

September 19, 2025

CERTIFIED MAIL

Habibo Abdikadir Haji, Authorized Agent
Bright Future (IRTS) LLC
4552 Manor Brook Dr NW
Rochester, MN, 55901

License Number: 1122492 (IRTS)

ORDER OF LICENSE REVOCATION

Dear Habibo:

The Department of Human Services (DHS) is revoking your license to provide intensive residential treatment services (IRTS) at Bright Future IRTS, located at 4552 Manor Brook Dr NW, Rochester, MN, 55091. This revocation is based on your noncompliance with licensing laws and rules governing the provision of Intensive Residential Treatment Services (IRTS), and the Commissioner's evaluation of the program. Details of our findings are also provided below. Our next steps and your options are also detailed.

The revocation goes into effect on October 3, 2025, at 5:00 PM, to allow time for delivery of this order, and ten days for you to inform the Commissioner whether you intend to appeal the license revocation explained below.

REASON FOR THE LICENSE REVOCATION

1. Commissioner's evaluation of program

In determining whether a licensing action is warranted, DHS evaluated the facts, conditions, and circumstances concerning your program's operation. This includes consideration of the well-being of individuals served by your program, the qualifications of staff persons working in your program, and the ability to demonstrate competent knowledge of applicable laws and rules. DHS has determined that revocation of your license is appropriate based on the violations identified below and the program evaluation.

DHS is concerned about the programs operation because since it was licensed in 2024, 35 licensing violations were determined during a licensing review on August 12 through 14, 2025. A significant portion of the violations determined pose risks to the health and safety of individuals served. The number of licensing violations determined demonstrates that you failed to adequately oversee your responsibilities as a License Holder and Compliance Officer to ensure compliance and maintain competent knowledge of applicable regulations.

You did not comply with a multitude of record keeping requirements. Record keeping requirements are essential to keeping vulnerable adults safe, to ensure clients are receiving appropriate services, to demonstrate that staff are appropriately qualified and trained, and to provide evidence you are providing the treatment services required for an IRTS license. The lack of documentation maintained by Bright Future IRTS was egregious and demonstrates a significant deficit in your ability to operate an IRTS program:

- Policies and procedures that were approved during the application process were not implemented. The policies and procedures you submitted were developed by a consultant service, and during the licensing review you were unable to demonstrate an understanding of the contents of the policies and procedures;
- Forms and templates to ensure compliance with client file and personnel file requirements were reviewed and approved during the application process, but you did not use them when your program began operating. You were unable to provide documentation demonstrating staff have been trained on nearly all required topics. Client files were missing a significant portion of required documentation, including progress notes to demonstrate you provided intensive residential treatment services.

Since first admitting a client to your program on April 30, 2025, you have demonstrated that you are not equipped with the necessary skills or well-versed enough in the requirements of an IRTS program for DHS to be confident in your ability to meet the needs of vulnerable adults. DHS is not confident in your ability to develop and maintain the competent knowledge required to ensure compliance with applicable statutes.

Based on the Commissioner's evaluation of the program, revocation is warranted.

Legal Authority: Minnesota Statutes, section 245A.04, subdivision 6.

2. Noncompliance with licensing laws and rules

On August 12, 2025, through August 14, 2025, DHS licensors conducted a licensing review of your facility located at 4552 Manor Brook Dr NW, Rochester, MN, 55091. As a result of this licensing visit, DHS determined that your program failed to comply with the laws and rules that apply to licensed IRTS programs, citing 35 violations.

The Commissioner has considered the nature, chronicity, or severity of the violation(s) of law or rule and the effect of the violation on the health, safety or rights of persons served by the program. Based on this analysis, the Commissioner has determined that a revocation order is appropriate.

Nature and severity of licensing violations determined

Many of the violations cited in the Order of Revocation are violations impacting the health, safety, or rights of individuals served by the program. The violations include:

- Two violations related to staff orientation and training were determined (violations numbered 31 and 32). You were unable to demonstrate that any of your six staff persons received the required training, including on emergency procedures, client rights, and reporting maltreatment. IRTS clients are vulnerable adults who may not be able to report maltreatment and not ensuring staff are trained on reporting maltreatment jeopardizes client safety. Additional risk to the health and safety of your clients is imposed when staff are not trained on emergency procedures, professional boundaries, and ways the program plans to reduce risks of abuse.
- Five violations related to medication administration, health services, self-administration assessments, and medication training were determined (violations numbered 6, 18, 19, 20, 32). You could not provide any documentation demonstrating that client's health needs were screened upon admission and monitored on an ongoing basis, or that clients abilities to self-administer medications were assessed. You were not able to provide a medication administration record for one client, and documentation for other clients contained a multitude of medication errors, for which you had no documentation to demonstrate you followed up in any way to ensure medications were adequately administered. You have allowed unlicensed staff to administer medications without having documentation to demonstrate they were appropriately trained. These violations are significant and put the client's health and well-being at risk.
- Two violations related to client rights were determined (violations numbered 14 and 23). There was no documentation to demonstrate that seven of eight clients admitted to your program were oriented to the client rights policy, the grievance procedure, the program abuse prevention plan, or the internal and external reporting procedures for maltreatment. IRTS clients deserve to know what their rights are, and to be provided the information required to be able to advocate for themselves or to report maltreatment.
- Four violations related to provider qualifications, scope of practice, and treatment supervision were determined (violations numbered 3, 4, 28, and 29). You could not provide any documentation demonstrating that the staff you identified as mental health rehabilitation workers were appropriately qualified. You could not provide any documentation demonstrating that treatment supervision in any form has been provided. You had no documentation of weekly team meetings. These violations are significant because IRTS clients have the right to receive appropriate mental health treatment, and when basic staffing and treatment supervision requirements are not met, your ability to ensure clients receive appropriate mental health treatment is in question.
- Five violations related to assessment of the client's condition and needs were determined (violations numbered 7, 9, 10, 15, and 16). Noncompliant diagnostic assessments, functional assessments, level of care assessments, immediate needs assessments, and substance use assessments were found in the file of every client admitted to your program. You did not complete any immediate needs assessments. Level of care assessments completed showed that clients did not require an IRTS level of care but were admitted to and remained in your program. Adequate assessment of a client's history, functioning and needs is a critical component in providing mental health treatment services.
- Two violations related to the development and review of individual treatment plans were determined (violations numbered 8 and 17). No initial treatment plans were completed, and

individual treatment plans were significantly out of compliance. There was no documentation to demonstrate individual treatment plans were based on the client's diagnostic assessment or that they were reviewed during the client's treatment episode to determine if any changes were necessary. Treatment plans are the basis for staff to understand what the plan is for each individual person served at the program and not completing them to requirements is a health and safety risk for each individual served.

- Three violations related to the provision and documentation of treatment services were determined (violations numbered 6, 13, and 21). You were unable to provide documentation to demonstrate that required treatment services were provided, including rehabilitative mental health services, crisis prevention planning, health services, co-occurring substance use disorder treatment, family and natural supports engagement and education and Illness Management and Recovery or Enhanced Illness Management and Recovery. Your inability to demonstrate that required treatment is being provided calls into question your ability to effectively operate an IRTS program.

Legal Authority: Minnesota Statutes, section 245A.07, subdivision 3(a)(1).

Due to the serious nature of these violations and the conditions in the program, which impact the health and safety of individuals served in your care, your license to provide Intensive Residential Treatment Services (IRTS) is revoked.

LICENSING VIOLATIONS DETERMINED ON AUGUST 12 - 14, 2025

DHS determined that your program did not follow licensing rules and statutes, as described below.

1. Violation: The license holder did not maintain a schedule of mental health professionals, clinical trainees, certified rehabilitation specialists, or mental health practitioners who will be available within 30 minutes and contact information to reach them.

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 13

2. Violation: The license holder's minimum treatment team ratios did not meet requirements. The licensor requested a staff schedule. The one that was provide appeared to have been created on the spot. When licensor questioned the license holder, the license holder stated they did not maintain a staffing schedule and was unable to demonstrate that the day shift included a mental health professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner.

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 10, paragraph (c)

3. Violation: The license holder's weekly team meetings did not meet requirements. There was no documentation to demonstrate that any weekly team meetings were held at the program since first admitting a client on 04/30/2025.

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 14, paragraph (b)

4. Violation: The license holder did not ensure that a mental health professional or certified rehabilitation specialist provided treatment supervision to each staff person who provides services to a client and who is not a mental health professional or certified rehabilitation specialist. Treatment supervision plans were incomplete; therefore, the license holder was unable to demonstrate the provision of any treatment supervision, including supervision that addressed the following required topics:
- a. A review and evaluation of the interventions that the staff person delivers to each client;
 - b. Instruction on alternative strategies if a client is not achieving treatment goals;
 - c. A review and evaluation of each client's assessments, treatment plan, and progress notes for accuracy and appropriateness;
 - d. Instruction on the cultural norms or values of the clients and communities served and the impact a client's culture has on providing treatment
 - e. Evaluation of and feedback regarding a direct service staff person's area of competency; and
 - f. Coaching, teaching, and practicing skills with a staff person.

Statute Violated: Minnesota Statutes, section 245I.06, subdivision 1, paragraphs (a) and (b)

5. Violation: The license holder did not monitor the implementation of their policies and procedures for the following:
- a. Treatment Service Description Policy;
 - b. Discharge Standards Policy;
 - c. Client Property Policy;
 - d. Health and Safety Policy;
 - e. Client Rights and Protections Policy;
 - f. Program Grievance Procedure;
 - g. Health Services and Medication Policy;
 - h. Vulnerable Adult Mandated Reporting Policy;
 - i. Critical Incident Reporting Policy; and
 - j. Staff Training Plan.

Statute Violated: Minnesota Statutes, section 245A.04, subdivision 14, paragraph (b)

6. Violation: The license holder did not meet requirements for the provision of required treatment services in an intensive residential treatment services program. There was no documentation to demonstrate the following required services were provided:
- a. Crisis prevention planning, to assist clients in identifying and addressing patterns in their history and experience of mental health, and developing crisis prevention strategies that include de-escalation strategies that have been effective for the client in the past;
 - b. Health services;
 - c. Co-occurring substance use disorder treatment;
 - d. Engaging the client's family and other natural supports in the client's treatment and educating the client's family and other natural supports to strengthen the client's social and family relationships;
 - e. Illness Management and Recovery (IMR) or Enhanced Illness Management and Recovery (E-IMR).

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 4, paragraph (b)

7. Violation: Eight of eight client files did not contain an immediate needs assessment (C1, C2, C3, C4, C5, C6, C7 and C8).

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (a)

8. Violation: Eight of eight client files reviewed for the initial treatment plan did not meet requirements in the following ways:
- The client file did not contain an initial treatment plan (C2, C3, C4, C5, C6, C7 and C8);
 - The plan was not signed and dated by the person completing the plan, including the staff person's credentials (C1);
 - The plan was not based on the client's referral information (C1);
 - The plan was not based on the client's immediate needs assessment (C1);
 - The plan did not consider crisis assistance strategies that have been effective for the client in the past (C1); and
 - The initial treatment plan did not identify the following required components:
 - Measurable treatment objectives (C1);
 - Specific interventions that will be used to help the client engage in treatment (C1); and
 - Participants involved in the client's treatment planning (C1).

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (b); and section 245I.08, subdivision 2, clause (3)

9. Violation: Eight of eight client files reviewed did not meet level of care assessment requirements in the following ways:
- The assessment was not completed within five days of admission (C1 and C6);
 - The assessment was not updated within 60 days of admission (C2 and C6);
 - The assessment was not signed and dated by the person completing the assessment, including the staff person's credentials (C1, C2, C3, C4, C5 and C6); and
 - The level of care assessment determined that the client did not meet a medically monitored level of service and the treatment supervisor did not document how the client's admission was medically necessary (C4, C7 and C8)

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (d); and section 245I.08, subdivision 2, clause (3)

10. Violation: Two of two client files reviewed for requirements governing the substance use assessment did not meet requirements. The client file did not include a substance use assessment (C3 and C6).

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (h)

11. Violation: Seven of seven client files reviewed for requirements governing weekly reviews did not meet requirements. There was no documentation to demonstrate the treatment plan or individual abuse prevention plan (IAPP) was ever reviewed during the client's treatment episode (C1, C2, C3, C5, C6 and C8).

Statute Violated: Minnesota Statutes, sections 245I.23, subdivision 7, paragraph (i) and 245A.65, subdivision 2, paragraph (b).

12. Violation: Three of three client files reviewed did not meet discharge requirements in the following ways:
- a. The license holder did not categorize the discharge as successful, program-initiated, or non-program-initiated (C1);
 - b. The discharge summary was not completed prior to a program-initiated discharge (C3);
 - c. The client was not provided a copy of the discharge summary (C1 and C3);
 - d. The discharge summary was not signed and dated by the person completing the plan, including the staff person's credentials (C1, C3 and C4);
 - e. For a successful discharge, the summary did not contain (C1):
 1. A brief review of the client's problems during their stay;
 2. The client's response to their treatment plan;
 3. The goals and objectives that the license holder recommends that the client addresses during the first three months after discharge;
 4. The client's crisis plan;
 5. The client's forwarding address; and
 6. The client's forwarding telephone number.
 - f. For a program-initiated discharge, there was no documentation to demonstrate the following components of a discharge review was completed (C3):
 1. Consulting with the client's case manager, family and other natural supports prior to a program-initiated discharge, to review the issues involved in the program's decision to discharge the client from the program;
 2. Determining whether the license holder, treatment team and any interested party can develop additional strategies to resolve the issues leading to the client's discharge.
 - g. For a program-initiated discharge, the summary did not contain (C3):
 1. The names of the individuals involved in the decision to discharge the client;
 2. A description of each individual's involvement in the decision to discharge the client ;
and
 3. The recommended actions, supports and services that will assist the client with a successful transition to another setting.

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 18, paragraphs (a), (c), (g) and (h); and section 245I.08, subdivision 2, clause (3)

13. Violation: Eight of eight client files reviewed did not meet requirements for daily documentation in the following ways:
- a. The client file did not include a daily summary for each day the client was present in the program:
 1. For 05/12/2025 (C4);
 2. For 08/06/2025 through 8/12/2025 (C7);
 3. For 07/25/2025 through 08/12/2025 (C8);
 4. For 05/21/2025 through 8/12/2025 (C2);
 5. For 5/28/2025, 05/31/2025, 06/01/2025, 06/03/2025 through 06/06/2025, 06/10/2025

through 06/12/2025, 06/14/2025 through 06/15/2025, 06/18/2025 through 06/20/2025, 06/23/2025 through 06/24/2025, 06/26/2025 through 07/03/2025, and 07/07/2025 through 08/12/2025 (C6);

6. For 06/18/2025 (C3); and
 7. For 07/03/2025 and 07/07/2025-08/11/2025 (C5);
- b. The daily summary did not include:
1. Observations about the client's symptoms:
 - i. For summaries dated 5/16/2025 through 5/20/2025 (C2);
 - ii. For summaries dated 04/30/2025 through 05/30/2025 (C1); and
 - iii. For summaries dated 07/02/2025 and 08/12/2025 (C5);
 2. Critical incidents in which the client was involved (C3).

Statute Violated: Minnesota Statutes, section 245I.23, subdivision 12, paragraphs (a) and (b)

14. Violation: Eight of eight 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 (C2, C3, C4, C5, C6, C7 and C8); and
 - b. Documentation did not demonstrate the license holder explained the grievance procedure to the client (C1, C2, C3, C4, C5, C6, C7 and C8).

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

15. Violation: Six of six client files reviewed did not meet standard diagnostic assessment (DA) requirements in the following ways:
- a. The file did not contain a DA (C2);
 - b. The DA did not include the screening and assessment of the client for a substance use disorder (C1, C3, C5 and C8);
 - c. The assessor did not consult with the client's family about which services they prefer when completing the DA (C3, C5, C6 and C8);
 - d. The DA did not include the required information about the client's current life situation:
 1. The client's current living situation, including the client's housing status and household members (C3)
 2. The status of the client's basic needs (C1, C3, C5, C6 and C8);
 3. The client's education level (C3 and C5);
 4. The client's employment status (C3, C5, and C6);
 5. The client's current medications (C3, C5, C6 and C8);
 6. Any immediate risks to the client's health and safety, including withdrawal symptoms, medical conditions, and behavioral and emotional symptoms (C3 and C5);
 7. The client's perception of their condition (C3, C5, and C6);
 8. The client's description of the client's symptoms, including the reason for the client's referral (C1);
 9. The client's history of mental health treatment (C3 and C5) and substance use disorder treatment (C3 and C6); and
 10. Substance use history, if applicable, including (C3, C5, C6):
 - i. Amounts and types of substances;
 - ii. Frequency and duration of use;

- iii. Route of administration;
 - iv. Periods of abstinence and circumstances of relapse; and
 - v. The impact to functioning when under the influence of substances, including legal interventions;
- e. The DA did not document information related to the following required topics:
1. The client's relationship with family and other significant personal relationships, including the client's evaluation of the quality of each relationship (C6);
 2. The client's strengths and resources, including the extent and quality of the client's social networks (C1, C3, C5 and C6);
 3. Important developmental incidents in the client's life (C3, C5, C6 and C8);
 4. Maltreatment, trauma, potential brain injuries, and abuse that the client has suffered (C1, C3, C5, C6 and C8);
 5. The client's history of or exposure to alcohol and drug usage or treatment (C3, C5, C6 and C8);
 6. The client's physical health history (C3, C5, C6 and C8);
 7. The client's chemical health history (C3, C5, C6 and C8);
 8. The client's mental health history (C3, C5 and C6);
 9. The client's family health history (C1, C3, C5, C6 and C8);
- f. The DA did not include the following required components of the assessment:
1. The client's mental status examination (C5);
 2. The client's baseline measurements (C3 and C5);
 3. The client's symptoms (C1);
 4. The client's behavior (C5);
 5. The client's skills and abilities (C1, C3, C5 and C6);
 6. The client's resources (C1, C3, C5 and C6);
 7. The client's vulnerabilities (C1, C3, C5, C6 and C8);
 8. The client's safety needs (C3, C5 and C6); and
 9. An explanation of:
 - i. How the assessor diagnosed the client using the information from the client's interview, assessment, psychological testing, and collateral information about the client (C3 and C5);
 - ii. The client's needs (C5) and risk factors (C3, C5, C6 and C8);
 - iii. The client's strengths (C3 and C6); and
 - iv. The client's responsivity factors (C1, C3, C5, C6 and C8)

Statute Violated: Minnesota Statutes, section 245I.10, subdivision 2, paragraph (g), subdivision 5, paragraph (b) and subdivision 6, paragraphs (b), (c), (d) and (e)

16. Violation: Seven of seven client files reviewed did not meet functional assessment requirements in the following ways:
- a. The client file did not contain a functional assessment (C1 and C5);
 - b. The functional assessment was completed before the diagnostic assessment was completed (C2, C3 and C6);
 - c. The assessor did not use a collaborative process to obtain information about the client's symptoms and how they impact the client's functioning (C2, C4, C6 and C8);
 - d. Documentation did not identify the reasons that the license holder did not contact the client's family or other natural supports when conducting the functional assessment (C2, C4, C6 and C8);

- e. The functional assessment did not identify who completed it, preventing verification that it was completed by a qualified staff person (C2 and C4)
- f. The functional assessment did not assess how the client's symptoms of mental illness impact the client's functioning in the following areas:
 - 1. The client's mental health symptoms (C2, C4 and C8);
 - 2. The client's mental health service needs (C2, C3, C4, C6 and C8);
 - 3. The client's substance use (C2, C4 and C8);
 - 4. The client's vocational functioning (C2, C3, C4, C6 and C8);
 - 5. The client's educational functioning (C2, C3, C4, C6 and C8);
 - 6. The client's social functioning, including the use of leisure time (C2, C3, C4 and C8);
 - 7. The client's interpersonal functioning, including relationships with the client's family and other natural supports (C2, C4 and C8);
 - 8. The client's ability to provide self-care and live independently (C8);
 - 9. The client's medical and dental health (C2, C3, C4, C6 and C8);
 - 10. The client's financial assistance needs (C2, C3, C4, C6 and C8);
 - 11. The client's housing needs (C2, C3, C4 and C8); and
 - 12. The client's transportation needs (C2, C3, C4, C6 and C8).
- g. The functional assessment was not updated within 60 days of admission (C2 and C6)

Statute Violated: Minnesota Statutes, section 245I.10, subdivision 9, paragraph (a); and section 245I.23, subdivision 7, paragraph (g)

17. Violation: Seven of seven client files reviewed did not meet the following individual treatment plan (ITP) requirements:

- a. The treatment plan was not completed after completing a client's diagnostic assessment or reviewing a client's diagnostic assessment received from a different provider (C1, C2, C3 and C4);
- b. The individual treatment plan was not completed within 10 days of admission (C5);
- c. The ITP was not signed and dated by the person completing the assessment, including the staff person's credentials (C1, C2, C3, C4, C6 and C8);
- d. The ITP was not based on the client's diagnostic assessment and baseline measurements (C2);
- e. The client did not approve the ITP (C8);
- f. The individual treatment plan was not updated within 40 days of admission (C2, C5 and C6);
- g. The individual treatment plan was not updated within 70 days of admission (C2 and C6);
- h. Documentation did not demonstrate that the license holder:
 - 1. Used a person-centered, culturally appropriate planning process (C2 and C6); and
 - 2. Used a planning process that allows the client's family and other natural supports to observe and participate in the client's treatment services, assessments, and treatment planning (C2, C4, C6 and C8).
- i. The ITP did not include the following:
 - 1. The client's treatment goals (C8);
 - 2. Measurable treatment objectives (C8);
 - 3. A schedule for accomplishing goals and objectives (C1, C3, C4, C5 and C6);
 - 4. The individuals responsible for providing treatment services and supports to the client (C1, C2, C3, C4, C5, C6 and C8);
 - 5. Strategies to engage the client if they have a history of not engaging in treatment (C3 and

- C4);
- 6. Strategies to engage the client if they are court ordered to participate in treatment services (C2);
- 7. Referrals and resources for the client's health and safety (C2 and C6);
- 8. The staff persons responsible for following up with referrals and resources (C6);
- 9. The reason the license holder did not make a referral when one was identified (C6);
- j. The ITP did not identify participants involved in the clients treatment planning (C1, C4, C5 and C8);
- k. The ITP did not identify the client as a participant in their treatment planning (C4 and C8); and
- l. The ITP did not document the reason that the license holder did not involve the client's family or other natural supports (C1, C2, C3, C4, C5, C6 and C8).

Statute Violated: Minnesota Statutes, section 245I.10, subdivision 8, paragraph (a); section 245I.23, subdivision 7, paragraph (f); and section 245I.08, subdivision 2, clause (3)

18. Violation: Seven of seven client files reviewed did not meet health services requirements in the following ways:
- a. The client was not screened for health issues within 72 hours of admission (C1, C2, C3, C5, C6, C7 and C8);
 - b. There was no documentation to demonstrate the license holder monitored the physical health needs of the client on an ongoing basis (C1, C2, C3, C5, C6, C7 and C8);
 - c. There was no documentation to demonstrate the license holder coordinated the client's psychiatric services (C3, C5 and C8); and
 - d. There was no documentation to demonstrate the license holder coordinated the client's medical services (C5 and C8).

Statute Violated: Minnesota Statutes, section 245I.11, subdivision 2, clauses (1)-(3)

19. Violation: Seven of seven client files reviewed did not meet requirements for assessing the client's ability to self-administer medication. The file did not contain an assessment (C1, C2, C3, C5, C6, C7 and C8);

Statute Violated: Minnesota Statutes, section 245I.11, subdivision 5, clause (1)

20. Violation: Seven of seven client files reviewed for medication administration did not meet requirements in the following ways:
- a. The client file did not contain a medication administration record (C8). Information in the client's diagnostic assessment identified the client was prescribed medication;
 - b. There was no documentation to demonstrate the license holder assisted the client in developing the skills necessary to safely self-administer medication (C1, C2, C3, C5, C6, C7 and C8);
 - c. There was no documentation to demonstrate the license holder monitored the following (C1, C2, C3, C5, C6, C7 and C8):
 - 1. The effectiveness of the client's medications;
 - 2. The side effects of the client's medications);
 - 3. Adverse reactions the client had to their medications; and
 - 4. Symptoms and signs of tardive dyskinesia).
 - d. The license holder did not document the following:
 - 1. Concerns the client had about their medications (C1, C2, C3, C5, C6, C7 and C8);
 - 2. All medication orders for the client (C7);

3. Medication errors (C2, C3, C5, C6, C7 and C8). The medication administration record did not document if a medication error occurred, if the client refused or was administered their prescribed medication:
 - i. For medications to be administered daily, from 8/7/2025 through 8/12/2025 (C7)
 - ii. For medications to be administered daily, from 5/30/2025, 5/31/2025, 6/6/2025, 6/8/2025, 6/26/2025, 6/28/2025, 6/29/2025, 7/3/2025, 7/9/2025 through 7/13/2025, 7/15/2025, 7/16/2025, 7/19/2025 through 7/24/2025, 7/26/2025 through 8/9/2025, and 8/11/2025 (C2);
 - iii. For medications to be administered daily, from 06/19/2025, 06/20/2025, 06/24/2025 and the entire month of July (C3);
 - iv. For medications to be administered daily, for 06/19/2025 and 06/27/2025 (C5);
and
 - v. For a medication to be administered weekly, from 7/10/2025 through 7/31/2025 (C2);
- e. The client's medication orders (C1, C2, C3, C5, C6, C7 and C8)

Statute Violated: Minnesota Statutes, section 245I.11, subdivision 5, clauses (1), (2), (4) and (5)

21. Violation: Four of four client files reviewed did not meet progress note requirements in the following ways:

- a. The progress note did not identify the scope of the service, including the following required components:
 1. The targeted goal and objective;
 - i. For progress note(s) dated 05/21/2025 through 05/23/2025, 05/25/2025, 05/27/2025, 05/29/2025, 05/30/2025, 06/02/2025, 06/07/2025 through 06/09/2025, 06/13/2025, 06/16/2025, 06/17/2025, 06/21/2025, 06/22/2025, 06/25/2025, 07/04/2025 and 07/05/2025 (C2);
 - ii. For progress note(s) dated 05/21/2025 through 05/23/2025, 05/25/2025, 05/27/2025, 05/29/2025 and 05/30/2025 (C1);
 - iii. For progress note(s) dated 07/04/2025 through 07/06/2025 (C5);
 2. The intervention the staff provided to the client;
 - i. For progress note(s) dated 05/21/2025 through 05/23/2025, 05/25/2025, 05/27/2025, 05/29/2025 and 05/30/2025 (C1);
 - ii. For progress note(s) dated 07/04/2025 through 07/06/2025 (C5);
 3. The client's response to the intervention;
 - i. For progress note(s) dated 05/29/2025, 06/07/2025 and 06/08/2025 (C2); and
 - ii. For progress note(s) dated 07/04/2025 through 07/06/2025 (C5)
- b. There was no documentation in the client file to demonstrate if any mental health services were provided to the client on the dates identified below. Minnesota Statutes, section 245I.08, subdivision 4, requires that each occurrence of a mental health service is documented in a progress note. During the licensing review, program administration reported that mental health services were provided to each client, but the license holder was unable to provide any documentation:
 1. 8/6/2025 through 8/12/2025 (C7);
 2. 7/25/2025 through 8/12/2025 (C8);
 3. 7/6/2025 through 8/12/2025 (C2);

4. 4/30/2025 through 5/20/2025, 5/26/2025 and 5/28/2025 (C1);
5. 6/18/2025 through 7/8/2025 (C3); and
6. 7/2/2025 through 7/3/2025 and 7/7/2025 through 8/11/2025 (C5).

Statute Violated: Minnesota Statutes, section 245I.08, subdivision 4

22. Violation: Eight of eight client files reviewed did not meet requirements when the license holder assisted the client with the safekeeping of funds or other property:
- a. The receipt and disbursement of the funds or other property was not immediately documented at the time of receipt or disbursement (C1, C2, C3, C4, C5, C6 and C7);
 - b. The documentation of the receipt or disbursement of funds or other property did not include the person's signature (C6 and C8); and
 - c. The person's funds and property were not returned within three working days after the date of request (C1 and C3).

Statute Violated: Minnesota Statutes, section 245A.04, subdivision 13, paragraph (c)

23. Violation: Eight of eight client files reviewed did not meet requirements for orienting clients to vulnerable adult maltreatment reporting policies and procedures in the following ways:
- a. The client was not oriented to the program abuse prevention plan (C1, C2, C3, C4, C5, C6, C7 and C8); and
 - b. The client was not oriented to the internal and external maltreatment reporting procedures (C1, C2, C3, C4, C5, C6, C7 and C8).

Statute Violated: Minnesota Statutes, section 245A.65, subdivision 3

24. Violation: Eight of eight client files reviewed did not meet individual abuse prevention plan (IAPP) requirements in the following ways:
- a. The measures identified to minimize the risk of abuse were not implemented (C2). The IAPP stated program staff would check in with the client on a daily basis and connect them to financial resources. There was no documentation in the client file that demonstrated this occurred;
 - b. The IAPP was not completed as part of the initial treatment plan (C5)
 - c. The IAPP did not include an individualized assessment of the person's (C1, C2, C3, C4, C5, C6, C7 and C8):
 1. Susceptibility to abuse by other individuals, including other vulnerable adults;
 2. Susceptibility to self-abuse;
 3. Risk of abusing other vulnerable adults.
 - d. The IAPP did not include specific measures taken to minimize the risk of abuse to that person when the individual assessment indicated the need for measures in addition to the specific measures identified in the program abuse prevention plan (C2 and C6);
 - e. The specific measures taken to minimize the risk of abuse did not include referrals made when the vulnerable adult was susceptible to abuse outside the scope or control of the licensed services (C4 and C6).
 - f. When the facility knew that the vulnerable adult had committed a violent crime or an act of physical aggression towards others, the IAPP did not detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised (C1, C2, C3, C5 and C7);

- g. When the assessment indicated that the vulnerable adult did not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the IAPP did not include documentation of this determination (C5);
- h. Documentation did not demonstrate that the person receiving services participated in the development of the IAPP (C4 and C5).

Statute Violated: Minnesota Statutes, section 245A.65, subdivision 2; and section 245I.23, subdivision 7, paragraph (c)

25. Violation: Six of six personnel files reviewed for requirements governing personnel files did not meet requirements in the following ways:
- a. A personnel file was not created or maintained for the staff person (SP6) and the license holder was not able to produce any of the required contents;
 - b. The personnel file did not include the following required contents:
 - 1. Verification of the staff person's qualifications (SP1, SP3, SP4, and SP5);
 - 2. Documentation related to the staff person's background study (SP1);
 - 3. The hiring date of the staff person (SP1, SP2, SP3, SP4, and SP5);
 - 4. A description of the staff person's job responsibilities (SP1, SP2, SP3, SP4, and SP5);
 - 5. The date the staff person's duties and responsibilities became effective (SP1, SP2, SP3, SP4, and SP5);
 - 6. The date the staff person began having direct contact with clients (SP1, SP2, SP3, SP4, and SP5); and
 - 7. Documentation of the staff person's training as required by section 245I.05, subdivision 2 (SP1, SP3, and SP5).

Statute Violated: Minnesota Statutes, sections 245A.041, subdivision 3, and 245I.07, paragraph (a), clauses (1)-(9)

26. Violation: Five of five personnel files reviewed for training documentation did not meet requirements in the following ways:
- a. Documentation of medication assistance training did not identify the license holder's method of evaluating the trainee's competency upon completion of training (SP2 and SP4);
 - b. Documentation of training to vulnerable adult maltreatment reporting requirements did not identify the length of the training (SP1, SP3 and SP5).

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

27. Violation: Three of three personnel files reviewed for requirements governing the direct observation of a mental health rehabilitation worker or mental health behavioral aide did not meet requirements (SP3, SP4, SP5). Since first admitting a client on 04/30/2025 there was no documentation to demonstrate the license holder provided direct observation of the mental health rehabilitation worker or approved the progress note for the observed treatment.

Statute Violated: Minnesota Statutes, section 245I.06, subdivision 3, paragraphs (a) and (b)

28. Violation: Five of five personnel files reviewed for treatment supervision plans did not meet requirements

(SP1, SP3, SP4, SP5 and SP6) in the following ways:

- a. The personnel file contained a document titled "Supervision Plan" that included the staff person's name and title, but the plan was incomplete as it did not contain the following:
 - i. The staff person's authorized scope of practice;
 - ii. A description of the client population that the staff person serves; and
 - iii. A description of the treatment methods and modalities that the staff person may use to provide services to clients.

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

29. Violation: Three of three personnel files reviewed for requirements governing staff qualifications did not meet requirements (SP3, SP4, and SP5). There was no documentation in the personnel file demonstrating the staff person qualified as a mental health rehabilitation worker.

Statute Violated: Minnesota Statutes, section 245I.04, subdivision 14

30. Violation: The license holder did not follow their training plan to ensure that staff receive required trainings.

Statute Violated: Minnesota Statutes, section 245I.05, subdivision 1

31. Violation: Six of six 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 (SP1, SP2, SP3, SP4, SP5 and SP6):
 1. Client rights and protections under section 245I.12;
 2. The Minnesota Health Records Act, including client confidentiality, family engagement, and client privacy;
 3. Emergency procedures, including fire and inclement weather, reporting missing persons, behavioral emergencies, and medical emergencies;
 4. Specific activities and job functions for which the staff person is responsible;
 5. The license holder's program policies and procedures applicable to the staff person's position;
 6. Professional boundaries that the staff person must maintain; and
 7. Specific needs of each client to whom the staff person will be providing direct contact services.
- b. Documentation did not demonstrate the staff person received the following required orientation within 72 hours of providing direct contact services:
 1. Vulnerable adult maltreatment reporting requirements (SP4 and SP6);
 2. The program abuse prevention plan (SP1, SP2, SP3, SP4, SP5 and SP6); and
 3. All internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services (SP1, SP2, SP3, SP4, SP5 and SP6).
- c. 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 (SP1, SP2, SP3, SP4, SP5 and SP6);
- d. Documentation did not demonstrate the staff person received 30 hours of training about the

required topics listed below, and there was no documentation demonstrating if the way in which the staff person qualified for their position required they receive the additional 30 hours of training:

1. Mental illnesses (SP1, SP3, SP4, SP5 and SP6);
 2. Client recovery and resiliency (SP1, SP3, SP4, SP5 and SP6);
 3. Mental health de-escalation techniques (SP1, SP3, SP4, SP5 and SP6);
 4. Co-occurring mental illness and substance use disorders (SP1, SP3, SP4, SP5 and SP6); and
 5. Psychotropic medications and medication side effects, including tardive dyskinesia (SP1, SP3, SP4, SP5 and SP6).
- e. Documentation did not demonstrate the staff person received the 30 hours of training required for their position prior to providing direct contact services (SP1, SP3, SP4, SP5 and SP6);
 - f. There was no documentation to demonstrate the employee, subcontractor or volunteer was trained on the program's drug and alcohol policy before the employee, subcontractor, or volunteer had direct contact, as defined in section 245C.02, subdivision 11, with a person served by the program (SP1, SP2, SP3, SP4, SP5 and SP6);
 - g. Documentation did not demonstrate the staff person was trained on administering emergency overdose treatment before the staff had direct contact, as defined in section 245C.02, subdivision 11, with a person served by the program (SP1, SP3, SP4, SP5 and SP6);
 - h. Documentation did not demonstrate the staff person received training to the following required topics within 90 days of first providing direct contact services to an adult client:
 1. Trauma-informed care and secondary trauma (SP1, SP3, SP4, SP5 and SP6);
 2. Person-centered individual treatment plans, including seeking partnerships with family and other natural supports (SP1, SP3, SP4, SP5 and SP6);
 3. Co-occurring substance use disorders (SP1, SP3, SP4, SP5 and SP6); and
 4. Culturally responsive treatment practices (SP1, SP3, SP4, SP5 and SP6).

Statute Violated: Minnesota Statutes, section 245I.05, subdivision 3, paragraphs (a), (b), (c) and (d); section 245A.65, subdivision 3; section 245A.04, subdivision 1, paragraph (c); and section 245A.242, subdivision 2

32. Violation: Four of four personnel files reviewed for requirements governing medication administration training did not meet requirements in the following ways:
- a. There was no documentation demonstrating the staff person received training prior to administering medications to a client (SP3 and SP5);
 - b. Documentation did not demonstrate the staff person received training on the following required topics prior to administering medications or observing a client self-administer medications:
 1. Psychotropic medications (SP2, SP3, SP4 and SP5);
 2. Side effects (SP2, SP3, SP4 and SP5); and
 3. Medication management (SP3 and SP5).
 - c. The formalized training program did not include direct observation of the staff person to determine their areas of competency (SP2, SP3, SP4 and SP5).

Statute Violated: Minnesota Statutes, section 245I.05, subdivision 5, paragraphs (a) and (b)

33. Violation: For six of six personnel files reviewed, the license holder was unable to provide documentation demonstrating the information collected about a person was verified before initiating a background study request to DHS (SP1, SP2, SP3, SP4, SP5 and SP6).

Statute Violated: Minnesota Statutes, section 245C.05, subdivision 1

34. Violation: The license holder's policies and procedures did not meet requirements. The license holder's program abuse prevention plan was updated on 05/10/2025, and the plan did not identify the date of revision and there was no documentation to demonstrate the change to the plan was communicated to staff.

Statute Violated: Minnesota Statutes, section 245I.03, subdivision 1

35. Violation: The license holder did not meet critical incident reporting requirements. Two incidents dated 06/07/2025 and 06/25/2025 met the definition of a critical incident and were not reported to the Commissioner.

Statute Violated: Minnesota Statutes, section 245I.13

YOUR RIGHT TO APPEAL

You have the right to appeal the revocation. Your request must be in writing and clearly state that you are requesting a contested case hearing for this matter. Your request must be made before the deadlines provided below. If you do not meet this deadline, you lose your right to an administrative appeal. The timeline to appeal began when you received this order.

If you are mailing your request, it must be sent by certified mail and postmarked within 10 calendar days from when you received this order. Please send it to:

Commissioner, Department of Human Services
Office of Inspector General
Legal Counsel's Office
Attention: Licensing Legal Unit
PO Box 64953
St. Paul, MN 55164-0953

If your request is being personally delivered, it must be received by DHS within 10 calendar days from when you received this order. Please bring it to:

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

Upon DHS' receipt of your timely appeal, your case would be scheduled for a contested case hearing in front of an Administrative Law Judge. Following this hearing, the Commissioner of DHS will issue a final order. If you do not appeal or if the order is affirmed by the Commissioner following a hearing, DHS is prohibited from issuing you and the controlling individuals a license for five years. In addition, any additional licenses held by you or the controlling individuals shall also be revoked.

Legal representation at the contested case hearing:

You do not need a lawyer to appeal. However, a lawyer can help you with your appeal. The state or county will not get you a lawyer and will not pay for a lawyer. If you cannot afford a lawyer, you may be able to get free legal advice or help with your appeal. To find out if free help is available, contact: Volunteer Lawyers Network at 612-752-6677; Central Minnesota Legal Services at 612-332-8151; Southern Minnesota Legal Services at 651-222-4731; or go to www.lawhelpmn.org to find a local legal services program that may be able to help you.

You can also find information on contested cases from the Office of Administrative Hearings website at <https://mn.gov/oah/self-help>. Click on Administrative Law Overview, then click on Administrative Law Contested Case Hearing Guide for a list of frequently asked questions.

Operating the program pending the outcome of the appeal:

If you file an appeal within the timeframes described above, you may continue to operate pending the outcome of your appeal. If you continue to operate, you must comply with the conditions described below. If you do not follow a law or rule that may impact the health or safety of individuals served by your program could result in the immediate suspension of your license.

If you continue to operate pending the outcome of your appeal, you must comply with the following conditions:

1. While operating pending appeal, you cannot apply for or be issued an additional DHS License.
2. Within 14 days of filing an appeal, you must notify current clients and all parties who refer individuals to your program of the status of your license: revoked operating under appeal. You must submit documentation demonstrating the notice has been provided to your referral sources to your DHS Licensor.

Within 7 days of filing an appeal, you must submit a draft of the required notice to your DHS Licensor for approval. The notice must include your license is revoked and operating under appeal, and it must include either a copy of the Revocation Order or an offer to provide a copy of the order upon request.

While operating pending appeal, you must notify new clients and referral sources that the license is revoked and operating under appeal before they begin receiving services. A copy of the notice with client and/or legal representative(s) signature must be maintained in the client file.

3. Within 14 days of filing an appeal, you must submit to DHS Licensing a resume for any proposed Compliance Officer that addresses each qualification listed below. The license holder agrees to ensure that the program's Compliance Officer will not hold the position of owner, treatment director or authorized agent. The program's Compliance Officer must have the following minimum qualifications and must be approved by the program's DHS Licensor:
 - a. Two years of professional experience in the following:
 - 1) A regulatory or compliance position;
 - 2) Involved in direct care as a providing mental health services, or
 - 3) If applicable, the development and implementation of mental health or substance use disorder treatment planning in a DHS licensed mental health or substance use disorder licensed program.
 - b. Working knowledge of Minnesota Statutes, Chapter 245A, Human Services Licensing and MN Statutes, Chapter 2451, Uniform Service Standards; and
 - c. A bachelor's degree or higher in Human Services, Social Work, Sociology, Psychology; or a related field may substitute for one year of professional experience in Human Services, Social Work, Sociology, Psychology or a related field.
4. Within 30 days of compliance officer approval, you must implement DHS Licensing's self-monitoring plan that ensures an ongoing, systematic approach for monitoring compliance with applicable licensing laws, rules, and statutes. The Compliance Officer must conduct within the first quarter a review of License Holder's policies and procedures to ensure compliance with Minnesota Statutes, Chapter 245A and 2451. This includes an assessment of staff implementing the policies and procedures.

Documentation requirements of the results of the monthly reviews are outlined in the DHS self-monitoring plan, discrepancies found within the reviews and corrective actions taken must be submitted to the program's DHS Licensor quarterly, and continuing every three months thereafter, on the 15th of month following the quarter, for 2 years from the effective date of the appeal or otherwise determined by DHS licensing.
5. While operating pending appeal, or as otherwise determined by DHS licensing, you must submit the following documentation regarding admissions and level of care assessments on a monthly basis:
 - a. Documentation demonstrating how any newly admitted clients meet all required admission criteria, including all corroborating documentation;
 - b. Documentation of all level of care assessments completed. You must complete level of care assessments for each client every thirty days.
6. Within 14 days of filing an appeal within the timeframes described above, you must submit a revised treatment services description and schedule. Upon request, you must submit documentation demonstration the provision of treatment services to your DHS licensor.

7. Within 30 days of filing an appeal within the timeframes described above, you must submit documentation to demonstrate all violations identified above have been corrected. This includes verification of staff training, revising noncompliant policies and procedures, etc.


Legal authority for this licensing action

- This action is taken under Minnesota Statutes, section 245A.07, subdivision 3, which describes under which conditions DHS may revoke a license.
- The timeline to appeal a revocation order is provided in Minnesota Statutes, section 245A.07, subdivision 3(b).
- "Controlling individual" is defined under Minnesota Statutes, section 245A.02, subdivision 5a.
- License holders have a right to appeal licensing actions and request a contested case hearing, under Minnesota Statutes, chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612.
- If a license holder files a timely appeal of a revocation order, the license holder may continue to operate the program pending a final order of the appeal under Minnesota Statutes, section 245A.07, subdivision 1(b).
- Under Minnesota Statutes, section 245A.04, subdivision 7, paragraph (d), clause (3), the commissioner shall not issue or reissue a license if the applicant, license holder, or controlling individual has had a license issued under this chapter revoked within the past five years.
- Under Minnesota Statutes, section 245A.04, subdivision 7, paragraph (d), clause (5), when a license issued under this chapter is revoked under clause (1) or (3), the license holder and controlling individual may not hold any license under chapter 245A for five years following the revocation, and other licenses held by the applicant, license holder, or controlling individual shall also be revoked.
- Under Minnesota Statutes, section 245A.07, subdivision 1, paragraph (b), the commissioner may include terms the license holder must follow pending a final order on appeal.

Questions

If you have any further questions regarding this matter, you may contact Katie Leuer, Unit Supervisor, at 651-431-6259.

Sincerely,



Paula Halverson, Unit Manager
Licensing Division
Office of Inspector General