - Assessment, not identified - Service plan, not included - Support plan, 2 hours per day Non- medical transportation - Assessment, independent with partial assist - Service plan, as needed - Support plan, 0.5 hours per day Assistance with dressing - Assessment, independent - Service plan, as needed with cues - Support plan, 0.5 hours per day Assistance with grooming - Assessment, independent with reminders - Service plan, independent with cues - Support plan, 0.14 hours per day Assistance with bathing - Assessment, independent with reminders - Service plan, once a day, prep bathroom - Support plan, 0.2 hours per day Continence care - Assessment, continent and independent - Service plan, not included - Support plan, 1 hour per day Assistance with walking - Assessment, independent - Service plan, as needed - Support plan, 2 hours per day Assistance with medications - Assessment, required assistance - Service plan, medication reminders three times per day, medication set-up weekly - Support plan, 2.5 hours per day Manage orientation issues - Assessment, no cognitive impairment - Service plan, redirect/reassure as needed - Support plan, 1.5 hours per day Manage anxiety - Assessment, not identified	01640		

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01640	Continued From page 8 - Service plan, redirect/reassure as needed - Support plan, 1 hour per day Manage agitation - Assessment, not identified - Service plan, redirect/reassure as needed - Support plan, 2 hours per day Manage verbal aggression - Assessment, not identified - Service plan, not included - Support plan, 2 hours per day Manage physical aggression - Assessment, not identified - Service plan, not included - Support plan, 2 hours per day Other cognitive/mental health needs - Assessment, no cognitive impairment - Service plan, redirect/reassure as needed - Support plan, 2 hours per day R3's unsigned assessment dated June 8, 2026, indicated R3 was independent with activities of daily living. R3 continued to consume alcohol but there were no observed episodes or intoxication or deterioration in functioning. R4 R4 resided in the facility with diagnoses including anxiety, depression, alcohol use disorder, traumatic brain injury and schizoaffective disorder. Review of R4's licensee assessment dated September 5, 2026, service plan dated June 7, 2026, and support plan, effective through May 31, 2027, included discrepancies of what services R4 was provided, and which services the licensee received county waivered payment for R4 including: Homemaking	01640		

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01640	Continued From page 9 - Assessment, assistance with laundry and housekeeping - Service plan, three times a week - 6790, 0.57 hours per day Shopping - Assessment, not identified - Service plan, once a week - 6790, 0.36 hours per day Socialization 1:1 - Assessment, not identified - Service plan, not included - 6790, 1 hour per day Non- medical transportation - Assessment, not identified - Service plan, as needed - 6790, 1 hour per day Assistance with dressing - Assessment, independent with reminders - Service plan, as needed with cues - 6790, 0.14 hours per day Assistance with grooming - Assessment, independent - Service plan, independent with cues - 6790, 0.14 hours per day Assistance with bathing - Assessment, independent with reminders - Service plan, once a day- prep bathroom - 6790, 0.14 hours per day Assistance with walking - Assessment, independent - Service plan, as needed - 6790, 1 hour per day Assistance with medication administration - Assessment, required assistance - Service plan, three times a day - 6790, 1.14 hours per day Manage wandering - Assessment, no identified - Service plan, not included - 6790, 5 hours per day	01640		

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01640	Continued From page 10 Manage orientation issues - Assessment, not identified - Service plan, redirect/reassure as needed - 6790, 1.5 hours per day Manage anxiety - Assessment, not identified - Service plan, redirect/reassure as needed - 6790, 1.5 hours per day Manage agitation - Assessment, not identified - Service plan, not included - 6790, 2 hours per day Manage verbal aggression - Assessment, not identified - Service plan, not included - 6790, 1.3 hours per day Other cognitive/mental health needs - Assessment, no cognitive impairment - Service plan, redirect/reassure as needed - 6790, 3 hours per day R4's assessment dated September 5, 2026, indicated R4 had no acute psychiatric or medical concerns. The assessment did not indicate R4 required services to manage wandering, orientation, anxiety, agitation, verbal aggression and cognitive/mental health needs. On August 27, 2026, at 2:40 p.m., R1 stated staff assist with medications, meals, housekeeping and will sometimes help with laundry. R1 went out most weekends to see friends and would take metro transit. On August 27, 2026, at 2:50 p.m., R3 stated staff assist with medications twice daily, and meals. R3 stated he was independent with all activities of daily living, cleaning and laundry. On August 27, 2026, at 2:40 p.m., R4 was in bed	01640		

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01640	Continued From page 11 sleeping and R2 was out of the facility. On August 27, 2026, at 2:30 p.m., registered nurse (RN)-A stated residents were independent with activities of daily living bur required assistance with cooking and cleaning. RN-A stated three residents received medication management and one resident self-administered medications. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01640		