

06/02/2025

Alexa Thelen, Authorized Agent  
Ellie Family Services PLLP  
1345 MENDOTA HEIGHTS RD  
Mendota Heights, MN 55120-1129

Certification Number: 1100084 (Mental Health Clinic)  
Program Location: 2125 E HENNEPIN AVE STE 100, Minneapolis, MN 55413-1763

## AMENDED CORRECTION ORDER

**NOTICE:** On June 2, 2025, DHS Licensing rescinded violation numbered 7, item g, numbers 1 and 2 from the correction ordered dated May 5, 2025. This amended correction order supersedes the correction order issued on May 5, 2025, which must be destroyed.

Dear Alexa Thelen:

On 04/11/2025, 04/12/2025 and 04/17/2025, the Department of Human Services (DHS) conducted a certification review at Ellie Family Services PLLP. DHS requires you to take the corrective action described below. Details of our findings, next steps, and your options are explained below.

### Standards reviewed

The certification review determined compliance with the provisions governing mental health clinics under Minnesota Statutes, chapter 245I.

### Certification violations

DHS determined that your program failed to follow the standard(s) described below.

#### Policies and Procedures

1. Violation: The certificate holder's client intake and case assignment policies and procedures did not include the following required components:
  - a. A process to review the appropriateness of accepting a client into treatment, including a review of the following:
    1. The client's condition;
    2. The client's need for treatment; and
    3. Other available resources.

Citation: Minnesota Statutes, section 245I.20, subdivision 6, paragraph (c)

Corrective Action Required Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised procedure that meets requirements.

2. Violation: The license holder's policy on client rights did not include the following required components:
- a. The rights listed in the health care bill of rights, in section 144.651;
  - b. Information about the restriction of client rights, including that a mental health professional must approve and document the reason for the restriction in the client file; and
  - c. The rights of the client to have funds and property returned.

Citation: Minnesota Statutes, section 245I.12, subdivision 1, clause (1), subdivision 2 and subdivision 4, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance. Submit a revised policy within 30 days of receipt of this order.

3. Violation: The license holder's grievance procedure did not meet requirements in the following ways:
- a. The procedure did not include current contact information for the following entities:
    1. The Department of Health, Office of Health Facility Complaints.
  - b. The procedure did not allow clients, former clients, and their authorized representatives to submit a grievance to the license holder.

Citation: Minnesota Statutes, section 245I.12, subdivision 5, paragraphs (a) and (c)

Corrective Action Required Correct immediately and maintain compliance. Submit a revised policy within 30 days of receipt of this order.

4. Violation: The license holder's behavioral emergency procedures did not meet requirements in the following ways:
- a. The behavioral emergency procedure did not describe the following restrictions:
    1. Staff persons must not use behavioral emergency procedures to enforce program rules;
    2. Behavioral emergency procedures must not be used for the convenience of staff persons; and
    3. Behavioral emergency procedures must not be part of any client's treatment plan.

Citation: Minnesota Statutes, section 245I.03, subdivision 4, paragraphs (c) and (d)

Corrective Action Required Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised procedure that meets requirements.

## Client Records

5. Violation: 10 of 10 client files reviewed did not meet requirements for giving clients notice of their rights in the following ways:
- a. Documentation did not demonstrate the license holder gave a copy of the client's rights to the client on the day of admission (C1, C2, C3, C4, C5, C6, C7, C8, C9 and C10); and
  - b. Documentation did not demonstrate the license holder explained the grievance procedure to the client (C1, C2, C3, C4, C5, C6, C7, C8, C9 and C10).

Citation: Minnesota Statutes, section 245I.12, subdivision 3 and subdivision 5, paragraph (b)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit client attestation documentation that demonstrates compliance.

6. Violation: 6 of 10 client files reviewed did not meet standard diagnostic assessment (DA) requirements in the following ways:
- a. The DA did not include a face-to-face interview with the client (C1 and C10);
  - b. The assessor did not consult with the client's family about which services they prefer when completing the DA (C1);
  - c. The assessor did not consult with the client about which services the client prefers when completing the DA (C1);
  - d. The DA did not include the required information about the client's current life situation:
    1. The client's current medications (C2, C3 and C8); and
    2. The client's perception of their condition (C3).
  - e. The DA did not include the following required components of the assessment:
    1. The client's mental status examination (C2, C3, C6, C8 and C10);
    2. The client's vulnerabilities (C1);
    3. The client's safety needs (C1); and
    4. An explanation of:
      - i. The client's needs (C1).

Citation: Minnesota Statutes, section 245I.10, subdivision 5, paragraph (b) and subdivision 6, paragraphs (b) and (e)

Corrective Action Required Correct immediately and maintain compliance.

7. Violation: 6 of 10 client files reviewed did not meet the following individual treatment plan (ITP) requirements:
- a. The treatment plan must be completed after completing a client's diagnostic assessment or reviewing a client's diagnostic assessment received from a different provider (C5);
  - b. The ITP was not signed and dated by the person completing the assessment, including the staff person's credentials (C5);
  - c. The ITP, completed by a clinical trainee, was not approved by a treatment supervisor within ten business days of completion (C1);
  - d. The client did not approve the ITP (C5);
  - e. The ITP was not reviewed at least every 180 days (C3 and C10);
  - f. The ITP was not updated (C10);
  - g. The ITP did not include the following:
    1. A schedule for accomplishing goals and objectives (C3);
    2. Treatment strategies (C3);
    3. The individuals responsible for providing treatment services and supports to the client (C3 and C10); and
    4. Strategies to engage the client if they have a history of not engaging in treatment (C3 and C8).
  - h. The ITP did not identify the client as a participant in their treatment planning (C5); and
  - i. The ITP did not document the reason that the license holder did not involve the client's family or other natural supports (C1, C9 and C10).

Citation: Minnesota Statutes, section 245I.10, subdivision 8, paragraph (a); and section 245I.08, subdivision 2, clause (3) and subdivision 3

Corrective Action Required Correct immediately and maintain compliance.  
Within 30 days receipt of this order, submit one individual treatment plan for a child that demonstrates compliance.

8. Violation: 2 of 10 client files reviewed did not meet progress note requirements. The progress note did not include the following required components:
- a. Documentation of the scope of the service, including the following required components:
    - 1. The targeted goal and objective (C1 and C5)
      - For progress note(s) dated 11/18/2024, 11/25/2024 and 12/31/2024 (C1)
      - For progress note(s) dated 11/13/2023, 11/20/2023, 11/27/2023, 12/21/2023 and 01/08/2024 (C5)

Citation: Minnesota Statutes, section 245I.08, subdivision 4

Corrective Action Required Correct immediately and maintain compliance.

## Staff Records

9. Violation: 4 of 5 personnel files were not readily accessible for the commissioner's review (SP3, SP5, SP10 and SP15)

Citation: Minnesota Statutes, section 245I.07, subdivision (b)

Corrective Action Required Correct immediately and maintain compliance.

10. Violation: 10 of 10 personnel files reviewed for requirements governing the contents of a personnel file did not meet requirements. The file did not contain the following:
- a. Verification of the staff person's qualifications (SP2, SP3, SP4, SP5, SP6, SP7, SP10 and SP15);
  - b. The hiring date of the staff person (SP15);
  - c. A description of the staff person's job responsibilities (SP15);
  - d. The date the staff person's duties and responsibilities became effective (SP1, SP2, SP3, SP4, SP5, SP6, SP7, SP10, SP15 and SP16);
  - e. The date the staff person began having direct contact with clients (SP15);
  - f. A verification copy of license renewals that the staff person completed during the staff person's employment (SP6, SP7 and SP15); and
  - g. An annual job performance evaluation (SP2, SP3, SP4, SP5, SP6 and SP7)
    - o There were no job performance evaluations in the personnel file. (SP2, SP6 and SP7)
    - o For calendar year(s) 2024 (SP3, SP4 and SP5)

Citation: Minnesota Statutes, section 245I.07, paragraph (a), clauses (1), (3)-(5), (7) and (8)

Corrective Action Required Correct immediately and maintain compliance.  
Within 30 days receipt of this order, submit one personnel file that includes all required components to demonstrate compliance.

11. Violation: 10 of 10 personnel files reviewed for training documentation did not meet requirements. Documentation of training did not include the following required components:

- a. The topics of the training (SP10);
- b. The name and credentials of the trainer (SP1, SP2, SP3, SP4, SP5, SP6, SP7, SP10, SP15 and SP16);
- c. The license holder's method of evaluating the trainee's competency upon completion of training (SP1, SP2, SP3, SP4, SP5, SP6, SP7, SP10, SP15 and SP16); and
- d. The length of training in hours and minutes (SP1, SP2, SP3, SP4, SP5, SP6, SP7, SP10, SP15 and SP16).

Citation: Minnesota Statutes, section 245I.05, subdivision 2, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit a training documentation form that demonstrates compliance.

12. Violation: 4 of 4 personnel files reviewed for treatment supervision plans did not meet requirements in the following ways:
  - a. A written treatment supervision plan was not developed (SP2 and SP4);
  - b. The treatment supervision plan was not updated at least annually (SP15)
    - o For calendar year(s) 2024 (SP15)
  - c. The staff person's treatment supervision plan did not include the following required components:
    1. The name and qualifications of the staff person receiving treatment supervision (SP2 and SP4);
    2. The names and licensures of the treatment supervisors who are supervising the staff person (SP2 and SP4);
    3. How frequently the treatment supervisors must provide treatment supervision to the staff person (SP1, SP2 and SP4);
    4. The staff person's authorized scope of practice (SP2 and SP4);
    5. A description of the client population that the staff person serves (SP2 and SP4); and
    6. A description of the treatment methods and modalities that the staff person may use to provide services to clients (SP2 and SP4).

Citation: Minnesota Statutes, section 245I.06, subdivision 2, paragraphs (a) and (b)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit a treatment supervision plan that demonstrates compliance.

13. Violation: 3 of 3 personnel files reviewed for requirements governing initial training did not meet requirements in the following ways:
  - a. Documentation did not demonstrate the staff person was oriented to the following required topics, prior to providing direct contact services:
    1. Client rights and protections under section 245I.12 (SP10 and SP16);
    2. The Minnesota Health Records Act, including:
      - i. Client confidentiality (SP10);
      - ii. Family engagement under section 144.294 (SP10); and
      - iii. Client privacy (SP10).
    3. Emergency procedures, including fire and inclement weather (SP10);
    4. Emergency procedures, including reporting missing persons (SP10 and SP16);
    5. Emergency procedures, including behavioral emergencies (SP10);
    6. Emergency procedures, including medical emergencies (SP10);
    7. Specific activities and job functions for which the staff person is responsible (SP1, SP10 and SP16);
    8. The license holder's program policies and procedures applicable to the staff person's position

- (SP10);
  - 9. Professional boundaries that the staff person must maintain (SP10); and
  - 10. Specific needs of each client to whom the staff person will be providing direct contact services (SP10 and SP16).
- b. Documentation did not demonstrate the staff person received training about the maltreatment of minor reporting requirements and definitions in chapter 260E within 72 hours of first providing direct contact services to a client.

Citation: Minnesota Statutes, section 245I.05, subdivision 3, paragraphs (a) and (b)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation that demonstrates completion of initial training (SP10).

14. Violation: 4 of 8 personnel files reviewed for requirements governing ongoing training did not meet requirements in the following ways:
- a. Documentation did not demonstrate the staff person received annual training on the following required topics:
    - 1. Vulnerable adult maltreatment reporting requirements (SP7)  
Completed late for calendar year 2024 (SP7)
    - 2. The license holder's program abuse prevention plan (SP4, SP7 and SP16)  
For calendar year(s) 2024 (SP4)  
Completed late for calendar year 2024 (SP7)  
For calendar year(s) 2025 (SP16)
    - 3. The maltreatment of minor reporting requirements and definitions in chapter 260E (SP7)  
Completed late for calendar year 2024 (SP7)
    - 4. Client rights and protections under section 245I.12 (SP7)  
Completed late for calendar year 2024 (SP7)
    - 5. Minnesota Health Records Act training including:
      - 1. Client confidentiality (SP7)  
Completed late for calendar year 2024 (SP7)
      - 2. Family engagement under section Minnesota Statutes 144.294 (SP7)  
Completed late for calendar year 2024 (SP7)
      - 3. Client privacy (SP7)  
Completed late for calendar year 2024 (SP7)
    - 6. Emergency procedures, including fire and inclement weather (SP7)  
Completed late for calendar year 2024 (SP7)
    - 7. Emergency procedures, including responding to a report of a missing person (SP7)  
Completed late for calendar year 2024 (SP7)
    - 8. Emergency procedures, including behavioral emergencies (SP7)  
Completed late for calendar year 2024 (SP7)
    - 9. Emergency procedures, including medical emergencies (SP7)  
Completed late for calendar year 2024 (SP7)
  - b. Documentation did not demonstrate the staff person received 30 hours of training every two years (SP2)
    - o for year 2024. (SP2)

Citation: Minnesota Statutes, section 245I.05, subdivision 4, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

## How to respond

If you fail to correct the violation(s) within the time limits identified above, DHS may impose a fine or take an action on your certification. If requested above, Send your written response and any supporting documentation to your licensor at:

Commissioner, Department of Human Services  
ATTN: Elissa Olson  
Licensing Division  
PO Box 64242  
St. Paul, MN 55164-0242

## Your right to request reconsideration

You have the right to request reconsideration of this order and the cited violations. Your request must:

- Be in writing
- List each violation you are challenging
- Identify what is inaccurate or incomplete about the information in this order
- Supply information that is accurate or more complete
- Be made before the deadlines provided below

If you are mailing your request, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to appeal began when you received this order. Please send it to:

Office of Inspector General  
Legal Counsel's Office  
Attention: Licensing Legal Unit  
P.O. Box 64953  
Saint Paul, MN 55164-0953

If your request is being personally delivered, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to appeal began when you received this order. Please bring it to:

Commissioner, Department of Human Services  
Office of Inspector General, Legal Counsel's Office - Licensing  
444 Lafayette Road North  
St. Paul, MN 55155

## Legal authority

This action is taken under Minnesota Statutes, section 245I.20, subdivision 13. The timeline to request reconsideration of the order is provided in Minnesota Statutes, section 245I.20, subdivision 13, paragraph (b).

## Questions

If you have any further questions regarding this matter, you may contact me at 651-431-6276 or at [elissa.olson@state.mn.us](mailto:elissa.olson@state.mn.us).

Sincerely,

Elissa Olson, Licensor  
Office of Inspector General  
Licensing Division