

09/22/2025

Fadumo Ahmed, Authorized Agent
Libin Health LLC
2719 W DIVISION ST STE 8
Saint Cloud, MN 56301-3400

License Number: 1119694 (IRTS/RCS)
Program Location: 740 12TH AVE S, Saint Cloud, MN 56301-4219

AMENDED CORRECTION ORDER

NOTICE: On September 9, 2025, DHS Licensing rescinded violation numbered 2, and violation numbered 6 from the correction ordered dated July 11, 2025. This amended correction order supersedes the correction order issued on July 11, 2025, which must be destroyed.

Dear Fadumo Ahmed:

On 05/27/2025 and 05/28/2025, the Department of Human Services (DHS) conducted a licensing review at Libin Health LLC. 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 licensing review determined compliance with the provisions governing intensive residential treatment services and residential crisis stabilization services under Minnesota Statutes, chapter 245I.

Licensing violations

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

Program Practices

1. **Violation:** The license holder's response to client grievances did not meet requirements in the following ways:
 - a. The license holder did not acknowledge their receipt of the grievance in writing within three business days.

Citation: Minnesota Statutes, section 245I.12, subdivision 5, paragraph (c)

Corrective Action Required Correct immediately and maintain compliance.

Client Records

2. Violation: 3 of 3 client files reviewed did not meet requirements for orienting clients to vulnerable adult maltreatment reporting policies and procedures in the following ways:
- The client was not oriented to the program abuse prevention plan (PAPP) (C1, C2 and C3);
 - The client was not oriented to the internal and external maltreatment reporting procedures (C2); and
 - The client's orientation to the internal and external maltreatment reporting procedures was not completed within the required time frame (C1, C2 and C3).

Citation: Minnesota Statutes, section 245A.65, subdivision 3

Corrective Action Required Correct immediately and maintain compliance.
Within 30 days of this correction order, submit documentation of a client's orientation to vulnerable adult maltreatment reporting policies and procedures to demonstrate compliance.

3. Violation: 3 of 3 client files reviewed did not meet individual abuse prevention plan (IAPP) requirements:
- The IAPP did not include an individualized assessment of the person's:
 - Susceptibility to abuse by other individuals, including other vulnerable adults (C1 and C2); and
 - Risk of abusing other vulnerable adults (C1, C2 and C3).
 - The specific measures taken to minimize the risk of abuse did not include the following:
 - Referrals made when the vulnerable adult was susceptible to abuse outside the scope or control of the licensed services (C2).
 - 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 and C3); and
 - 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 (C1 and C3).

Citation: Minnesota Statutes, section 245A.65, subdivision 2

Corrective Action Required Correct immediately and maintain compliance.
Within 30 days of this correction order, submit an IAPP that demonstrates compliance.

4. Violation: 3 of 3 client files reviewed for the initial treatment plan did not meet requirements in the following ways:
- The plan was not based on the client's immediate needs assessment (C2);
 - The plan did not consider crisis assistance strategies that have been effective for the client in the past (C1, C2 and C3); and
 - The initial treatment plan did not identify the following required components:
 - Measurable treatment objectives (C2).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (b)

Corrective Action Required Correct immediately and maintain compliance.
Within 30 days receipt of this correction order, submit an immediate needs assessment and initial treatment plan that demonstrates compliance.

5. Violation: 1 of 3 client files reviewed did not meet discharge requirements in the following ways:
- For a program-initiated discharge, the summary did not contain:

1. A description of each individual's involvement in the decision to discharge the client (C1).

Citation: Minnesota Statutes, section 245I.23, subdivision 18, paragraph (h)

Corrective Action Required Correct immediately and maintain compliance.

6. Violation: 3 of 3 client files reviewed did not meet standard diagnostic assessment (DA) requirements in the following ways:
 - a. The DA did not identify recommended mental health services to develop the client's mental health services and treatment plan (C1, C2 and C3);
 - b. The DA did not include the screening and assessment of the client for a substance use disorder (C1, C2 and C3);
 - c. The assessor did not consult with the client's family about which services they prefer when completing the DA (C1, C2 and C3);
 - d. The DA did not include the required information about the client's current life situation:
 1. The client's current medications (C1, C2 and C3);
 2. The client's history of substance use disorder treatment (C1 and C3); and
 3. Substance use history, if applicable, including:
 - i. Amounts and types of substances (C1, C2 and C3);
 - ii. Frequency and duration of use (C3); and
 - iii. Circumstances of relapse (C1).
 - e. The DA did not document information related to the following required topics:
 1. The client's strengths and resources, including the extent and quality of the client's social networks (C1);
 2. Important developmental incidents in the client's life (C1, C2 and C3);
 3. The client's history of or exposure to alcohol and drug usage (C1, C2 and C3);
 4. The client's history of or exposure to alcohol and drug treatment (C2);
 5. The client's chemical health history (C3); and
 6. The client's family health history (C2).
 - f. The DA did not include the following required components of the assessment:
 1. The client's skills and abilities (C3); and
 2. The client's resources (C3).

Citation: Minnesota Statutes, section 245I.10, subdivision 4 and subdivision 6, paragraphs (b), (c), (e) and (d)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this correction order, submit a diagnostic assessment that demonstrates compliance.

7. Violation: 1 of 2 client files reviewed did not meet functional assessment requirements in the following ways:
 - a. 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 medical and dental health (C2); and
 2. The client's transportation needs (C2).

Citation: Minnesota Statutes, section 245I.10, subdivision 9, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

8. Violation: 3 of 3 client files reviewed did not meet the following individual treatment plan (ITP) requirements:
- a. The client did not approve the ITP (C1, C2 and C3);
 - b. The ITP did not include the following:
 1. Measureable treatment objectives (C1 and C2);
 2. The individuals responsible for providing treatment services and supports to the client (C1, C2 and C3);
 3. Strategies to engage the client if they have a history of not engaging in treatment (C3);
 4. Referrals and resources for the client's health and safety (C2)
 5. The staff persons responsible for following up with referrals and resources (C2)
 - c. The ITP did not identify participants involved in the clients treatment planning (C1); and
 - d. The ITP did not identify the client as a participant in their treatment planning (C1).

Citation: Minnesota Statutes, section 245I.10, subdivision 8, paragraph (a); and section 245I.23, subdivision 7, paragraph (f)

Corrective Action Required Correct immediately and maintain compliance.
Within 30 days of this correction order, submit an individual treatment plan that demonstrates compliance.

9. Violation: 3 of 3 client files reviewed did not meet requirements for assessing the client's ability to self-administer medication in the following ways:
- a. The assessment did not include the client's ability to store medication safely and in a manner that protects other individuals in the facility (C1, C2 and C3).

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

Corrective Action Required Correct immediately and maintain compliance.
Within 30 days receipt of this correction order, submit an assessment on self-administering medication that demonstrates compliance.

10. Violation: 3 of 3 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, C2 and C3)
 - For progress note(s) dated 11/27/2024-12/11/2024. (C1)
 - For progress note(s) dated 03/03/2025, 03/04/2025, 03/05/2025, 03/06/2025 and 03/07/2025 (C2)
 - For progress note(s) dated 01/08/25-01/14/25 and 02/05/25-02/11/25. (C3)

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

Corrective Action Required Correct immediately and maintain compliance.
Within 30 days receipt of this correction order, submit a week's worth of progress notes for one resident that demonstrates compliance.

Staff Records

11. Violation: 6 of 6 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 (SP1 and SP4);

- b. A description of the staff person's job responsibilities (SP1, SP2, SP4, SP5 and SP6); and
- c. The date the staff person began having direct contact with clients (SP3).

Within 30 days receipt of this correction order, submit documentation of the verification of staff qualifications for a recently hired staff person.

Citation: Minnesota Statutes, section 245I.07, paragraph (a), clauses (1), (4) and (5)

Corrective Action Required Correct immediately and maintain compliance.

12. Violation: 1 of 5 personnel files reviewed for treatment supervision plans did not meet requirements in the following ways:
- a. The staff person's treatment supervision plan did not include the following required components:
 - 1. How frequently the treatment supervisors must provide treatment supervision to the staff person (SP2).

Citation: Minnesota Statutes, section 245I.06, subdivision 2, paragraph (b)

Corrective Action Required Correct immediately and maintain compliance.

13. Violation: 6 of 6 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 (SP3 and SP6);
 - 2. The Minnesota Health Records Act, including:
 - i. Client confidentiality (SP3 and SP6);
 - ii. Family engagement under section 144.294 (SP3 and SP6); and
 - iii. Client privacy (SP3 and SP6).
 - 3. Emergency procedures, including fire and inclement weather (SP3 and SP6);
 - 4. Emergency procedures, including reporting missing persons (SP3 and SP6);
 - 5. Emergency procedures, including behavioral emergencies (SP1, SP2, SP3, SP4, SP5 and SP6);
 - 6. Emergency procedures, including medical emergencies (SP1, SP2, SP3, SP4, SP5 and SP6);
 - 7. Specific activities and job functions for which the staff person is responsible (SP3 and SP6);
 - 8. The license holder's program policies and procedures applicable to the staff person's position (SP1, SP2, SP3, SP4, SP5 and SP6);
 - 9. Professional boundaries that the staff person must maintain (SP3 and SP6); and
 - 10. Specific needs of each client to whom the staff person will be providing direct contact services (SP3 and SP6).
 - 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 (SP3 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 (SP3 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 (SP3 and SP6);
 - d. Documentation did not demonstrate the staff person received the 30 hours of training required for their position prior to providing direct contact services (SP1 and SP4);

- e. Documentation did not demonstrate the staff person was trained on administering emergency overdose treatment (SP3 and SP6)
- f. 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 (SP6);
 - 2. Person-centered individual treatment plans, including seeking partnerships with family and other natural supports (SP6);
 - 3. Co-occurring substance use disorders (SP6); and
 - 4. Culturally responsive treatment practices (SP6).

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

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation demonstrating the staff person has received the required training identified above. SP1, SP2, SP3, SP4, SP5 and SP6

- 14. Violation: 4 of 4 personnel files reviewed for requirements governing medication administration training did not meet requirements in the following ways:
 - a. Medication administration training was not provided by an accredited Minnesota postsecondary education institute or by a formalized training program taught by a registered nurse or licensed prescriber that is offered by the license holder (SP4); and
 - b. The formalized training program did not include direct observation of the staff person to determine their areas of competency (SP1, SP2, SP4 and SP5).

Citation: Minnesota Statutes, section 245I.05, subdivision 5, paragraph (b)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this correction order, submit documentation of medication administration training that demonstrates 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 license. If requested above, Send your written response and any supporting documentation to your licenser 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 245A.06, subdivision 1. The timeline to request reconsideration of the order is provided in Minnesota Statutes, section 245A.06, subdivision 2.

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.

Sincerely,

Elissa Olson, Licensor
Office of Inspector General
Licensing Division