STATE LICENSING COMPLIANCE REPORT

Report #: HL358423797C

Date Concluded: September 10, 2026

Name, Address, and County of Facility Investigated:
Golden Touch Health Care LLC
8216 Hampshire Court North
Brooklyn Park, Minnesota 55445
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Nicole Myslicki, RN
Special Investigator
Rhylee Gilb, RN
Special Investigator

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35842	A. BUILDING: _____ B. WING _____	C 08/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN TOUCH HEALTH CARE LLC	8216 HAMPSHIRE COURT NORTH BROOKLYN PARK, MN 55445

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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: HL358423797C On August 19, 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 3 residents receiving services under the provider's Assisted Living license. The following correction orders are issued for HL358423797C, tag identification 0800, 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		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This impacted all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 800		

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0 800	Continued From page 2 The findings include: During an observation on August 19, 2026, at 1:58 p.m., unlicensed personnel (ULP)-B turned on the oven. The oven screen first indicated preheating, then indicated "Err2", and it started beeping intermittently. A resident came into the kitchen to help ULP-B pull the oven away from the wall and unplug the oven. ULP-B stated the oven would not stop beeping and the "Err2" message would not go away unless they unplugged the oven. During an interview on August 19, 2026, at 1:53 p.m., resident (R)1 stated the oven had been broken for a couple months. During an interview on August 19, 2026, at 2:23 p.m., licensed assisted living director (LALD)-A stated she had not been aware the oven did not work, but she would have maintenance check it out.	0 800		
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	01640		

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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 county waiver services for three of three residents (R1, R2, R3) with records 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 admitted to the licensee October 4, 2025. R1's diagnoses included diabetes mellitus II, anxiety, depression, schizophrenia, and mild intellectual disability.

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

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01640	Continued From page 4 R1's customized living rates worksheet (commonly known as 6790) dated May 16, 2026, was written by the licensee and submitted to their case manager (CM) for payment of services June 1, 2026, through May 31, 2027. The form indicated the licensee would provide the following services: -breakfast, lunch, dinner and two snacks -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 -1:1 driving -verbal or visual medication reminders -medication set ups and monitoring -assistance with self-administration -assistance with dressing -assistance with grooming -assistance with bathing -assistance with eating -insulin draws -insulin injections -manage wandering -manage orientation issues -manage anxiety -manage agitation -manage self-injurious behavior -manage verbal aggression -manage physical aggression -meet other cognitive/mental health need: manage symptoms of substance abuse disorder The 6790 included the time required for staff to complete the following services: -0.75 hours per day in homemaking (indicated in note section: staff would wash, dry, and fold all laundry for him. R1 is not able to clean his room	01640		

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01640	Continued From page 5 and do his laundry) -0.28 hours per day in shopping -0.28 hours per day providing assistance making appointments -0.28 hours per day arranging non-medical transportation -2 hours per day in 1:1 socialization -1 hour per day in 1:2-5 socialization -0.25 hours per day in medication set ups and monitoring -0.25 hours per day providing assistance with self-administration -0.07 hours per day providing assistance with dressing -0.07 hours per day providing assistance with grooming -0.07 hours per day providing assistance with bathing -0.07 hours per day providing assistance with eating (indicated in note section: R1 is without teeth and has extra dietary needs that require special meals and also cutting his meal in bite sized pieces) -1 hour per day in insulin draws (indicated in note section: R1 is diabetic and requires blood sugar monitoring. Blood sugar is drawn three times daily) -5 hours per week (43 minutes per day) in managing wandering -1 hour per day in managing orientation issues -1 hour per day in managing agitation -1 hour per day in managing self-injurious behavior -1.5 hours per day in managing verbal aggression -3 hours per week (26 minutes per day) in managing physical aggression -2 hours per day in meeting other cognitive/mental health need: manage symptoms of substance abuse disorder	01640		

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01640	Continued From page 6 R1's service plan dated July 12, 2026, indicated the services identified in the 6790. R1 required assistance with, were the following: -daily medication administration and reminders -daily and weekly medication set up and monitoring -shower set up and assistance as needed two times per week -daily grooming assistance and nail care weekly -daily dressing assistance -daily and nightly checks -heavy laundry, personal laundry, and linen changes three times per week -daily activity reminders -daily housekeeping -daily 1:1 socialization and daily 1:2-5 socialization -medical and non-medical transportation set-up weekly and as needed -daily mental health management, including wandering, orientation issues, anxiety, repetitive behavior, agitation, self-injurious behavior, verbal aggression, property damage/destruction, and other cognitive/mental health needs R1's assessment dated June 1, 2026, indicated R1 needed minimal assistance of one staff with bathing as he allowed. The assessment identified R1 as independent, needing no assistance with dressing and/or undressing, grooming, or eating. The assessment also indicated staff assisted R1 with laundry, but R1 could participate. The pharmacy set up R1's medications, and the registered nurse (RN) set up medications when there were changes in medications. Additionally, the assessment identified R1 as able to check his blood glucose, as well as inject his insulin with staff supervision. R1's service recap summary for July 2026,	01640		

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indicated R1 declined many services consistently throughout the month. Staff did not identify the reason for most declinations. Other reasons for declinations were that R1 completed the service himself, or R1 had not been at the licensee for the scheduled service.

The behaviors identified on the July 2026 service recap summary indicated R1 had 4 out of 18 days where he had verbal aggression and yelling but did not require additional intervention other than redirection and allowing time to calm down. The July 2026 service recap summary indicated R1 did not display wandering, orientation issues, agitation, self-injurious behavior, or physical aggression. Additionally, R1 did not display symptoms of a substance abuse disorder.

R1's service recap summary for August 1 through 18, 2026, indicated R1 again consistently declined services throughout the month. The majority of the declinations did not provide a reason. Other declinations were due to being absent from the licensee and R1 completing the service independently.

The behaviors identified on the August 2026 service recap summary indicated R1 had 3 out of 18 days where he had verbal aggression, yelling and one of those days feeling "down," but did not require additional intervention other than redirection and allowing time to calm down. The August 2026 service recap summary indicated R1 did not display wandering, orientation issues, agitation, self-injurious behavior, or physical aggression. Additionally, R1 did not display symptoms of a substance abuse disorder.

R1's medication administration record (MAR) dated July 2026, indicated R1 received insulin in

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the morning and three times per day with meals. The MAR did not include a task for staff to complete blood glucose checks. R3 had no medications scheduled on the overnight shift.

R1's July 2026 medication set-up summary indicated unlicensed personnel (ULP) signed off as having completed medication set up, not a RN.

R1's MAR dated August 2026, indicated the same schedule of medications as July, plus two as needed (PRN) medication orders.

R1's August 2026 medication set-up summary indicated unlicensed personnel (ULP) signed off as having completed medication set up, not a RN.

The licensee inappropriately requested county payments for services for R1, including assistance with dressing, assistance with grooming, assistance with eating, daily medication set-up, insulin draws, 1:1 socialization, managing wandering, managing orientation issues, managing agitation, managing self-injurious behavior, and managing physical aggression.

During an interview on August 19, 2026, at 1:53 p.m., R1 stated staff cleaned his room, did his laundry, and administered medication, but he completed his own diabetic care.

R2
R2 admitted to the licensee June 30, 2025. R2's diagnoses included schizoaffective disorder bipolar type, cannabis dependence, post-traumatic stress disorder (PTSD), and diabetes mellitus II.

The licensee identified R2's evacuation status as

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01640	Continued From page 9 level 1: self-sufficient, ambulatory, and requiring no or minimal nursing care. R2's 6790 dated April 23, 2026, was written by the licensee and submitted to their CM for payment of services May 1, 2026, through April 30, 2027. The form indicated the licensee would provide the following services: -homemaking -shopping -assistance making appointments -arranging non-medical transportation -1:1 socialization -1:2-5 socialization -breakfast, lunch, dinner, and two snacks -driver 1:1 -mileage 1:1 -assistance with dressing -assistance with grooming -assistance with bathing -medication set-up and monitoring -assistance with self-administration -verbal or visual medication reminders -manage orientation issues -manage anxiety -manage agitation -manage physical aggression -manage verbal aggression -manage self-injurious behavior -meet other cognitive/mental health need 1 (manage symptoms of schizoaffective disorder) -meet other cognitive/mental health need 2 (mange symptoms of PTSD) -meet other cognitive/mental health need 3 (manage symptoms of polysubstance abuse including cannabis dependency) -insulin draws -insulin injections The 6790 included the time required for staff to	01640		

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01640	Continued From page 10 complete the following services: -0.75 hours per day in homemaking -2.5 hours per week in shopping -2.5 hours per week providing assistance making appointments -2 hours per day in 1:1 socialization -1 hour per day in 1:2-5 socialization -0.07 hours per day providing assistance with dressing -0.07 hours per day providing assistance with grooming -0.14 hours per day providing assistance with bathing -0.5 hours per day in medication set-up and monitoring -0.75 hours per day providing assistance with self-administration -0.25 hours per day in verbal or visual medication reminders -1 hour per day managing orientation issues -2 hours per day managing anxiety -1 hour per week managing self-injurious behavior -1.5 hours per day in meeting other cognitive/mental health need 1 (managing symptoms of schizoaffective disorder) -1 hour per day in meeting other cognitive/mental health need 2 (managing symptoms of PTSD) -2 hour per day in meeting other cognitive/mental health need 3 (managing symptoms of polysubstance abuse including cannabis dependency) -0.75 hours per day in insulin draws (indicated in note: staff would assist R2 to complete his blood glucose three times a day and record values in his chart) -0.75 hours per day in insulin administration R2's service plan, dated July 12, 2026, indicated the services identified in the 6790 R1 required	01640		

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01640	Continued From page 11 assistance with, were the following: -medication reminders daily -medication set-up and monitoring daily and weekly -shower assistance twice weekly -grooming assistance daily -nail care weekly -dressing assistance daily -daily and nightly checks -heavy laundry, personal laundry, and linen changes three times weekly -activity reminders daily -housekeeping daily -food preparation: breakfast, lunch, dinner, and two snacks -socialization 1:1 daily -socialization 1:2-5 daily -transportation setup, medical and non-medical, weekly and PRN -mental health management daily including orientation issues, anxiety, agitation, self-injurious behavior, verbal aggression, physical aggression, property damage/destruction, and other cognitive/mental health needs R2's assessment dated July 20, 2026, identified R2 as independent with bathing but needed reminders. R2 needed dressing and grooming assistance as needed during times of worsening mental health. The assessment indicated a RN would set up and monitor medications weekly and as needed. The assessment indicated staff would complete R2's laundry two to three times per week and as needed. The assessment also indicated R2 did not have a history of attempted suicide or thoughts of suicide and identified him as not at risk to abuse himself. R2's service recap summary for July 2026, indicated R2 consistently declined services	01640		

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throughout the month. The majority of the declinations did not provide a reason. Other reasons for declinations were due to being absent from the licensee and R2 completing the service independently.

The behaviors identified on the July 2026 service recap summary indicated R2 had three out of 31 days where he had verbal aggression and yelling but did not require additional intervention other than redirection, allowing time to calm down, and offering an as needed (PRN) medication. Two out of 31 days, staff reported hearing R2 talk to himself. These instances required no intervention or follow-up from staff. Two out of 31 days, R2 had been physically aggressive to another staff but did not require additional intervention other than redirection and separation from the other resident. R2's July 2026 service recap summary indicated R2 did not display orientation issues, anxiety, agitation, or self-injurious behavior. Additionally, R2 did not display symptoms of schizoaffective disorder, PTSD, or polysubstance abuse.

R2's service recap summary for August 1 through 18, 2026, indicated R2 again consistently declined services throughout the month. The majority of the declinations did not provide a reason. Other reasons for declinations were due to being absent from the licensee and R2 completing the service independently.

The behaviors identified on the August 2026 service recap summary indicated R2 had two out of 18 days where he had verbal aggression but did not require additional intervention other than redirection and socialization. Three out of 18 days, R2 had been physically aggressive with residents, staff, and the building itself. For one

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incident, staff called 911. For the other two incidents, R2 did not require additional intervention other than redirection, socialization, and offering a snack. R2's August 2026 service recap summary indicated R2 did not display orientation issues, anxiety, agitation, or self-injurious behavior. Additionally, R2 did not display symptoms of schizoaffective disorder, PTSD, or polysubstance abuse.

R2's July 2026 MAR indicated R2 did not receive insulin injections or blood glucose checks. R2 had no medications scheduled on the overnight shift.

R2's July 2026 medication set-up summary indicated unlicensed personnel (ULP) signed off as having completed medication set up, not a RN.

R2's August 2026 MAR also indicated R2 did not receive insulin injections or blood glucose checks. Again, R2 had no medications scheduled on the overnight shift.

R2's August 2026 medication set-up summary indicated unlicensed personnel (ULP) signed off as having completed medication set up, not a RN.

The licensee inappropriately requested county payments for services for R2, including 1:1 socialization, assistance with dressing, assistance with grooming, assistance with bathing, medication set-up and monitoring, insulin draws, insulin administration, managing orientation issues, managing anxiety, managing agitation, managing self-injurious behavior, meeting other cognitive/mental health need 1 (managing symptoms of schizoaffective disorder), meeting other cognitive/mental health need 2 (managing symptoms of PTSD), and meeting other cognitive/mental health need 3 (managing

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	35842	A. BUILDING: _____ B. WING _____	C 08/19/2026

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01640	Continued From page 14 symptoms of polysubstance abuse). R3 R3 admitted to the licensee October 14, 2025. R3's diagnoses included alcohol dependence, depression and anxiety. The licensee identified R3's evacuation status as level 1: self-sufficient, ambulatory, and requiring no or minimal nursing care. R3's customized living rates worksheet (commonly known as 6790) dated January 21, 2026, was written by the licensee and submitted to their CM for payment of services February 1, 2026, through January 31, 2027. The form indicated the licensee would provide the following services: -breakfast, lunch, dinner and two snacks -homemaking -shopping -assistance making appointments -1:1 socialization -1:2-5 socialization -verbal or visual medication reminders -medication set ups and monitoring -assistance with self-administration -assistance with dressing -assistance with bathing -manage anxiety -manage depression -manage alcohol disorder The 6790 included the time required for staff to complete the following services: -5.25 hours per week (0.75 hours per day) in homemaking, including housekeeping -5 hours per week (0.71 hours per day) in shopping -5 hours per week (0.71 hours per day) providing	01640		

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assistance making appointments
-2 hours per day in 1:1 socialization
-1 hour per day in 1:2-5 socialization
-0.75 hours per day in medication set ups and monitoring
-0.75 hours per day providing assistance with self-administration
-0.25 hours per day providing reminders to self-administer medications
-0.28 hours per day providing assistance with dressing
-0.28 hours per day providing assistance with bathing
-1 hour per day in managing anxiety
-1 hour per day in managing depression
-1 hour per day in managing alcohol disorder

R3's service plan dated July 12, 2026, indicated the services identified in the 6790 R3 required assistance with, were the following:
-daily appointment reminders
-daily medication administration
-daily bathing assistance
-daily dressing assistance (set-up)
-daily and nightly checks
-home management, including housekeeping twice per day
-daily 1:1 socialization and daily 1:2-5 socialization
-daily mental health management, including anxiety and "other"

R3's service plan failed to include assistance with shopping.

R3's assessment dated June 10, 2026, indicated R3 was independent bathing and required no assistance. R3 was independent with dressing and required reminders. R3 required shopping assistance from staff and reminders for

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appointments. The assessment indicated R3 receives assistance from an Individualized Home Support (IHS) staff to help with cleaning and hoarding.

R3's service recap summary for July 2026, indicated required socialization and shopping services were not added for staff to provide. R3 consistently declined daily appointment reminders, bed making, dressing, housekeeping, laundry, garbage removal, home management and bathing. Staff indicated R3 declined because he said he can do it himself.

The behaviors identified on the July 2026 service recap summary indicated R3 had 1 out of 31 days where he had verbal aggression and 1 out of 31 days where he was restless and repeated conversations.

R3's service recap summary for August 1 through 18, 2026, indicated R3 again consistently declined daily appointment reminders, bed making, dressing, housekeeping, laundry, garbage removal, home management and bathing. Staff indicated R3 declined because he said he can do it himself.

The behaviors identified on the August 2026 service recap summary indicated R3 had 1 out of 18 days where he had had a physical fight with a roommate.

R3's MAR dated July 2026, indicated staff completed medication administration of R3's medications. The licensee did not have a medication set-up record.

R3's MAR dated August 2026, also indicated staff completed administration of R3's medications.

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01640	Continued From page 17 The licensee did provide a medication set-up record for August however, staff administered individual medications. The licensee inappropriately requested county payments for services for R3, including assistance with bathing, making appointments daily, RN medication set-up, and duplicating medication reminders. The licensee failed to provide R3 1:1 socialization 2 hours per day, shopping 5 hours per week, home management including housekeeping. Staff schedules dated July 2026 and August 1 through 23, 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'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 50.07 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.	01640		

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01640	Continued From page 18 During an interview on August 19, 2026, at 11:26 a.m., licensed assisted living director (LALD)-A, who was also a RN, 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. LALD-A stated most residents completed their own cares. 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		