

TO: Cannon Falls City Council

FROM: Neil Jensen, City Administrator

SUBJECT: Conditional Use Permit for Valley View Recovery Center Inc.

DATE: June 16, 2020

Conditional Use Permit for Valley View Recovery Center Inc. A public hearing was held on Monday, June 8, 2020 to consider a request by Valley View Recovery Center Inc. to attain a Conditional Use Permit. Planning Commission approved the Conditional Use Permit for Valley View Recover Center on Monday, June 8, 2020 on a 3-1 vote, with the condition that all paperwork for all inspections was received by no later than Friday, June 12, 2020. This CUP would allow the residential treatment center to open and conduct business at 31591 64th Avenue (PID 52.770.0020)—the proposed land use is permitted within the *B-2 Highway Business District* (“*B-2*” *District*) by conditional use Permit (“CUP”).

The following exhibits are enclosed to further describe the proposal:

1. Location—Aerial Photo.
2. Department of Labor and Industry Building Permit and Inspection Record Card
3. Purchase Agreement
4. Valley View Recovery Center Business Plan
5. Letters of Reference
6. B-2 District – Section 152.648 (F), 152.279 (Required Landscape Screening), 152.255 through 152.264 (Off-Street Parking and Loading Requirements)
7. Draft copy of Planning Commission Minutes
8. Inspection report from the Department of Labor and Industry
9. DHS Checklist 5.27.2020
10. MDH Engineering Construction Submittal Form
11. VVRC--CNA Surety Bond
12. VVRS—Fire Marshall Inspection
13. Patient Transfer Agreement—Mayo Clinic
14. VVRC MDH COO App
15. VVRC Application to Operate a SLF
16. VVRC State DLI Inspection Report
17. MNDLI Building Permit Review
18. DHS Checklist 4.24.2020
19. VVRC- Health Department Interagency Request
20. VVRC Liability Insurance
21. VVRC MDH Food Service Plan
22. WC Certificate of Insurance

23. VVRC Articles of Incorporation
24. CGRH Written Action in Lieu of Special Meeting
25. CGRH Stock Certificate No. 3 – 12 31 2018
26. MCHCG Articles Incorporation & Stock Certificate
27. VVRC 18-2256 Stock Certificate
28. CGRC Stock Certificate No. 4
29. CGRC Cancelled Stock Certificate No. 2

The proposal would allow for operation of Valley View Recovery Center. They would serve Goodhue County in Minnesota providing supportive recovery housing and treatment services through opening a residential treatment center, for men and women, in Cannon Falls, MN. Valley View Recovery Center will serve up to 54 clients, consisting of 34 male clients and 20 female clients. Treatment will include 30 hours of group therapy per week and individual counseling as needed. The goals of the organization will be to provide individuals an environment to start and continue their substance abuse recovery. This facility will allow them to transition to sober living in their traditional environments as well as the ability to continue in a therapeutic environment with clinical support and direction throughout this period of recovery.

Requested Council Action

Cannon Falls City Council is asked to consider Resolution 2485. Staff recommends conditional approval of the Application.

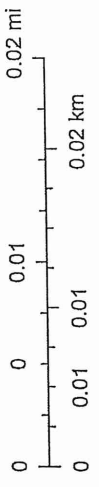
ArcGIS WebMap



May 28, 2020

- Township or Other Roads
- Major Roads 1,200
- US Highway
- State Highway
- County Roads 1,200
- County Roads - Gravel
- County Roads - Paved
- Township or Other Roads
- Township or Other Roads
- Parcels

1:480



BUILDING PERMIT

BL-P2004-0026

Permit Date: 04/29/2020

Project Name			
Valley View Recovery Center / Saratoga Inn - Change of Use			
Site Address			
31591 64th Ave, Cannon Falls, Goodhue County			
Applicant Name	Jacob		
Address	31591 64th Ave		
Phone	(507) 951-8056(507) 951-8056		
Owner Name	Jacob McGuire		
Address	1673 Echo Ridge St SW		
Phone	(507) 951-8056		
Contractor Name			
Phone			
Inspector	Chris Meier	Plan Reviewer	Gregory Metz
Phone	(651) 336-8411	Phone	
Description of Work			
Building is being changed from R-1 to I-1 as a licensed supervised living facility. No alterations included.			
Fees			
Total Fees	\$43.65		
Total Fees Paid	\$43.65		
Total Fees Due	\$0.00		

NOTICE

This permit is valid only for the work described and does not grant permission for additional or related work.
A separate permit may be required for work not included in the scope of this permit.

Permits become null and void if the work is not started within 180 days from the issue date and will expire if the work is suspended or abandoned for a period of 180 days any time after the work has commenced (see Minnesota Rule 1300.0120).

INSPECTION RECORD CARD
PROPER NOTICE IS REQUIRED WHEN SCHEDULING
ALL INSPECTIONS (24-HOUR NOTICE MINIMUM)
 Call DLI-CCLD Building official Chris Meier
 at (651) 336-8411 to schedule inspection(s)

Notices:
 Required (1) wheelchair accessible toilet facility, Accessible parking with access aisle, signage, and accessible route to and through the ground floor. Smoke detection and carbon monoxide detection verification required. Upon approval, inspector will issue a new certificate of occupancy for I-1, Condition 1 use.

INSPECTION APPROVALS		
Required Inspections	Inspector	Date
Fire Alarm System		
Final Occupancy		

Project Title: Valley View Recovery Center / Saratoga Permit No: BL-P2004-0026 Date Issued: 04/29/20
 Inn - Change of Use
 Location/Address: 31591 64th Ave, Cannon Falls, Goodhue County
 Contractor:
 Designer: Jacob Nicklay

PURCHASE AGREEMENT

THIS PURCHASE AGREEMENT (this "Agreement") is entered into as of this day 10th of January 2020 ("Effective Date"), by and between Saratoga Hospitality, Inc., a Corporation under the laws of Minnesota (hereinafter referred to as "Seller") and Jacob McGuire and/or his assigns (hereinafter referred to as "Buyer").

RECITALS

WHEREAS, Seller is the fee owner of a parcel of land located at 31591 64th Avenue, Cannon Falls, Goodhue County, Minnesota, legally described on Exhibit A, attached hereto;

WHEREAS Buyer desires to purchase the real property from Seller, and Seller is willing to sell the real property to Buyer, upon the following terms and conditions:

FOR VALUABLE CONSIDERATION, Buyer and Seller, intending to be legally bound, hereby agree as follows:

1. **OFFER AND ACCEPTANCE.** Buyer offers to purchase and Seller shall sell the property together with all buildings and improvements constructed or located on the property and all easements, agreements and rights benefiting or appurtenant to the property and all personal property remaining as of the date of closing, located at 31591 64th Avenue, Cannon Falls, Goodhue County, Minnesota (the "Property").
2. **DEED/MARKETABLE TITLE:** Subject to performance by the Buyer, the Seller agrees to execute and deliver a Warranty Deed conveying marketable title to said premises subject only to the following exceptions: (a) Building and zoning laws, ordinances, State and Federal regulations. (b) Restrictions relating to use or improvement of the premises without effective forfeiture provision. (c) Reservation of any minerals or mineral rights to the State of Minnesota. (d) Utility and drainage easements which do not interfere with present improvements. (e) Rights of tenants: NONE.
3. **PRICE AND TERMS.** The total purchase price for the Property is () (the "Purchase Price"). Buyer shall pay the Purchase Price to Seller as follows: (a) payment of earnest money in the amount of \$1,000.00 (the "Earnest Money") to be paid on the Effective Date to Seller, the sufficiency of which Seller hereby acknowledges, which will be held in escrow by Dunlap and Seeger Title and applied to the Purchase Price at Closing; and (b) 0 by financing at closing.
4. **CLOSING DATE.** The date of closing shall be on or before June 1st, 2020.
5. **CONTINGENCIES.** Buyer's obligations under this Agreement are contingent upon each of the following:
 - (a) **Financing.** Buyer securing SBA financing for the Purchase Price on or before the date of closing. If Buyer is unable to secure financing, Buyer may cancel this Purchase Agreement by providing

written notice to Seller, or licensee representing or assisting Seller, of Buyer's intent to cancel no later than 11:59 PM on the date of closing.

(b) **Inspection.** Buyer's satisfaction with the results of any matters disclosed by soil tests, engineering inspections, hazardous waste and environmental reviews of the Property. Furthermore, Seller shall allow Buyer, and Buyer's agents, access to the Property without charge and at all reasonable times for the purpose of Buyer's inspection of the Property to determine its condition. Any inspection(s) or testing(s) shall be done by an inspector(s) or tester(s) of Buyer's choice. For purposes of this Agreement, "intrusive testing" shall mean any testing, inspection(s), or investigation(s) that changes the Property from its original condition or otherwise damages the Property. If Buyer performs any intrusive testing, Buyer agrees the Property shall be returned to the same condition it was in prior to Buyer's intrusive testing at Buyer's sole expense. All inspection(s) and test(s) shall be done within Twenty (20) calendar days, which includes Saturdays, Sundays and state and federal holidays, of Final Acceptance Date (hereinafter defined) of this Purchase Agreement ("Inspection Period"). Buyer may cancel this Purchase Agreement based upon the inspection(s) or test result(s) by providing written notice to Seller, or licensee representing or assisting Seller, of Buyer's intent to cancel no later than 11:59 PM of the last day of the Inspection Period.

If Buyer cancels this Purchase Agreement pursuant to Section 3(a), 3(b) or 3(c), Buyer and Seller shall immediately sign a Cancellation of Purchase Agreement confirming said cancellation and directing all earnest money paid herein to be refunded to Buyer.

(c) **Remodeling of Pool Rooms.** Seller providing to buyer pool rooms which are fully remodeled, and functioning properly on the date of closing.

6. **REAL ESTATE TAXES.** Real estate taxes for the Property due and payable in the years prior to closing shall be paid in full on or before the date of closing by Seller. Real estate taxes for the Property due and payable in the year of closing shall be prorated to the date of closing. Real estate taxes payable in the years subsequent to closing shall be paid by Buyer.

7. **SPECIAL ASSESSMENTS.**

(a) **Certified Assessments.** Certified assessments to include the 2001 South Annexation Area Assessment shall be prorated to the date of the closing for the current year. The 2001 South Annexation Area Assessment payments subsequent to the closing shall be paid by Buyer.

(b) **Levied Assessments.** Seller shall pay on the date of closing all other special assessments levied as of the date of this Agreement.

(c) **Pending Assessments.** Seller shall provide for payment of special assessments pending *after* the date of this Purchase Agreement and *before* the date of closing. Seller shall pay on the date of closing any deferred real estate taxes or special assessments payment of which is required as a result of the closing of this sale.

8. **PRORATIONS.** All items customarily prorated and adjusted in connection with the closing of the sale of the Property herein including but not limited to rents, operating expenses, interest on any debt

assumed by Buyer, shall be prorated as of the date of closing. It shall be assumed that the Buyer will own the Property for the entire date of closing.

9. **DAMAGES TO REAL PROPERTY.** If there is any loss or damage to the Property between the date hereof and the date of closing, for any reason, the risk of loss shall be on the Seller. If the Property is destroyed or substantially damaged before the closing, this Purchase Agreement shall become null and void, at Buyer's option. Buyer shall have the right to terminate this Purchase Agreement within 30 days after Seller notifies Buyer of such damage. Upon said termination, the earnest money shall be refunded to Buyer and buyer and Seller agree to sign a cancellation of Purchase Agreement.

10. **EXAMINATION OF TITLE.** Within ten (10) days of the Final Acceptance Date of this Purchase Agreement, Seller shall provide evidence of title to Buyer or Buyer's designated title service provider, which shall include proper searches covering bankruptcies, state and federal judgements and liens, and levied and pending special assessments, as follows:

PROPERTY IS ABSTRACT, Seller shall provide either (a) a commitment for an owner's policy of title insurance on a current ALTA form issued by an insurer licensed to write title insurance in Minnesota and Seller shall pay the costs of evidence of title for such title insurance policy, and Buyer shall pay the premium for any owner's policy or lender's policy issued by the title insurance company, the title examination fee and the fee for any endorsements or other coverages requested by Buyer; or (b) Abstract of Title certified to date. Seller shall pay for all abstracting fees and surrender any abstract in Seller's possession or control to Buyer at closing.

Buyer shall have ten (10) business days after receipt of the Abstract of Title or title insurance commitment Abstract or title insurance commitment to provide Seller, or licensee representing or assisting Seller, with written objections to title. Buyer shall be deemed to have waived any title objections not made within such ten (10) day period, except that this shall not operate as a waiver of Seller's covenant to deliver a Warranty Deed, if a Warranty Deed is specified in this Purchase Agreement. Seller shall use Seller's best efforts to correct any title objections noted by Buyer and to provide marketable title by the date of closing. In the event Seller has not cured the title objections or otherwise provided marketable title by the date of closing, Seller shall have an additional thirty (30) days to correct the title objection or otherwise make title marketable. Buyer may waive title objections or other defects by written notice to Seller or licensee representing or assisting Seller. In addition to the thirty (30) day extension, Buyer and Seller may by mutual agreement further extend the closing date. Lacking such extension, either party may declare this Purchase Agreement terminated and neither party shall be liable for damages to the other. Buyer and Seller shall immediately sign a cancellation of purchase agreement directing all earnest money paid hereunder to be refunded to Buyer.

11. **POSSESSION.** Seller shall deliver possession of the Property on the date of closing.

12. **TIME IS OF THE ESSENCE FOR ALL PROVISIONS OF THIS CONTRACT.**

13. **CLOSING COSTS.** Each party is responsible for its own closing costs.

14. **MISCELLANEOUS PROVISIONS.**

(a) **Survival.** All of the warranties, representations, and covenants of this Agreement shall survive and be enforceable after the closing.

(b) **Entire Agreement; Modification.** This Agreement constitutes the complete agreement between the

parties and supersedes any prior oral or written agreements between the parties regarding the Property. There are no verbal agreements that change this Agreement and no waiver of any of its terms will be effective unless in a writing executed by the parties.

(c) **Successors and Assigns.** If this Agreement is assigned, all provisions of this Agreement shall be binding on successors and assigns.

15. **ACCEPTANCE DEADLINE.** This offer to purchase, unless accepted sooner, shall be null and void at 11:59 PM on January 6, 2019 (the "Final Acceptance Date") and in such event all earnest money shall be refunded to Buyer.

[SIGNATURE PAGE TO FOLLOW]

THIS IS A LEGALLY BINDING CONTRACT. IF NOT UNDERSTOOD, SEEK COMPETENT ADVICE.

Dated: 01/06/2020 Dated: 1-6-20

SELLER: Saratoga Hospitality, Inc.

BUYER: Jacob McGuire and/or his assigns

By: Bhavesk Bhakta Its: CEO

By: [Signature] CEO
Valley View Recovery Center

EXHIBIT A

That part of Lot 2, Block 1, SARATOGA INN REPLAT, according to the plat thereof, Goodhue County, Minnesota, lying south of the following described line and its extensions:

Commencing at the southwest corner of said Lot 2; thence North 0 degrees 01 minutes 22 seconds East along the west line of said Lot 2 a distance of 197.97 feet to the point of beginning of the line to be described; thence North 81 degrees 35 minutes 00 seconds East 431.30 feet to the east line of said Lot 2 and said line there terminating.

Valley View Recovery Center

Valley View Recovery Center
Goodhue County Location
Business Plan
January 2020

Contact: Jacob McGuire, CEO
1673 Echo Ridge St SW
Rochester, MN 55902
(507) 951-8056
jacob.mcguire@Valleyviewrecovery.org

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I. Executive Summary

Valley View Recovery Center will serve Goodhue County in Minnesota providing supportive recovery housing and treatment services through opening a residential substance abuse treatment center, for men and women, in Cannon Falls, MN. Establishing a residential substance abuse treatment center in Cannon Falls will meet a need presented in the county and will ensure a safe, sober, healthy environment for individuals in recovery from substance abuse disorder. Valley View Recovery Center will serve up to 54 clients, consisting of 34 male clients and 20 female clients. Treatment will include 30 hours of group therapy per week and individual counseling as needed. The goals of the organization will be to provide individuals recovering from substance use disorder an environment to start and continue their recovery as they transition to sober living in their traditional environments as well as the ability to continue in a therapeutic environment with clinical support and direction throughout this period of their recovery. By opening a facility for men and women recovering from substance use disorder, Goodhue County will have enhanced placement availability, as well as the enhancement for the recovery community in the area.

Through the use of evidence-based practices and competent staff with background and expertise with those on a recovery journey from substance use disorder, Valley View Recovery Center will ensure the highest level of treatment programming during this transitional phase in recovering individuals' lives. Maintaining integrity in all endeavors, Valley View will work with clients to ensure the best outcomes possible for sober living and a healthy lifestyle.

II. Industry Analysis

Based on research conducted between 2010-2018, there is great need for residential treatment and services in Goodhue County and in surrounding counties in Minnesota. There are currently no residential facilities in Goodhue County, therefore Valley View Recovery Center would be the first to establish a facility of this type in the county. The probability of fully occupying the facility is high and the facility's success can be attributed to both the need from clients, the demand by referral sources (criminal justice workers, probation officers, insurance companies, drug court, etc.), and the provision of Valley View Recovery Center to provide needed services. In SE MN, the main comparison of residential treatment beds per capita is Rochester with a population of 144,248 residents with 172 beds. All of which are at capacity with a waiting list throughout the year, with hundreds having to go outside of SE MN to find treatment.

The facility will serve clients from all over the state but primarily from SE MN. The facility would be serving clients on medical assistance MA, prepaid medical assistance program PMAP, private insurance, self-pay, and consolidated chemical dependency treatment fund CCDTF. The Saratoga Inn, converted to a treatment center, for men and women, would allow for ample bedroom space for each client and larger than average shared areas to include lounges, exercise, laundry, and dining halls. On top of those amenities, the facility, also offers a year-round enclosed pool area for weekly aquatic therapy, king and queen bedroom sets, and only 2 residents per bedroom.

Goodhue County is known to be a blue collar rural/suburban community of 46,183. In this county, along the Mississippi River in Southern Minnesota, the methamphetamine and opioid population has grown immensely. According to the Goodhue County Attorney's office, the number of controlled substance and related crimes in Goodhue County has risen from 75 in 2010 to 308 in 2016. The number of the methamphetamine cases alone rose over 300% (from 75 to 218). Also, according to the Goodhue County 2017 Drug Alcohol Abuse Normative Evaluation Systems (DAANES) data, 439 Goodhue County residents participated in substance abuse treatment in 2017. Of that number, 47% participated in residential treatment like Valley View Recovery Center. The number of residents participating in a form of treatment has risen by an average of 25% every year from 2015-2017.

III. Customer Analysis

The clients eligible and appropriate for admission to Valley View Recovery Center will include those who are male and female clients over 18 years old with a substance use disorder diagnosis and assessed as appropriate for this modality of treatment. Clients admitted to the facility will address alcohol and drug use and will work towards sober living and a life of healthy recovery. Criteria for denying client admission include a history of sexual crime charges, actively psychotic, actively suicidal, actively homicidal, medical conditions outside the agency's scope of care, lack of funding or inability to pay expenses, and/or unfavorable history with Valley View Recovery Center.

According to 2018 DAANES reporting, between 11 SE MN counties 2,214 people admitted to residential treatment. This number and other alarming statistics are rising year after year. In 2016 methamphetamines overtook opioids as the number 1 reason for treatment admission for the first time since 2007. At this time, the entire USA is seeing the highest purity and lowest price for illicit drugs and are faced with a justice system that is using a softer treatment approach instead of punitive jail or prison time. In Minnesota, every year, there has been a rise in population and a rise in residential treatment intakes.

IV. Competitive Analysis

Currently there are no residential treatment facilities in Goodhue County. To date, providers have been referring individuals to Olmsted County or surrounding counties for residential services for those in recovery from substance use disorder. The network of treatment and substance use services include:

1. Outpatient Treatment Facilities
 - a. Common Ground – Miller Chemical Health Services
 - b. Midwest Recovery

2. Inpatient Treatment Facilities
 - a. None in Goodhue County
 - b. Oakridge (Olmsted County)
 - c. The Gables (Olmsted County)
 - d. Teen Challenge (Olmsted County)

3. Hospital-Based Treatment Facilities
 - a. None in Goodhue County

4. Mental Health Facilities
 - a. Hiawatha Valley Mental Health Center

Currently Olmsted County is serving all of SE MN for residential treatment. At 172 beds available for men and women with a population of 144,248 the facilities are at capacity. Goodhue County has a population of 46,183 and would have 54 beds available with Valley View Recovery Center.

Valley View Recovery Center is the only facility that holds a statement of need for Goodhue County. Awarded by the Goodhue County Health and Human Services Board this means no other facility can open inside the county, at this time.

V. Operations Plan

Valley View Recovery Center will operate in Cannon Falls, MN and will be operated by a management team and staff including a Treatment Director, Clinical Supervisor, 6 LADC counselors, 2 Care Coordinators, 1 Mental Health Professional, 1 Registered Nurse, 12-14 CD technicians, office support, medical transporters, and a housekeeper. The facility will be open 24-hours per day to support the needs of clients admitted to the treatment center. As a part of a client's participation at Valley View Recovery Center, they will be required to complete 30 hours of group treatment per week and individual therapy, as needed, with a LADC counselor at the facility. These programming requirements, in addition to those designated to suffice criminal justice and mental health requirements, will be required of all men and women admitted to Valley View Recovery Center.

VI. Management and Staffing Plan

The management and staffing plan of Valley View Recovery Center is listed below. Valley View Recovery Center will continue pursuing staffing assignments as it moves forward in its development.

Staffing Needs:

1. Treatment Director
 - a. One full-time. BA or higher in health care related field with experience in management.
2. Counselors
 - a. One Clinical Supervisor. Requirements include LADC credentials in the state of Minnesota with a supervision certification.
 - b. Six full-time counselors. Requirements include either LADC or ADC-T credentials in the state of Minnesota.
3. Care Team Supervisor
 - a. One full-time. Recommended BA or higher degree in health care or related field with experience in management. This position is currently held by Certified Therapeutic Recreational Therapist.
4. Care Coordinators
 - a. 2 full-time coordinators. Recommended health unit coordinator certificate or AA degree or higher in health care or related field.
5. CD Technicians/Peer Recovery Support Specialist
 - a. Six full-time CD technicians. Requirements include a high school diploma and freedom from substance use disorder issues.
 - b. Six - Eight part-time CD technicians. Requirements include a high school diploma and freedom from substance use disorder issues.
6. Office Support
 - a. One full-time Office Manager
 - b. One full-time Billing Specialist
7. Housekeeper
 - a. One full-time
8. Medical Transporters
 - a. Two part time
9. Registered Nurse
 - a. One full time

Valley View Recovery Center
Business Plan

Client Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am	Medication	Medication	Medication	Medication	Medication	Medication	Medication
8am	Breakfast/Community	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9am	Recreation Therapy	Recreation Therapy	Recreation Therapy	Recreation Therapy	Recreation Therapy	Peer Led Reflection	Prayer Group
10am	Stages of Change Group	Stages of Change Group	Stages of Change Group	Stages of Change Group	Stages of Change Group	Video Led Art Project	Peer Led Exercise
11am	Health Education	Mental Health Ed	Educational Group	Educational Group	Health Education	Peer Led Exercise	Peer Led Exercise
12pm	Lunch/Reflection	Lunch/Reflection	Lunch/Reflection	Lunch/Reflection	Lunch/Reflection	Lunch/Reflection	Lunch/Reflection
1pm	Open/ 1-1 Therapy	Open/1-1 Therapy	Open/ 1-1 Therapy	Open/ 1-1 Therapy	Open/ 1-1 Therapy	Music Hour	Peer Led Meditation
2pm	Relapse Prevention	Relapse Prevention	Relapse Prevention	Relapse Prevention	Relapse Prevnetion	Book Club	Big Book Study Group
3pm	Educational Group	Educational Group	Educational Group	Educational Group	Educational Group	Board Games	Board Games
4pm	Recreation Therapy	Recreation Therapy	Recreation Therapy	Recreation Therapy	Recreation Therapy	Sports Talk	Life Skills Class
5pm	Open/1-1 Therapy	Open/1-1 Therapy	Open/1-1 Therapy	Open/1-1 Therapy	Open/1-1 Therapy	Video Led Yoga	Peer Parenting Group
6pm	Dinner/Meds	Dinner/Meds	Dinner/Meds	Dinner/Meds	Dinner/Meds	Dinner/Meds	Dinner/Meds
7pm	Open	AA/NA	Open	Open	AA/NA	Movie & Popcorn	In House AA/NA
8pm	Open	AA/NA	Open	Open	AA/NA	Movie & Popcorn	Karaoke
9pm	Meds/Daily Inventory	Meds/Daily Inventory	Meds/Daily Inventory	Meds/Daily Inventory	Meds/Daily Inventory	Meds/Daily Inventory	Meds/Daily Inventory
10pm	In Room	In Room	In Room	In Room	Open	Open	In Room
11pm	Lights out	Lights out	Lights out	Lights out	In Room	In Room	Lights out
12am					Lights out	Lights out	

Visiting Hours are Saturday and Sunday
 1pm-5:30pm

Valley View Recovery Center Client Rules and Client Expectations

Client rules and expectations have been developed by the management team of Valley View Recovery Center in order to promote a safe, sober, and encouraging treatment environment to all clients. Basic expectations include: respect for yourself and others; responsibility and accountability for your actions. General facility information, expectations, and responsibilities are as follows:

1. Alcohol and/or Drug Possession or Usage Strictly Prohibited

Possession of illicit drugs, alcohol, or mood-altering chemicals is strictly prohibited on the premises of the Valley View Recovery Center and in all vehicles owned by the clients and Valley View Recovery Center. Possession or use of alcohol, drugs, or any chemicals is grounds for immediate discharge.

2. Gambling

Gambling of any kind on the premises is strictly prohibited and may be grounds for discharge this also includes stimulated gambling, sport betting, etc.

3. Consent to Searches of Personal Belongings, Facility Rooms and Common Areas

Valley View Recovery respects client(s) right to privacy in the care of your personal needs and possessions. However, if at any time during treatment it is suspected that you have drugs, alcohol, have items listed as contraband, weapons or others dangerous items in your possession. All material brought into the Valley View Recovery Center, including personal belongings, packages and suitcases are subject to safety searches by the staff at any time. Clients in possession of mood-altering substances, weapons or other forms of contraband will be referred to Treatment Director, Counselor Supervisor, and primary LADC for staffing. Interested Parties will be notified. Client may be discharged and charges may be pressed on behalf of VVRC.

4. Medications and Medical Care

All medications are to be turned into Valley View Recovery Center staff at the time of admission. All medication taken must be prescribed by a physician (over the counter medication is not allowed unless prescribed ie: Tylenol, Advil). Mouthwash containing alcohol is not allowed. Narcotic medication is not allowed except when prescribed by a physician in extreme circumstances. Clinical staff will inquire to whether the prescribing physician was notified the client is admitted to a substance abuse treatment facility. Medications will be maintained in a locked area monitored by the staff. Medications will be self-administered at times specified, unless there is a medical reason not to do so, in which case, special arrangements will be made. All medications must be taken as prescribed and will be recorded on a medication administration sheet. Only one client is allowed in the staff office to take medications at a time. Clients are expected to be lined up outside the staff office at medication times. Program staff and management will assist clients in utilizing only the pharmacy(s) approved by Valley View Recovery Center. All medications needing to be filled or re-filled will be delivered to Valley View Recovery Center. Clients are not allowed to get their own prescriptions filled while in Valley View Recovery Center programming, except under special circumstances which needs to be approved by staff. CBD or any supplement use not pre-approved by staff may be grounds for discharge.

5. Visiting Hours and Visitors

COVID-19 Update: At this time VVRC will not be accepting visitors until the facility deems visitation safe. To help clients stay connected with their loved ones VVRC will offer extended phone times to 20 minutes per call and video chat options during evening open hours and during regular scheduled visiting times. Monday – Friday 8 pm till 9:30 pm video chat is offered with a counselor approved visit. Facility visiting hours are Saturday and Sunday: Daytime visiting hours are 1:00pm- 5:00 pm and evening visiting hours are 5:00-5:30 p.m. These visiting hours are set to accommodate meals and meeting times on Sundays. Other visitation times may be arranged by the staff at their request or that of the client. Special arrangements will be made for county case managers, social workers, probation/parole officers, religious advisers, attorneys, and physicians allowed at all reasonable times as approved by staff. Visitors are expected to respect the privacy, confidentiality, and rights of the clients. All visitors need to check-in with staff upon arrival at Valley View Recovery Center and they must sign the visitor log and confidentiality agreement. To help ensure client's privacy, visitors (including alumni) are restricted to the recreational, living, dining, and outdoor community areas. Visitors are not allowed in the client rooms unless supervised by program staff, and only when necessary. Children of a

Valley View Recovery Center Business Plan

client may visit during regular visiting hours. Other visitation times must be approved by staff. Children must be supervised at all times by their parents. Clients should anticipate visitor arrival times and be ready for their visitors. Visitors are not allowed during scheduled group sessions or outside of approved times. Valley View Recovery Center staff may restrict visits and phone calls if the medical welfare of the client requires it. Any limitations imposed and the reasons for the limitations will be made part of the client's clinical record. Additionally, video calls can be arranged, using a company tablet, for child visitations and phone time, when available.

6. Client Rooms

Clients are restricted from entering other client rooms unless they are roommates. Clients are allowed only in the room they are assigned. Clients are responsible for the neatness and condition of their rooms at all times. Beds are to be made and all personal belongings are to be hung up and neatly arranged. Clients are not allowed to hang objects on the walls or in the windows. Clients are expected to be up, out of their beds, and at breakfast by 8:00 a.m. each day.

7. Telephones

COVID-19 Update: At this time VVRC will not be accepting visitors until the facility deems visitation safe. To help clients stay connected with their loved ones VVRC will offer extended phone times to 20 minutes per call and video chat options during evening open hours and during regular scheduled visiting times. Monday – Friday 8 pm till 9:30 pm video chat is offered with a counselor approved visit. Phones for incoming and outgoing calls are provided for client use in the main lobby area of the facility. The client telephone number is 507-XXX-XXXX. This number should be given only to those individuals you wish to talk to during your stay. This phone will not be available to clients during group sessions or meals. There are to be no incoming or outgoing calls for clients after 10:00 p.m. or before 6:00 a.m. each day, unless under emergency circumstance. The client phones will be answered by clients. Incoming calls are answered as follows: *Client answers, caller requests an individual and client states "I can't confirm or deny if they are here but I can take a message."* Then the client writes down the message and puts it in the requested client's mailbox. No information will be disclosed about a past, present, or a future client as this is a HIPAA Confidentiality Law and doing so can lead to immediate discharge from treatment. There is a 10-minute time limit on all phone conversations, and appropriate dialogue must be used – being rude, yelling, swearing may lead to loss of phone privileges. The staff phone is available to clients for making calls to probation, attorneys, etc. Video calls can be arranged, using a company tablet, for child visitations and phone time, when available.

8. Tobacco

Valley View Recovery Center is a smoke-free facility and smoking is only permitted at designated outdoor areas. Tobacco usage is prohibited in all areas within the facility by clients, staff, and visitors. There is no smoking before 6:00 a.m. or after 10p.m. Use of the proper receptacles is required for cigarettes, and no cigarette butts are to be found on the grounds. If clients leave cigarette butts on the grounds or outside of smoking area, a loss of privileges may occur. Upkeep for Valley View Recovery Center and its property related to smoking hygiene is the responsibility of each client who smokes. The bordering neighbor's property is to be respected at all times. Rolling cigarettes and possession of rolling supplies are not allowed while a resident is at the Valley View Recovery Center. E-cigarettes are strictly prohibited on the premises. Chewing tobacco and nicotine inhalers are not allowed to be used inside the facility and must be used outside. Residents will not be able to purchase tobacco products; it will be necessary for you to bring what you will consume during your stay.

9. Mail

Mail will be retrieved from the mailbox by staff only. Clients who are at Valley View Recovery Center for longer than 7 days are eligible to receive personal/legal/business mail. Clients are not allowed to subscribe to CD, Book, Magazine, or any other subscription services. Clients are also not to have large items delivered to Valley View Recovery Center.

10. Personal Property – Clients

Personal property including cash, jewelry, or other valuables is the responsibility of each client. Valley View Recovery Center is not responsible for damage, theft, or loss of personal property. Room and storage space is limited. Clients will be expected to limit personal belongings brought to the facility and acquired during their stay. When property is found in any other area, it should be turned in to staff on duty. When claiming property, clients will be asked to identify it. Once they are able to do so to the satisfaction of the charge staff, the property will be handed over to them. Valley View Recovery Center will hold the clients' property for 30 days or until claimed. If the property has not been

Valley View Recovery Center Business Plan

properly claimed after 30 days, the property will be disposed of by the Treatment Director of the designee in whatever manner he/she determines appropriate. Valley View Recovery Center may take temporary custody of a client's personal property for violation of facility policies or to assure that treatment activities and the rights of other clients are not infringed. The Treatment Director or designee may impose limitations as necessary for the welfare of a client provided that the limitations and the reasons for them were documented in the clients file. A staff may retain clients personal property including electronics, phones, clothing that is explicit, keys to their vehicle, and any other item if they violate a rule involving those items. The item will be kept for no more than 5 days, locked in the staff med room, if it is a violation that can be remedied. If the item is a violation of in itself, the item will be kept, locked in the storage shed, the duration of the clients stay unless the client releases that item to a family member or friend for safe keeping. Valley View Recovery Center will not be responsible for items placed in storage. If the client is found to have drugs, drug paraphernalia, and drug containers they are forfeited under MN, section 609.5316, will be destroyed by staff or given over to the custody of a law enforcement agency, according to Code of Fed Regulation, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Fed Regulation Title 45, parts 160 to 164. Weapons, explosives, and other property which can cause serious harm to self or others are given over to the custody of local law enforcement agency and having such can be grounds for immediate discharge.

Valley View Recovery Center must return all property held in trust to the client upon service termination regardless of the client's service termination status, except: medications that were determined by a physician to be harmful after examining the client, except when the client's personal physician approved the medication for continued use.

11. Valley View Recovery Center Premises

It is the intent of Valley View Recovery Center and staff to provide a safe, pleasing treatment environment for all clients. It is expected that clients will respect the facility and furnishings by refraining from any abusive or destructive actions, and this includes no laying or sleeping in common areas and no feet on furniture. Intentional destruction of the property or furnishings will be grounds for discharge. Clients are also required to respect their neighbors and their property. Clients are asked to refrain from rearranging furniture or moving furniture from one room to another unless requested or approved by a staff member. All Valley View Recovery Center property is subject to safety and contraband search at any time.

12. Linens and Laundry

Lines (clean sheets, pillowcases, and towels) will be provided for each new client admission. For client stays that are longer than 1-week, new linens will be provided every week. Linens should be turned in to program staff 9am Sunday morning for an exchange. Bedspreads and pillows will be distributed at the time of admission. Clients *must wash all their laundry at the time of intake*. Clients are responsible for turning in all bedding at the time of discharge. Laundry is available on site – clients are responsible for their personal laundry and laundry detergent is provided. Clients are responsible for promptly removing their personal items from the laundry room and the neatness of the area.

13. Meals and Snacking

Clients are expected to be prompt and present for all meals. Mealtimes are 8am, 12pm, and 6pm. Extra snacks and fruit are provided in the client lounges. Food and beverage storage are allowed in client rooms but must be limited to a reasonable amount. Valley View Recovery Center strictly prohibits the consumption and storage of energy drinks such as Monster or Red Bull.

14. Leaving the Facility

Clients are not allowed to obtain rides or leave the facility with anyone without prior counselor approval.

15. Dress Code

Sexually explicit/revealing clothing or clothing with drug/sex related inscription is prohibited in the facility and in public outside the facility. Hats are not permitted to be worn in the facility during programming. Appropriate attire is required in all areas. Footwear is required when outside of client bedrooms. Tank tops, muscle shirts, or sleeveless shirts are not allowed outside of the fitness rooms. Swimsuits and swim shorts must be worn in the swimming pool. Clients must wear pajamas or other suitable clothing while sleeping. Gang affiliated clients are not to represent their former lifestyle through the expression of gang-affiliated clothing or colors.

16. Television/Video Games

Monday through Friday, clients may watch television from 5:00 am to 8:00 am and may watch tv or play video games between 7:00pm to curfew. Saturday and Sunday clients may watch television and play video games between 5:00am

Valley View Recovery Center Business Plan

and curfew except for mealtimes. Inappropriate, violent, erotic, burned copies, nonrated or R-rated movies and videos/TV shows are prohibited. Valley View Recovery Center staff has ability to disapprove any movie or show deemed inappropriate.

17. Automobiles

Clients are prohibited from having a vehicle on the facility premises, at all times.

18. Physical Contact Among Clients

Sexual relationships or physical contact with other clients and guests is prohibited at Valley View Recovery Center property. Valley View Recovery Center clients that leave against staff advice or at staff request are restricted from contacting current facility clients.

19. Violent or Threatening Behavior

Violent or threatening behavior towards other clients or staff will not be tolerated and may be grounds for immediate discharge. This includes blatant abusive language concerning race, class, sexual preference, age, or religion, and any other profane language.

20. Program Participation

All clients must adhere to daily schedules and punctually attend all program functions.

21. Client Recovery

Each client is responsible for their own recovery. Staff is available to support and assist you. Other clients will be required to provide constructive feedback and offer peer support. Your willingness to use your strengths and to work on your stumbling blocks is the key to your successful recovery.

22. Client Confidentiality

Each client and staff are expected and required by law to honor the confidentiality of all clients. This includes any verbal, written, photographing, or other means someone can be identified outside the facility, unless specifically authorized to do so in writing. Photographs of clients may be taken at the time of admission to aid in identification of clients in the event of an emergency and be utilized as communications within the program staff. Clients have the right to refuse being photographed. Clients may be recorded on an external and internal security system that surveils the outside perimeter of the facility and common areas within the facility. The recordings can only be utilized as communications within the program staff and/or law enforcement.

23. Conduct

Any conduct that is detrimental to the good order of Valley View Recovery Center i.e. loud, vulgar, obnoxious language and behavior, glorifying and talking about old alcohol and drug using days is prohibited and is grounds for discharge.

24. Electronics

Client cellphones, tablets, speakers, and computers are prohibited. No outside electronics to be brought into the facility.

25. Client Reporting/Rights/Responsibilities

Clients are expected to report any instances of misconduct by another client or staff member. Please review the following policies and reporting methods found in the client's manual:

- Statement of Client Rights and Responsibilities
- Abuse/Neglect Policy
- Vulnerable Adult Policy
- Sexual Exploitation, Harassment, and Abuse Policy
- Grievance/Compliance Procedure
- Maltreatment of Minors Policy
- Prenatal Exposure to Substances
- Client Bill of Rights
- Welfare of Clients

One of your rights is to file a grievance if you feel your rights have been violated by a staff member or another client. A grievance (preferably written) may be filed with Valley View Recovery Center's Treatment Director (Cynthia

Valley View Recovery Center Business Plan

Gudahl at 507-601-5006) or designee. Staff, at your request, will assist you in preparing and presenting your grievance. Once your grievance has been presented, you will receive a written response within three days. If necessary, you have the right to appeal the decision to the Chief Executive Officer.

26. Additional Guidelines

Valley View Recovery Center staff will clarify the items included or omitted from the above expectations, responsibilities, and privileges. Valley View Recovery Center staff will function as a team. Any changes in the expectations, along with addressing violations and the implementation of consequences will be a combined clinical staff decision.

Valley View Recovery Center
Business Plan

Conditional Use Permit Application

Additional Information

Parking and Traffic

All staff vehicles will be parked on the North side parking lot connected to the building. The highest number of staff on is the day shift from 8 am – 5 pm Monday to Friday. When fully staffed there will be approximately 14 staff members during this shift. Client visiting hours are Saturdays and Sundays from 1 pm – 5:30 pm. Food will be catered 3 times a day 365 days a year. We estimate a quarter to half of clients will have an approved guest each weekend. This will bring an additional 14 to 27 cars to the facility per weekend. Our medical transporter position will involve driving clients to the hospital, dentist, and intake/discharge from the facility. This will happen at least once to three times a day Monday – Friday. Throughout the week traffic will mostly be staff members and on the weekend visitors.

Entrance

Staff and clients would use the entrance locate at the East side of the building facing Hwy 52. Visitors and food delivery would also use the same handicap-accessible East main entrance. Clients will have supervised and scheduled smoking breaks. The smoking area will be out the rear entrance on the West side of the building opposite of Hwy 52 and 64th Ave.

Signage

The current “Saratoga Inn” billboard sign will be updated to reflect the new business name and stay mounted in the same structure.

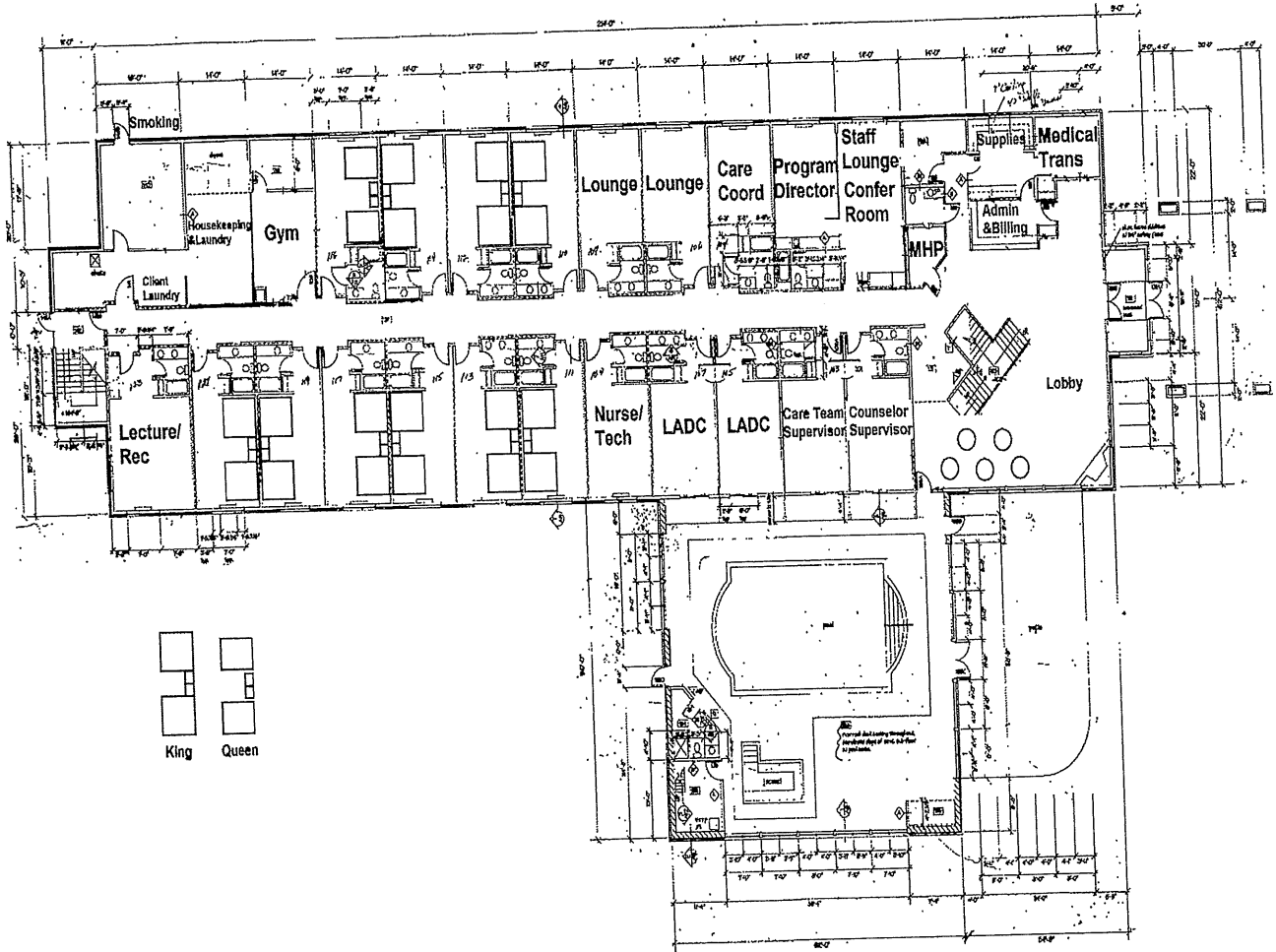
Lighting

No exterior lighting is planned to be changed. The existing lighting is sufficient for the intended use.

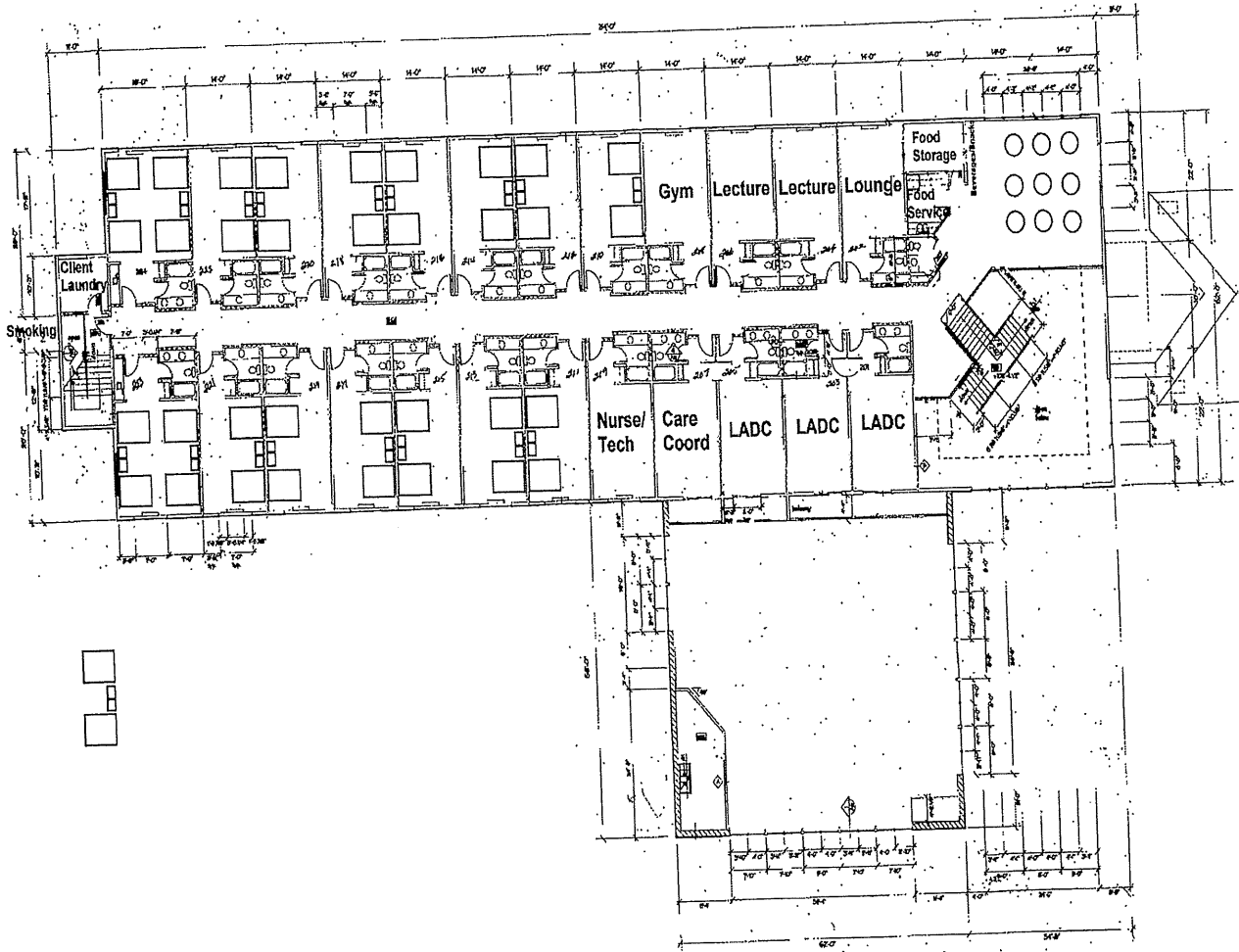
Renovation

No remodeling or renovations needed to convert the Saratoga Inn to a residential treatment center. The building has passed MN DLI building code analysis with only minor changes. Installing 2 CO2 detectors and handicap accessibility signage.

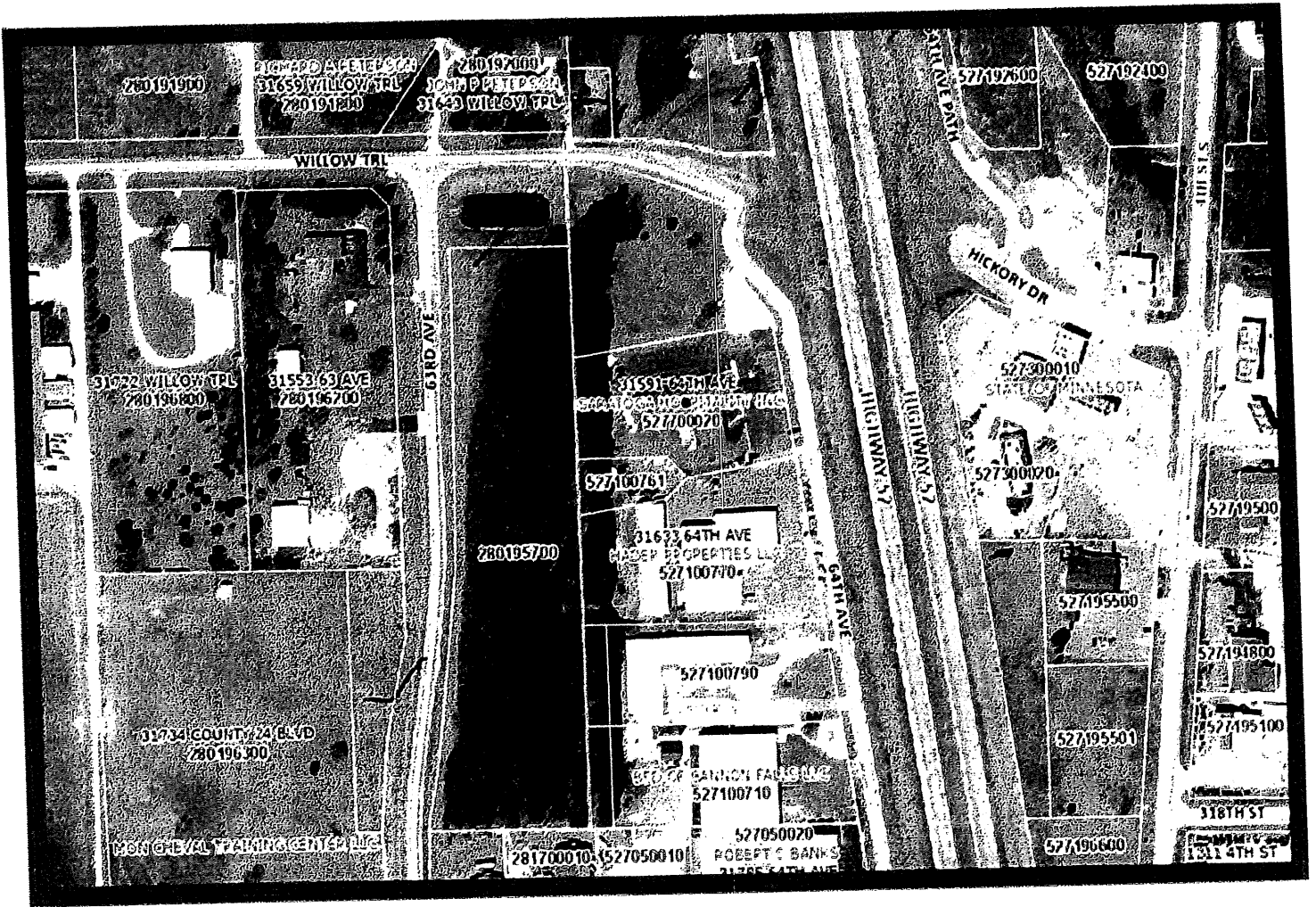
Valley View Recovery Center
Business Plan

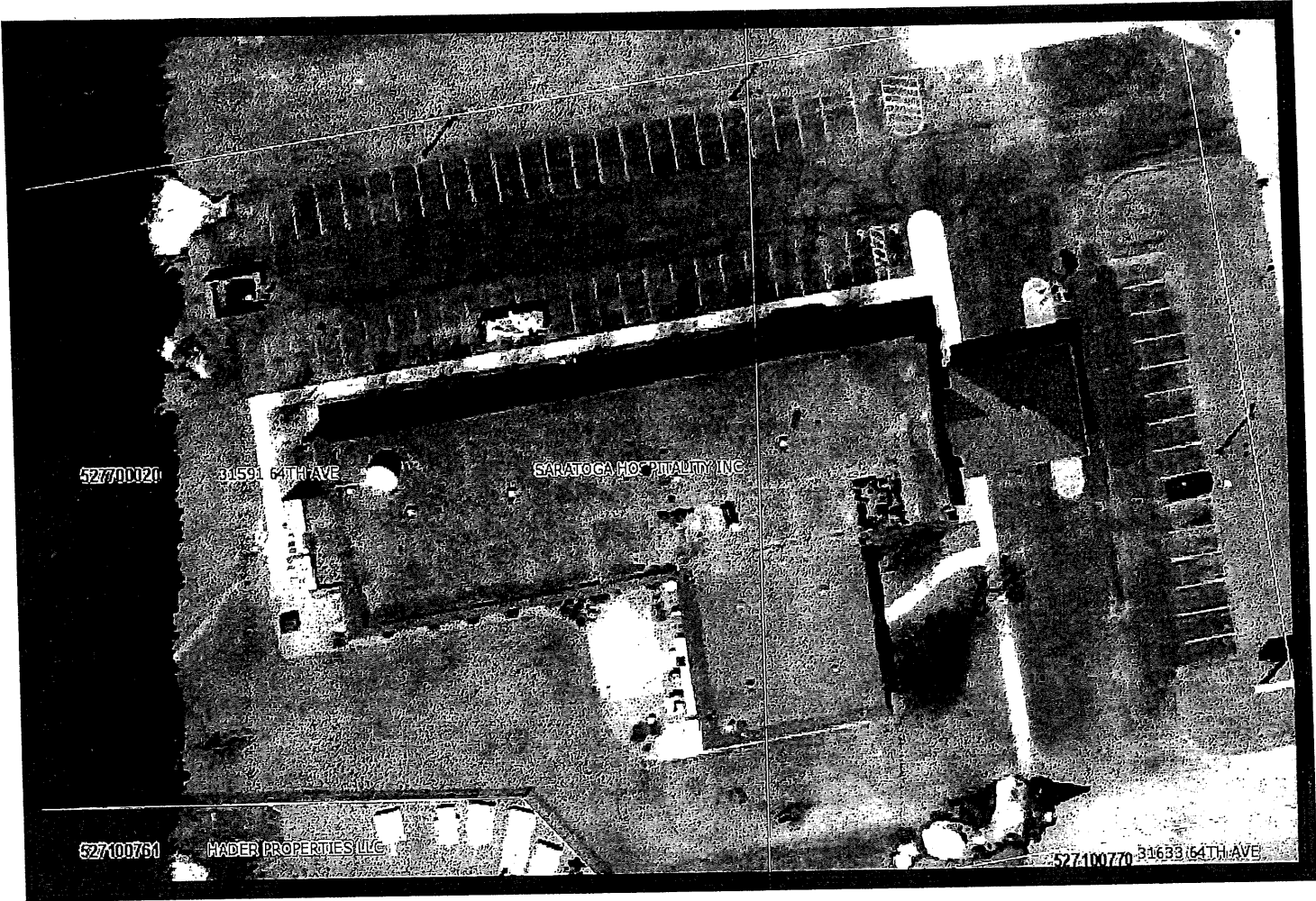


Valley View Recovery Center
Business Plan



Valley View Recovery Center
Business Plan





Date: June 8, 2020

From: Kim Polus

731 West Broadway St.
Winona, MN 55987

To: Cannon Falls Planning Comm. and City Council

I have been a neighbor of Commons Ground
Recovery Housing for 6 years.

I personally have had no issues with the
upkeep of house and yard.

Owners seem to be concerned about neighbors
and how things are going.

I feel there is a great need for places
like this.

The men have caused no real issues
with me.

Respectfully

Kim Polus

507-205-1028

P.S. Please feel free to contact me with any
questions.

Andrew Higl
708 W Broadway (owner and occupant)
724 W Broadway (owner and landlord)
Winona, MN 55987

6/8/20

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

I own a rental duplex next door to the facility and a house several doors down where I live with my family. I appreciate that Common Ground appears serious about being a good neighbor and good member of the community. For the last year or so, my tenants have not had any complaints about their neighbors in the recovery house, and we have no complaints either. We look forward to maintaining a positive relationship.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Best,
Andrew Higl

The Cole Family

6/1/2020

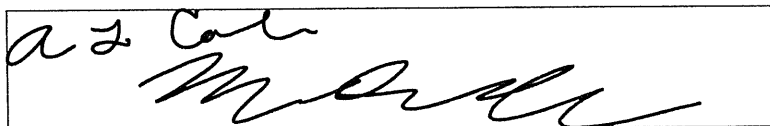
710 West Broadway
Winona, MN
55987

To Whom it May Concern:

Our family owns a home a few houses down from the Common Ground Recovery House in Winona, MN. The men who reside in this home and the staff who are employed here have been very good neighbors. They are considerate and friendly. We have never had any issues with any of the residents whom have lived there. We routinely walk past this home and when there are people in the yard, we will wave, and they will wave back.

We are thankful that the work that Common Ground does in our community. It is wonderful that this service is available, and that Common Ground is able to assist so many.

Sincerely,

A rectangular box containing two handwritten signatures in black ink. The top signature appears to be 'Matt Cole' and the bottom signature appears to be 'Autumn Cole'.

Matt and Autumn Cole

ALL RENTALS, LLC

174 Main Street
Winona, MN 55987
507-312-7975

August 1, 2016

Neil Jensen
Cannon Falls City Administrator
918 River Road
Cannon Falls, MN 55009

City of Cannon Falls City Council
City Hall
918 River Road
Cannon Falls, MN 55009

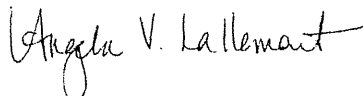
Dear Administrator Jensen and City Council Members,

I am writing this reference letter on behalf of Common Ground, Inc. It is my understanding Common Ground would like to purchase real estate in Cannon Falls for an inpatient residential treatment service.

Common Ground has been my tenant in Winona since August 1, 2017. I find the CEO personable and easy to work with. The company is responsive when I have questions. As a tenant, Common Ground keeps its rental area clean.

If you have any further questions, feel free to contact me at 507-312-7975.

Warm regards,



Angela V. Lallemon

Shawn and Beth Tatge
20366 Kensington Ct.
Lakeville, MN 55044
612-282-4336; sbtatge@gmail.com

June 5, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

We support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

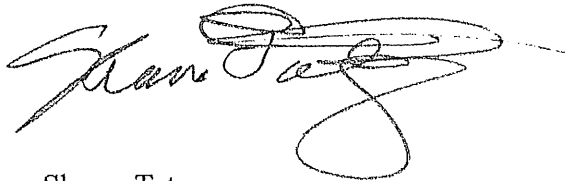
We support having the treatment center in our area for the following reasons:

- There is a definite need for a facility like this within the county and area. There is a dire need for inpatient services that Valley View Recovery Center will be offering.
- Helps with additional resources for basic health care needs.
- Helps bring jobs and income into the community. This will help stimulate the economy in the Cannon Falls area and help local businesses generate income by the workers and families purchasing goods and dining in Cannon Falls.

We urge you to approve the conditional use permit for Valley View Recovery Center.

We thank the City Council and City Staff for their time on this much needed matter.

Sincerely,



Shawn Tatge



Beth Tatge

Lauren Stasi
4002 Meadowbrook Lane
St. Louis Park, MN 55426
(507) 440-7799

6/8/2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

Having worked in Mental Health Treatment and Healthcare systems for the last 5 years, I see that there is a dire need for these services. The treatment for mental health is at an all time low. With the mental health crisis, having this facility puts you on the forefront of care for those in need. Having an inpatient treatment facility allows the clients to focus on their health and needs first before dealing with outside influences.

I have worked in an intensive residential treatment center and could see the impact it had on the lives of the people that were served. As a Certified Therapeutic Recreation Specialist, I know it is important for the clients that are served to be able to learn healthy habits and activities in their local community while under the supervision of mental health workers. Learning these skills while in treatment and helping identify triggers aides the clients to be more successful and flourish when they are on their own.

Having this space for you to serve the people in your community will bring a sense of peace for the clients and the public.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for having this facility in your community. You will make an impact on many lives in the future ahead.

Respectfully,


Lauren Stasi, CTRS

Katelynn Gillispie
48968 180th Ave
Pine Island, MN 55963
507-210-8793
6-3-2020
City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

I support this Center for the following reasons:

I see a need for the facility in our community.

There is a gap of basic health care services like this.

It will bring job opportunities.

It will help the community in a positive way by being able to have clients in our local community to benefit.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your help in reaching the goals of the community as a whole.

Respectfully,

Katelynn Gillispie

Katie Oberton, MSW, LICSW
3230 East 50th Street
Minneapolis, MN 55417
507-459-5348

June 3, 2020
City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,
I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64 th Ave Cannon Falls, MN 55009. As a Clinical Social Worker, I can speak first hand at the great need for a recovery center like this one. Individuals, often in more rural communities, don't have as many options for services like this, so it will allow clients to stay in their own community and get the services they need. Having these services will also allow the clients a space for recovery, without them clients could end up in jail, in the hospital, or homeless.

Throughout my work, I've seen positive impacts centers like Valley View can have on communities. Through increased jobs, community engagement, and education Valley View will teach members of the community that Cannon Falls cares about recovery and cares about the future of its citizens.

I really hope to see Valley View Recovery Center open as planned. Thank you for your time!

Respectfully,

Katie Oberton, MSW, LICSW

Arianne Maher
37000 35th Avenue Way
Dennison, MN 55018
507-202-8290

June 4th 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

Our city can be a powerful voice in the battle against chemical dependency while addressing the mental/emotional needs of the citizens of Cannon Falls and surrounding areas. As a registered nurse (RN), I can confidently say a program dedicated to holistic health is tremendously needed in our community. Recent pandemic events have created an up rise in mental/emotional health disorders leading to unhealthy coping mechanisms. Now, more than ever, patrons are seeking a safe, structured environment to facilitate balance, happiness, and security. An outreach program with the primary focus of recreation therapy is vital to the wellbeing of the men, women, and families Valley View Recovery Center is devoted to serve.

In addition to promoting a healthy, holistic community, approving the conditional use permit for Valley View Recovery Center will stimulate a healthy economy being brought in from clients and visiting families. Our community will again flourish with the revenue many family owned businesses lost (and continue to lose) related to the Covid 19 social distancing regulations. Cannon Falls will further its economic status while providing a healing environment to all walks of life pursuing health, hope, and happiness.

Thank you for your time and diligent service in providing a safe, healthy, and economic thriving community.

With Kind Regards,

Arianne Maher, RN

Brienna Mulvihill
30093 Ashby Court
Northfield, MN 55057
507-291-1471

June 3, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

The Valley View Recovery Center will be an excellent asset to the city of Cannon Falls. The center will help close the gap of basic health care services in the community, bring jobs to the area, and positively impact our local economy.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your help in improving our community as a whole.

Respectfully,

Brienna Mulvihill

Sandy lee RN
1528 fern drive
Richfield MN 55423
612-240-3548

June 4 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

I am an RN employed by Methodist Hospital in ST Louis Park MN. We care for a lot of patients with substance abuse issues even though we do not have a designated ward for people with these needs. The need for inpatient treatment for substance abuse is huge. We have people staying at the hospital for longer periods of time than medically necessary because of the shortage of inpatient recovery/treatment centers in our state. These individuals would benefit from these programs we are unable to supply. The ability to get patients into a program suited to them can be life changing for them.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your time and consideration of this issue. Your community has the ability to provide resources for recovery that would be a blessing for many people/families in Minnesota.

Respectfully,
Sandra J Lee RN

Lynsey Jacobson
1931 4th St E
Saint Paul, MN 55119
(651) 497-4128

June 4th, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

As a clinician of the mental health community, I have seen direct anecdotal evidence of how a residential treatment center can do to assist individuals in achieving/maintaining stability. A residential program allows an individual to have around-the-clock support as needed when experiencing an increase in symptoms and/or cravings. Unfortunately, all too often individuals are turned away from such programs due to lack of access in beds/resources.

These individuals' progress towards recovery for their substance use and mental health requirements is crucial for the success of our community. In addition to assisting the recipients of the program, this will enhance the ability to provide additional employment opportunities for the city of Cannon Falls. In conclusion, I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your consideration in progressing forward with Valley View Recovery Center and to allow such an essential resource within our community.

With Kind Regards,

Lynsey Jacobson

Breanna Bisek
1120 James Avenue
Saint Paul, MN 55015
612-363-7610

June 7, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of the residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009. As a person living with bipolar disorder, anxiety, and substance use disorder, I cannot stress the importance of treatment as a pathway to recovery. Currently, I work as a peer support specialist and share my lived experience of going from 'surviving' to 'thriving'. There is hope for these illnesses and it begins with treatment.

I was raised in rural Minnesota, where there were no resources available for treatment, so I know how crucial this establishment will be in providing much needed services. I also see the need from clients at my place of work who are located on the outskirts of the city and find treatment centers few and far between.

I believe there is a great opportunity here for the community to not only provide people with support, but to set an example by choosing to destigmatize addiction and see it for what it is, an illness that can be managed. Without treatment, I would not be here today. And for this, I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for keeping the physical and mental health of the community as a whole a priority.

Respectfully,

Breanna Bisek

Megan Johnson
440 Beverly St
Wanamingo, MN 55983
901-569-0323

June 4th 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I would like to make a brief statement regarding the recovery center opening in Cannon Falls.

We are all in this together... To help change the lives of those who need us the most. This is an opportunity for a lot of people in our community and surrounding communities to get the help they deserve without leaving behind everyone they know and love. Goodhue county deserves a facility like this. Our residents deserve a facility like this. I hope that the city can see how dire this is, not only to the community, but for old and new generations.

Another benefit forming with this facility is more jobs for the people in the community. More opportunities to get people working towards a common goal.

If we can help change the life of one person each day, we have done our job. We have brightened our community's future.

With Kind Regards,

Megan Johnson

Marty and Alison Howard
6894 Carleda Ave
Inver Grove Heights, MN 55076
Marty- 701-799-6782, Alison- 651-208-3750

June 5th, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

We support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

We support this residential treatment center because we believe it will close a gap to a health care service that the community of Cannon Falls is currently lacking, bring in meaningful jobs and be an overall positive impact for your community. I (Alison) have been a customer in your community for years and as an RN, I understand the need for a facility like this to bring health and well-being to the people in and surrounding your community.

We urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your dedication and support in helping your city and community to grow and prosper for everyone.

Respectfully,

Marty and Alison Howard

Rob and Suzie Stachowski
29935 20th Avenue Way
Cannon Falls, MN 55009
651-491-1794

June 5, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

We support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

We are excited that this opportunity has come to Goodhue County! It's an obvious need in helping those who want to get help, stop their addiction cycle and become a positive contributing member of their community again. Goodhue County does not have a residential treatment center and this could be really helpful to meet our population needs to stay local instead of going to the twin cities or Rochester for this need. The city will benefit as it will bring more name recognition to our town, create better paying jobs, employees spending their income in town - maybe even move here and have ONE less empty building in Cannon on the highway where 1,000's of people see every day.

We urge you to approve the conditional use permit for Valley View Recovery Center.

Respectfully,

Rob and Suzie Stachowski

Steffie Gronlund
11247 North Sunset Drive
Hutchinson, MN 55350
320-583-7852

6-7-2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

The need for this type of facility is great not only for your community but for our state as a whole. In addition it will help provide much needed jobs within your community.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for helping your community provide resources for those who desperately need it.

Respectfully,

Steffie Gronlund

Ayla Koob
321 Beltrami Ave NW
Bemidji, MN 56601
507-298-7245

June 7, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

As a former resident of Cannon Falls, I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

The community and citizens of Cannon Falls would benefit greatly from having a dedicated facility to support citizens struggling with substance abuse and other mental health concerns. When we come together to address these issues that so many individuals face, it creates a more inclusive and caring environment and community for all. Too often these individuals are forgotten and left with no other alternatives but to continue on a path of getting tied up in different systems with little to no resources to help them meet their needs to lead a healthier life. The city of Cannon Falls should take bold action to imagine a better future for all of its citizens, not just those who are positioned to carry on a life without mental health barriers and socio-economic factors that hold them back.

Approving and supporting Valley View Recovery Center will not only address a major gap of basic health care services in the community, it will also bring a new workforce to the City of Cannon Falls. Approving and supporting this new program will demonstrate how the City of Cannon Falls cares about **all** of its residents, not just a select few. Questions and concerns will be likely but the fear of the unknown should not be the deciding factor in today's time.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your time and consideration of being the best city that Cannon Falls strives to be.

Respectfully,

Ayla Koob, MSW, LGSW

Andrea Tatge
29739 20th Avenue Way
Cannon Falls, MN 55009
612-889-1406

June 5th, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I respectfully request that you grant a conditional use permit to the residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

As someone who grew up in Cannon Falls and has recently returned to residing in this lovely community, I have had many professional and personal experiences with people whose lives have changed because of Substance Use Disorder treatment. Back in March, I accepted my dream job as the Care Team Supervisor of Valley View Recovery Center. The excitement I had, and still have, for this opportunity to provide these vital services to my community is indescribable. I never thought that there would be an opportunity to provide this care in my own community, despite the growing need for this type of healthcare service.

I have worked in residential treatment for almost 6 years in the Twin Cities area. My greatest fear is that the city of Cannon Falls may be unaware of how significantly addiction affects those in our rural community. Addiction does not discriminate and many people in Cannon Falls and our county are struggling with this disease. There have been countless news stories about rural farmers struggling with mental health as well as suicidal thoughts and attempts due to not having access to appropriate care. Unfortunately, it is very common for people who are struggling to attempt to cope by self-medicating with drugs and alcohol. I hope you recognize that there is a clear lack of resources in our area, and you have the wonderful opportunity to change that.

In addition to potentially not fully understanding the need, I anticipate that a small number of community members may have some reservations or fears due to the stigma surrounding addiction and treatment services. I believe it is important to note that in all of my time working in residential treatment for persons with mental illness and addiction, and in the history of the program, not once has there ever been an incident where the public was at risk. It should be noted that this treatment facility is located in three homes in a residential area that is two blocks from a school and community center. Additionally, clients there have much less restrictions compared to Valley View Recovery Center, including only three hours of treatment programming each day and the ability to go out in the community at any time

outside of scheduled programming. Contrary, it is the minimally-supervised apartment complex with active substance abusers located near the treatment program who are frequently noted to have interactions with law enforcement. The simple fact is that family and community members are much safer when people have access to the treatment services they desperately need.

Valley View Recovery Center will be staffed 24/7 with trained professionals that know how to provide the care, treatment, and support these clients desperately need. Clients of this "High Intensity" program will have a very structured day with six hours of programming, as well as scheduled meal and medication times, and assignments to be completed outside of programming hours. They will not be allowed to go out into the community unsupervised at any time. As the Care Team Supervisor and a member of this community, I intend to take great responsibility for the safety of all clients, staff, and residents of Cannon Falls. I can assure you that the community members and those seeking our services will be much safer than if that person struggling with addiction was at home or on the streets.

Lastly, we can not ignore the immense benefits that opening this program will bring to the local economy. In addition to multiple jobs, it will also draw people to our town. As someone who got onto 52 north in Hampton for work, I very rarely drive to downtown Cannon Falls. If this Conditional Use Permit is granted, I will be driving to town at least five days a week. As someone who typically purchased gas, groceries, and lunches from businesses close to my old employer, if I'm given the opportunity to work in Cannon Falls, most of my purchases will now be made locally. I'll utilize the various gas stations in town, Family Fare and Ferndale Market for groceries, Hi-Quality Bakery for baked goods for my family and staff, as well as utilizing other local businesses like pharmacies, chiropractic offices, hardware stores and restaurants, simply due to convenience. I'm just one person. Think of all of the business that the other employees of Valley View Recovery Center, as well as those visiting loved ones in our program, will bring to our economy. Additionally, Valley View Recovery Center intends to support small businesses for a multitude of things including catering, client prescriptions, medical care, lawn and parking lot maintenance, electrical and plumbing services, and more.

I urge you to approve the conditional use permit for Valley View Recovery Center and allow us to provide these much needed services. We look forward to serving our community and showing that the fears and concerns that a small amount of people may have are unwarranted.

Thank you for the opportunity to positively impact our community.

Sincerely,

Andrea Tatge, BS, CTRS

Katie Weidner
6788 296th Street East
Cannon Falls, MN 55009
(612) 599-8864

June 4, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009. While I don't live within the confines of the city any more, I grew up there, I take care of 2 properties for my mother in town and I consider myself a resident of the greater Cannon Falls area.

There are several reasons this is a win-win for Cannon Falls.

- There is a strong need for this type of facility all over Minnesota and we have the ideal location sitting empty and ready for use.
- Those in need are sometimes unable to find help when they need it most. I believe that all of us have an obligation to close this gap for those in need.
- This facility will provide much needed jobs in our community
- Local resources for those seeking help with addiction and substance use

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your continued service to Cannon Falls.

Respectfully,

Katie Weidner

Tasha Jenson
220 W Minnesota Street
Cannon Falls, MN 55009
507-400-4418

6/8/20

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

I was born and raised in Cannon Falls, I'm 37 years old and suffering a 17 year addiction. I'm now in recovery and feel amazing; I think this is definitely needed in the Cannon Falls area.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for helping to improve our community in this wonderful way.

Respectfully,

Tasha Jenson

Jessica Schumacher, Common Ground
111 Hill Street Suite A
Red Wing, MN 55066
651-347-6500

6/8/20

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

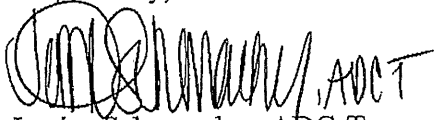
I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

I have worked in the addiction field for 3 years now and worked with some of the most amazing people I have ever met. However, their ability to thrive in life would not be possible without appropriate interventions. Some individuals are able to succeed with less-intensive services but others are not able to obtain sobriety without residential treatment.

While in treatment, individuals learn how to live life and be successful. I cannot imagine what this community would look like if every treatment center was denied ability to open their doors. Lives depend on the services provided by centers such as Valley View. Please consider approval of the conditional use permit for Valley View Recovery Center.

Thank you for helping improve the community and improve the lives of so many struggling with the brain disease of addiction.

Respectfully,


Jessica Schumacher, ADC-T

Jennifer Mortek
2635 Malmquist Ave Apt 108
Red Wing, MN 55066
612-432-6938

6/8/20

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

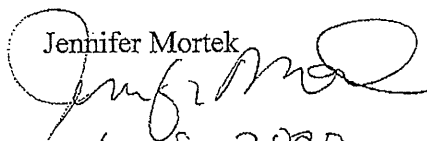
I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

As a person in recovery, I know the benefits of what a residential facility can do to help someone struggling. Residential treatment centers teach the necessary skills to learn how to live life on life's terms in society while remaining sober. Without such interventions, it is hard for those struggling to succeed in the program.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for taking the time to consider.

Respectfully,

Jennifer Mortek

6-8-2020

Margaret Dyson
912 Minnesota Street W
Cannon Falls, MN 55009

June 7, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

Valley View Recovery Center would be a great resource for many seeking treatment. As a local teacher, I see the need for this program in our community and believe it would make a positive impact on Cannon Falls. There are not enough of these programs available, and the first of its kind in Goodhue county. The program would allow local residents seeking help the opportunity to remain in their community while receiving the treatment they need. This program would open up new jobs in the community as well as stimulate the local economy.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for all you do for our community.

Respectfully,

Margaret Dyson

Kari Bakke, DNP, RN
Adult/Gerontology Nurse Practitioner
244 Jackson Ave N
Hopkins, MN 55343
952-200-6234

June 7, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I am writing this letter in support for the opening and conditional use permit of a residential treatment center, **Valley View Recovery Center**, to be located at 31591 64th Ave Cannon Falls, MN 55009.

According to the National Survey on Drug Use and Health (NSDUH), 19.7 million American adults battled a substance use disorder in 2017. Although this number is staggeringly high, addiction is considered a highly treatable disease, and recovery is attainable. Residential treatment centers can provide individualized care to those in need and are able to utilize different forms of treatment to serve the varying needs of the patients. A study by Moos & Patterson (1996) demonstrated that patients treated in community-based residential programs have lower one- and two-year admission rates than those who received hospital based care. This finding highlights the value of providing adequate amounts of residential, outpatient care for patients in substance abuse treatment.

Goodhue County lacks a residential treatment center and is in desperate need for a facility such as this. Ensuring that these residential clients have safe and sober living is imperative for their success, and in turn, for the community. Valley View Recovery Center is a "High Intensity Residential Treatment Program." This includes having structured programming and will be staffed 24/7. This will provide employment and help boost the workforce of those who live in the Cannon Falls area.

Not only does a residential treatment center fill the needed gaps of basic health care services within the community, it will provide employment and help boost the workforce of those in the area. In turn, the Cannon Falls economy will be stimulated. Although personally I am not a member of Goodhue County, I am aware that rural adults have higher rates of substance abuse, and it can be difficult to combat within these communities due to limited resources for prevention, treatment, and recovery (SAMHSA, 2018).

I sincerely urge you to review the above materials and approve the conditional use permit for Valley View Recovery Center. Thank you very much for your help in reaching the goals of the community as a whole.

Sincerely,

Kari Bakke, DNP, RN
Adult/Gerontology Primary Care Nurse Practitioner

References

American Addiction Centers. (2020). Alcohol and Drug Abuse Statistics. Retrieved from: <https://americanaddictioncenters.org/rehab-guide/addiction-statistics>

Moos, R., King, M., & Patterson, M. (1996). Outcomes of residential treatment of substance abuse in hospital- and community-based programs. *Psychiatric Services*, 47(1), 68-74.

SAMHSA, (2018). Substance Abuse and Mental Health Services Administration. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabsTOC2018.htm#toc>

Christine Hamp
315 Cherry St
Northfield, MN 55057

6/7/2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009. With addictions on the rise, especially in rural areas without adequate health care, there is a great need for this center. In addition to the help it will provide for members in the community, it will also provide much needed jobs for the area. This could re-invent Cannon Falls and attract more young professionals to the area. In the interest of public safety and health, it would be wise to help the individuals who are suffering from the affects of addictions before it starts to overwhelm your current resources and hurt the community.

I urge you to approve the conditional use permit for Valley View Recovery Center. This is a much-needed resource for the community. Lives will be saved or lost by the decisions that are reached regarding this facility.

Respectfully,

Christine Hamp

Katie Helgason
St. Paul, MN 55119

June 8th, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

I myself am a clinical social worker providing residential treatment services in the twin cities and know the value this provides to clients and communities. I also know the tremendous need for these services outside of the cities in both suburb and rural areas, which you could be a part of filling! This additional resource would allow providers such as myself to make even more connections to the appropriate services for those in need, in the communities they are most comfortable and likely to thrive in. I know one of your community members personally who would be given the opportunity of a lifetime to use her unique set of skills to provide your community with the support they deserve!

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you so much for your consideration and for your help in reaching the goals of the healthcare community!

Respectfully,


Katie Helgason

Anna Woolley M.S., LADC
111 Hill St.
Red Wing, MN 55066
Common Ground

6/8/2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

I have worked in the field of addiction treatment for the past four years. I have met amazing people from all walks of life who struggle with Substance Use Disorders. Many of these client's state they have lost hope. Through demonstrating empathy, compassion and providing a safe and non-judgmental space, they begin to find hope again. Hope for a better life, hope within themselves and hope in the belief that they are capable and worthy of change.

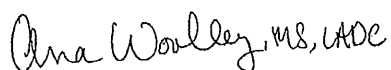
Valley View Recovery Center uses evidenced based practices such as cognitive-behavioral therapy, motivational interviewing and strengths-based interventions to offer an eclectic approach, an integrated model of care. They provide mental health services and referrals and also offer holistic and healing activities, such as nature and aquatic therapies.

In helping people recover, we not only help them, but we help the whole community in which they live. VVRC also offers many job positions in the rural area of Cannon Falls, MN. By allowing this treatment center to be built, you provide opportunities for growth not only to those struggling with substance use, but also for their families and the community at large.

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for recognizing the needs of the community. Thank you for providing the opportunity for the community to reach their goals.

Respectfully,



Anna Woolley M.S., LADC

Neil Jensen

From: Laura Qualey
Sent: Monday, June 8, 2020 7:46 AM
To: Neil Jensen
Subject: FW: Valley View Recovery Center

Since I have no power, I will let you collect these 'support' emails as they roll in if I receive any more.

Laura Qualey

*Community & Business Development Specialist
Cannon Falls, Minnesota
Office: 507-263-9312
Mobile: 651-329-5116*

www.cannonfallsmn.gov

From: Kate Weidner <kateweid615@gmail.com>
Sent: Friday, June 5, 2020 4:41 PM
To: Laura Qualey <lqualey@cannonfallsmn.gov>
Subject: Valley View Recovery Center

Dear Laura -

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009. While I don't live within the confines of the city any more, I grew up there, I take care of 2 properties for my mother there and I consider myself a resident of the greater Cannon Falls area.

There are several reasons this is a win-win for Cannon Falls.

- There is a strong need for this type of facility all over Minnesota and we have the ideal location sitting empty and ready for use.
- Those in need are sometimes unable to find help when they need it most. I believe that all of us have an obligation to close this gap for those in need.
- This facility will provide much needed jobs in our community
- Local resources for those seeking help with addiction and substance use

I urge you to approve the conditional use permit for Valley View Recovery Center.

Thank you for your continued service to Cannon Falls.

Katie Weidner
6788 296th Street East
Cannon Falls, MN 55009
(612) 599-8864

Sent from Mail for Windows 10

Margo Reichert
8750 250th St. E
Hampton, MN 55031
952-240-1124

June 6, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

This center will help countless people receive the addiction treatment they desperately need. There is no program like this in Goodhue county, and not enough programs in the state. The need is great. Additionally, if this does get approved, it will bring jobs to the town and help to stimulate the Cannon Falls economy.

I urge you to approve the conditional use permit for Valley View Recovery Center and look forward to seeing the positive change this facility seeks to bring to the Cannon Falls community.

Thank you for helping to support the needs of the community and its businesses.

Respectfully,



Margo Reichert

Megan Reichert
8750 250th St. E
Hampton, MN 55031
952-836-8030

June 6, 2020

City of Cannon Falls
918 River Road
Cannon Falls, MN 55009

Dear Cannon Falls Planning Commission and City Council,

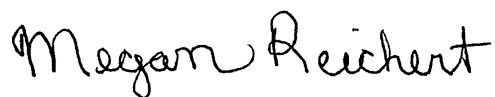
I support the opening and conditional use permit of a residential treatment center, Valley View Recovery Center, to be located at 31591 64th Ave Cannon Falls, MN 55009.

This center seeks to offer critical health care services for the community and ensure that citizens that have experienced problems with substance use have a safe place to go for support and treatment. The center will also benefit the community through the provision of living-wage jobs ensuring that the area continues to offer opportunities for individuals and families to maintain permanent residence.

I urge you to approve the conditional use permit for Valley View Recovery Center and look forward to seeing the positive change this facility seeks to bring to the Cannon Falls community.

Thank you for helping to support the needs of the community and its businesses.

Respectfully,

A handwritten signature in black ink that reads "Megan Reichert". The signature is written in a cursive, flowing style.

Megan Reichert

(D) *Circulation.* In addition to the required loading space, all loading spaces shall include a maneuvering area. The maneuvering area shall not use any of that portion of the site containing parking stalls or customer service areas. Maneuvering areas shall be of a size as to permit the backing of truck tractors and coupled trailers into the loading space, without blocking the use of other loading spaces, drives, parking spaces or maneuvering areas on public rights-of-way.

(I) *Construction standards.* The construction and setback standards listed in § 152.258 of this subchapter shall apply to all loading spaces.
(Prior Code, § 11-19-10) (Ord. 258, passed 5-4-2006)

FENCING; SCREENING; LANDSCAPING

§ 152.275 PURPOSE.

The purpose of this subchapter is to establish standards for the installation of fencing, screening and landscaping as may be required by other subchapters of this chapter and to protect the general health, safety and welfare of the city.
(Prior Code, § 11-20-1) (Ord. 258, passed 5-4-2006)

§ 152.276 FENCES.

Fences shall be permitted in all yards subject to the following.

(A) *Permit required.* No person shall construct any fence without first making an application for and securing an administrative permit for fences not exceeding six feet in height and a building permit for fences exceeding six feet in height.

(B) *Locations; boundary line fences.*

(1) A fence that requires periodic maintenance shall be located no closer than two feet from any side or rear yard lot line on the property of the person constructing the fence. An exception to this may be allowed by administrative permit provided that an agreement addressing construction, maintenance and repair responsibilities, as well as trespass rights, is established between the adjoining property owners and the agreement is determined acceptable to the City Attorney and filed with the County Recorder against the titles of the respective properties. The fence agreement shall provide for amendment or cancellation only upon written approval from the Zoning Administrator.

(2) A fence that is maintenance free, such as a chain link of steel, plastic or vinyl and is acceptable as that to the Zoning Administrator, may be constructed up to the side or rear yard property line.

(3) The lease agreement shall incorporate any other provisions, as recommended by the City Attorney that are deemed necessary to ensure compliance with the intent of this subchapter.
(Prior Code, § 11-19-9) (Ord. 258, passed 5-4-2006)

§ 152.264 OFF-STREET LOADING.

(A) *Loading area required.* Any structure erected or substantially altered for a use that requires the receipt of distribution of materials or merchandise by trucks or similar vehicles, shall provide off-street loading area as required for a new structure.

(B) *Number of loading spaces required.* The number of required off-street loading area spaces shall be as follows.

(1) *Residential uses.*

Use	Spaces Required
Single-family and two-family dwellings, townhomes, quadradrainiums	None
Other multiple-family dwellings	None
Less than 4 dwelling units	None
4 to 24 dwelling units	1
For each additional 24 dwelling units over 24	1

(2) *Nonresidential uses.*

Gross Floor Area (Square Feet)	Spaces Required
Less than 25,000	1
25,001 to 50,000	2
50,001 to 75,000	3
75,001 to 100,000	4
For each additional 50,000 over 100,000	1

(C) *Reduction in spaces.* Reductions to the number of loading spaces required by this section may be granted by administrative permit upon determination of facility need.

(F) A change of use will necessitate compliance with the applicable zoning regulation standard for parking.
(Prior Code, § 11-19-7) (Ord. 258, passed 5-4-2006)

§ 152.262 JOINT FACILITIES.

The City Council may, after receiving a report and recommendations from the Planning Commission, approve as applicable a conditional use permit for long term permanent joint parking facilities as regulated under the provisions of §§ 152.070 through 152.074 of this chapter, or an interim use permit for short term temporary joint parking facilities as regulated under the provisions of §§ 152.085 through 152.089 of this chapter, for one or more businesses to provide the required off-street parking facilities by joint use of one or more sites where the total number of spaces provided are less than the sum of the total required for each business should they provide them separately. When considering a request for a permit, the Planning Commission shall not recommend that the permit be granted nor the Council approve a permit except when the following conditions are found to exist:

(A) Up to 50% of the parking facilities required for a conference center, theater, bowling alley, banquet hall, bar or restaurant may be supplied by the off-street parking facilities provided by types of uses specified as primarily daytime uses in § 152.261 of this chapter.

(B) Up to 50% of the off-street parking facilities required for any use specified under § 152.261 of this chapter as primary daytime uses may be supplied by the parking facilities provided by the following nighttime or Sunday uses: auditoriums incidental to a public or parochial school, religious buildings, bowling alleys, banquet halls, theaters, bars, apartments, restaurants or health clubs.

(C) Up to 80% of the parking facilities required by this chapter for a religious building or for any auditorium incidental to a public or parochial school may be supplied by the off-street parking facilities provided by uses specified under division (D) below of this section as primarily daytime uses.

(D) For the purpose of this section the following uses are considered as primarily daytime uses: banks, business offices, manufacturing, wholesale and similar uses, as determined by the Zoning Administrator.

(E) Conditions required for joint use.

(1) The building or use for which application is being made to utilize the off-street parking facilities provided by another building or use shall be located within 500 feet of the parking facilities.

(2) There shall be no substantial conflict in the principal operating hours of the two buildings or uses (for which joint use of off-street parking facilities is proposed); and

(3) A properly drawn legal instrument, executed by the parties involved in joint use of off-street parking facilities, duly approved as to form and manner of execution by the City Attorney, shall be filed with the City Administrator and recorded with the County Recorder. The legal instrument shall

(25) *Restaurants, cafés, private clubs serving food and/or drinks, bars, on-sale nightclubs.* One space for each 40 square feet of dining or bar area and one space for each 80 square feet of kitchen area.

(26) *Restaurants, fast food.* Fifteen spaces per 1,000 square feet of gross floor area.

(27) *Retail sales and service business with 50% or more of gross floor area devoted to storage, warehouses and/or industry.* At least eight spaces or one space for each 200 square feet devoted to public sales or service, plus one space for each 500 square feet of storage area.

(28) *Retail stores and service establishments.* At least one off-street parking space for each 200 square feet of floor area.

(29) *Schools, elementary and junior high.* One space for each classroom plus one additional space for each 300 student capacity, plus one space for each employee, plus one space for each four seats in auditorium.

(30) *Schools, high schools and colleges.* One space for each classroom plus one additional space for each seven students based upon maximum design capacity.

(31) *Shopping centers.* Five spaces per each 1,000 square feet of gross leasable floor area (exclusive of common areas).

(32) *Single-family and two-family dwellings.* Two spaces per unit.

(33) *Townhome, quadranium, manor home, multiple-family dwellings and manufactured homes within manufactured home parks.* At least two and one-fourth rent-free spaces per unit. In projects involving eight or more units, the city may require additional clustered guest parking spaces based upon calculation of required demand.

(34) *Warehousing, storage of handling of bulk goods.* The space which is solely used as office shall comply with the office use requirements and one space for each 1,500 square feet of floor area and one space for each company owned truck (if not stored inside principal building).

(35) *Other uses.* Other uses not specifically mentioned herein shall be determined on an individual basis by the City Council. Factors to be considered in the determination shall include (without limitation) the national parking standards for size of building, type of use, number of employees, expected volume and turnover of customer traffic and expected frequency and number of delivery or service vehicles.

(C) *Off-street bicycle parking.* Provisions shall be made for the off-street parking of bicycles in all multiple-family and nonresidential developments and uses. Plans for the facilities shall be reviewed and evaluated on an individual project or use basis as part of site plan review provisions of §§ 152.130 through 152.138 of this chapter.
(Prior Code, § 11-19-5) (Ord. 258, passed 5-4-2006)

(133)
240

(B) *Number of spaces required.* The following minimum number of off-street parking spaces shall be provided and maintained by ownership, easement and/or lease for and during the life of the respective uses hereinafter set forth.

(1) *Auto, boat, trailer, farm equipment sales lots.* One space per 400 square feet gross sales and office floor area and of the building plus one space per each 2,000 square feet of gross outdoor sales lot area.

(2) *Auto repair.* Two spaces per serving bay; the service bay is not a parking space, plus one for each employee on the maximum shift.

(3) *Boarding house/accessory apartment.* At least one parking space for each person for whom accommodations are provided for sleeping.

(4) *Bowling alleys.* Five spaces for each alley plus additional spaces for related uses.

(5) *Car washes (drive through and self service).* One space per employee plus:

Drive through	6 stacking spaces
Self-service	1 stacking space per wash bay

(6) *Churches, theaters, auditoriums.* At least one parking space for each four seats based on the design capacity of the main assembly hall. Facilities as may be provided in conjunction with the buildings or uses shall be subject to additional requirements which are imposed by this chapter.

(7) *Community centers, libraries, private clubs, lodges, museums, art galleries.* One space for each 300 square feet of floor area in the principal structure.

(8) *Contractors' offices, shops and yards.* One per 1,000 square feet of shop area or warehousing, plus one per 300 square feet of office space.

(9) *Daycare facilities.*

(a) *Daycare facilities serving 14 or fewer persons.* In addition to residential parking requirements, one space per seven children capacity.

(b) *All other daycare facilities.* One space per teacher on the largest shift, plus one space per ten students/children based on maximum capacity of the facility.

(10) *Elderly (senior citizens) housing.* Reservation of area equal to one parking space per unit. Initial development is, however, required of only one-half space per unit and the number of spaces can continue until a time as the City Council considers a need for additional parking spaces has been demonstrated.

(L) (2) Except for single-family, two-family, townhouse and quadraminum dwellings or as required or exempted by the city staff, drive aisles and parking stalls shall be constructed in accordance with the following minimum tonnage standards:

(a) One and one-half inch wear course;

(b) Two inch base course;

(c) Eight inch aggregate base (Class 5); and

(d) Subgrade subject to City Engineer's approval.

(3) Plans for surfacing and drainage of driveways and stalls for five or more vehicles shall be submitted to the City Engineer for review and the final plans shall be subject to the Engineer's written approval.

(M) *Striping.* All parking areas of five spaces or more shall be marked with white or yellow painted lines not less than four inches wide.

(N) *Lighting.* Any lighting used to illuminate an off-street parking area shall be in compliance with § 152.187 of this chapter.

(O) *Curbing.* Except for single-family, two-family, townhouse and quadraminums, all open off-street parking shall have a perimeter continuous concrete curb around the entire parking lot.

(P) *Pedestrian provision.* Off-street parking areas shall be designed so that vehicle and pedestrian circulation is accommodated in a safe, complementary and orderly fashion. When curb separated sidewalks are provided at the head of parking stalls, the minimum width shall be five feet.

(Q) *Parking lot landscaping.*

(1) *Required screening.* All open, nonresidential off-street parking areas of five or more spaces shall be screened and buffered from abutting or surrounding residential districts in compliance with §§ 152.275 through 152.281 of this chapter.

(2) No landscaping or screening shall interfere with drive or pedestrian visibility for vehicles entering, circulating or exiting the premises.

(R) *Compact car spaces.* Up to 20% of the parking spaces in a parking lot may be permanently marked for compact cars only, provided that:

(1) The parking lot contains 80 or more off-street parking spaces;

(2) All compact car spaces are a minimum of nine feet in width and 16 feet in length;

(E) Within structures.

(1) The off-street parking requirements may be furnished by providing a space so designed within the principal building or detached accessory structure.

(2) Unless alternative provisions in compliance with this subchapter and chapter are made, no building permit shall be issued to convert the parking structure into a dwelling unit or living area or other activity.

(F) Circulation.

(1) Except in the case of single-family, two-family, townhouse and quadraminium dwellings, access and parking areas shall be designed so that circulation between parking bays or aisles occurs within the designated parking lot and does not depend upon a public street or alley.

(2) Except in the case of single-family, two-family, townhouse and quadraminium dwellings, access and parking area design which requires backing into the public street is prohibited.

✓(3) Subject to approval of an administrative permit by the Zoning Administrator, the required parking spaces serving one- and two-family dwellings constructed prior to the effective date of this subchapter, may be designed for parking not more than two vehicles in a tandem arrangement for each dwelling unit in order to comply with the requirements of this subchapter. In no case shall the space project into a sidewalk or public or private street or driveway.

(G) Curb cut location/driveway access spacing. Curb cut locations and driveway access spacing shall meet the following setbacks.

(1) No curb cut/driveway access shall be located less than 30 feet from the intersection of two or more local street rights-of-way. This distance shall be measured from the intersection of lot lines. Curb cut/driveway access setbacks from the intersection of streets with higher functional classifications shall be consistent with the recommendations of the Comprehensive Plan and require approval by the city.

(a) Street functional classification shall be defined by the Comprehensive Plan.

(b) The setback measurement shall be measured from the edge of the street right-of-way to the nearest edge of the curb cut.

(c) Driveways onto arterials and major collectors shall be prohibited where alternative street access is available. For existing lots of record, where alternative access is not available, direct access onto arterial and major collectors may be permitted, provided a site plan is submitted for review and approval of the city staff. Approval is also subject to the conditions of this subchapter.

Parking Lot Dimensions Table*

Angle of Parking	Stall Width	Curb Length Per Car	Stall Depth	Aisle Width
0 degrees	9 feet 0 inches	23 feet 0 inches	9 feet 0 inches	12 feet 0 inches
	9 feet 6 inches	23 feet 0 inches	9 feet 6 inches	12 feet 0 inches
	10 feet 0 inches	23 feet 0 inches	10 feet 0 inches	12 feet 0 inches
20 degrees	9 feet 0 inches	26 feet 4 inches	15 feet 0 inches	11 feet 0 inches
	9 feet 6 inches	27 feet 10 inches	15 feet 6 inches	11 feet 0 inches
	10 feet 0 inches	29 feet 3 inches	15 feet 11 inches	11 feet 0 inches
30 degrees	9 feet 0 inches	18 feet 0 inches	17 feet 4 inches	11 feet 0 inches
	9 feet 6 inches	19 feet 0 inches	17 feet 10 inches	11 feet 0 inches
	10 feet 0 inches	20 feet 0 inches	18 feet 3 inches	11 feet 0 inches
40 degrees	9 feet 0 inches	14 feet 0 inches	19 feet 2 inches	12 feet 0 inches
	9 feet 6 inches	14 feet 10 inches	19 feet 6 inches	12 feet 0 inches
	10 feet 0 inches	15 feet 8 inches	19 feet 11 inches	12 feet 0 inches
45 degrees	9 feet 0 inches	12 feet 9 inches	19 feet 10 inches	13 feet 0 inches
	9 feet 6 inches	13 feet 5 inches	20 feet 2 inches	13 feet 0 inches
	10 feet 0 inches	14 feet 2 inches	20 feet 6 inches	13 feet 0 inches
50 degrees	9 feet 0 inches	11 feet 9 inches	20 feet 5 inches	12 feet 0 inches
	9 feet 6 inches	12 feet 5 inches	20 feet 9 inches	12 feet 0 inches
	10 feet 0 inches	13 feet 2 inches	21 feet 0 inches	12 feet 0 inches
60 degrees	9 feet 0 inches	10 feet 5 inches	21 feet 0 inches	18 feet 0 inches
	9 feet 6 inches	11 feet 0 inches	21 feet 3 inches	18 feet 0 inches
	10 feet 0 inches	11 feet 6 inches	21 feet 6 inches	18 feet 0 inches
70 degrees	9 feet 0 inches	9 feet 8 inches	21 feet 0 inches	19 feet 0 inches
	9 feet 6 inches	10 feet 2 inches	21 feet 3 inches	18 feet 6 inches
	10 feet 0 inches	10 feet 8 inches	21 feet 3 inches	18 feet 0 inches
80 degrees	9 feet 0 inches	9 feet 2 inches	20 feet 4 inches	24 feet 0 inches
	9 feet 6 inches	9 feet 8 inches	20 feet 5 inches	24 feet 0 inches
	10 feet 0 inches	10 feet 3 inches	20 feet 6 inches	24 feet 0 inches

§ 152.256 APPLICATION.

The regulations and requirements set forth herein shall apply to all off-street parking and loading areas in all of the zoning districts of the city.
(Prior Code, § 11-19-2) (Ord. 258, passed 5-4-2006)

§ 152.257 GENERAL PROVISIONS.

(A) *Reduction of existing off-street parking space or lot area.* Off-street parking spaces and loading areas existing upon the effective date of this subchapter hereof shall not be reduced in number or size unless the number or size exceeds the requirements set forth herein for a similar new use.

(B) *Change of use or occupancy of land.* No change of use or occupancy of land already dedicated to a parking area, parking spaces or loading areas shall be made, nor shall any sale of land, division or subdivision of land be made which reduces area necessary for parking, loading or circulation below the minimum prescribed by this chapter.

(C) *Change of use or occupancy of buildings.* Any change of use or occupancy of any building or buildings including additions thereto requiring more parking and loading area shall not be permitted until there is furnished additional parking and loading areas as required by this subchapter.

(D) *Disability accessible parking.* All parking associated with any building, structure or use shall be required to conform to the disability accessible parking standards pursuant to M. S. § 168.021, as it may be amended from time to time.

(E) *Restrictions on parking.*

(1) *Restrictions.* Required accessory off-street parking spaces in any district shall not be utilized for open storage, sale or rental of goods, storage of inoperable vehicles and/or storage of snow. All site plans required by this subchapter shall illustrate the size and location of snow storage space on the property in question.

(2) *Limitations.* Except as may be otherwise allowed by this subchapter, on- and off-street parking facilities accessory to a residential use shall be utilized solely for the parking of licensed and operable motor vehicles not to exceed 22 feet in length and eight feet in height and recreational vehicles and equipment. Exceptions, for cause and in compliance with the intent and purpose of this subchapter, may be approved by the Zoning Administrator as an administrative permit.

(3) *Semi-tractor and semitrailer parking.* Semi-tractor and semitrailers shall not be permitted within residential zoned districts except for the specific purpose of loading or unloading cargo or freight.

(4) *Contracting, excavating equipment or other commercial vehicles and equipment.* Except where specifically allowed, contracting, excavating equipment or other commercial vehicles and

(6) *Maintenance.*

(a) Maintenance of the buffer strip planting and/or fence shall be the responsibility of the individual property owners or, if applicable, the homeowners' association.

(b) All repairs to the fence or wall shall be consistent with the original fence design in regard to location and appearance.

(c) Replacement of landscape materials or plantings in a buffer yard area shall be consistent with the original screen design.

(d) All repair or plant replacement shall be done within 45 days of written notification from the Zoning Administrator or if applicable, the homeowners' association.
(Prior Code, § 11-20-5) (Ord. 258, passed 5-4-2006)

§ 152.280 TREE PRESERVATION.

Prior to the issuance of building permits for all new and/or expanded multiple-family residential, commercial, industrial and institutional uses, a tree preservation plan shall be submitted. The plan and its implementation shall be in accordance with the requirements as outlined in the subdivision regulations and shall be subject to the review and approval of the City Engineer and Zoning Administrator. The city may exempt an applicant from the submission of a tree preservation plan upon demonstration by the applicant that a plan is not considered relevant to the site in question.
(Prior Code, § 11-20-6) (Ord. 258, passed 5-4-2006)

§ 152.281 SCREENING OF MECHANICAL EQUIPMENT.

All rooftop and ground-mounted mechanical equipment for residential buildings having five units or more and for nonresidential buildings shall comply with the following standards.

(A) All rooftop and ground-mounted mechanical equipment shall be screened so as to mitigate noise in compliance with § 152.191 of this chapter.

(B) All rooftop and ground-mounted mechanical equipment shall be designed (including exterior color) and located so as to be aesthetically harmonious and compatible with the building. Screening of equipment around the equipment may be required where the design, color and location of the equipment are found to not effectively buffer noise or provide aesthetic harmony and compatibility. Screening shall be constructed of durable materials which are aesthetically compatible with the structure and which may be an integral part of the structure.

(C) Rooftop mechanical equipment less than three feet in height may be exempt from screening requirements by the Zoning Administrator.
(Prior Code, § 11-20-7) (Ord. 258, passed 5-4-2006)

PLANNING COMMISSION RESOLUTION 2020-01

CONDITIONAL USE PERMIT FOR VALLEY VIEW RECOVERY CENTER INC.

WHEREAS, Valley View Recovery Center Inc. has made application for a Conditional Use Permit (“CUP”) to open and operate a residential treatment center at 31591 64th Avenue (PID 52.770.0020) as regulated by the Zoning Ordinance; and

WHEREAS, the Planning Commission conducted a hearing on June 8, 2020 to accept testimony relating to the application; and

WHEREAS, the Planning Commission finds that the granting of a Conditional Use Permit is reasonable and in conformance with the City of Cannon Falls Comprehensive Plan.

NOW THEREFORE BE IT RESOLVED that the Cannon Falls Planning Commission hereby recommends to the Cannon Falls City Council that the application for CUP for a residential treatment center be approved.

ADOPTED by the Planning Commission the 8th day of June 2020.

CITY OF CANNON FALLS PLANNING COMMISSION

Mike Daniels, Chairperson

ATTEST _____

Neil Jensen
City Administrator

CANNON FALLS PLANNING COMMISSION
Regular Meeting
City Council Chambers
June 8, 2020

MEMBERS PRESENT: Acting Chair, Bruce Hemmah, Commissioners: Glen Lundell, Derek, Lundell, and Bill Duncan

MEMBERS ABSENT: Mike Daniels

OTHERS PRESENT: Neil Jensen, City Administrator, John Althoff, Mayor, Dianne Howard, Administrative Assistant

1. CALL TO ORDER

Acting Chair, Bruce Hemmah called the meeting to order at 6:30 p.m.

2. ROLL CALL

Roll Call was conducted. Commissioners G. Lundell, D. Lundell, B. Hemmah, and B. Duncan. M. Daniels was absent.

3. APPROVAL OF THE AGENDA

A motion was made by Commissioner D. Lundell, seconded by Commissioner B. Duncan and unanimously carried, to approve the agenda.

4. APPROVAL OF THE MINUTES:

A. December 9, 2020, Planning Commission Meeting Minutes.

A motion was made by Commissioner D. Lundell, seconded by Commissioner G. Lundell and unanimously carried, to approve the meeting minutes.

5. PUBLIC INPUT

Acting Chair B. Hemmah reviewed the public input procedure. No one came forward to speak with regard to items not listed on the agenda. The Planning Commission agreed to change the order of presentations with the CUP for John Anderson at 201 Main Street W. being first and the CUP for Valley View Recovery Center Inc. being second, due to the number of presenters for Valley View Recovery Center.

6. PUBLIC HEARING:

A. Conditional Use Permit for John Anderson at 201 Main Street W.

Acting Chair B. Hemmah opened the public hearing at 6:34 p.m.

John Anderson addressed the Planning Commission. He is requesting a CUP that would allow a height variation of a proposed accessory structure to be constructed on his property located at 201 Main Street W. Ordinance regulations for accessory structures are currently 16 ft. high unless permitted by CUP. The proposal is to construct a garage that keeps with the design of the house on the lot that was built in 1870. To preserve green space, he is requesting to construct a 24 ft. high garage to

accommodate the storage needed for the property. The above garage space would be cold storage with a drop down stairs for access. Commissioner D. Lundell said that he believes that John is being mindful of his neighbors.

Public Hearing was closed.

7. DISCUSSION ITEM:

A. Resolution 2020-02 Condition Use Permit for John Anderson at 201 Main Street W.

A motion was made by Commissioner B. Duncan, seconded by Commissioner G. Lundell and unanimously carried to adopt Resolution 2020-02, recommending approval of a Conditional Use Permit for John Anderson at 201 Main Street W.

8. PUBLIC HEARING:

A. Conditional Use Permit for Valley View Recovery Center Inc. in the B-2 District.

Acting Chair B. Hemmah opened the public hearing at 6:45 p.m.

Tori Utley addressed the Planning Commission. She stated that Valley View Recovery Center will be in the old Saratoga hotel location. They will provide holistic treatment that will allow patients to find hope and recovery. They will provide 30 hours of counseling per week and will have around the clock staff onsite. She believes that their high-class services will set their program apart from others. Tori stated that there are presently no other treatment centers in Goodhue County. They will employ 30 staff members. They will serve up to 54 clients, consisting of 34 male clients and 20 female clients. The goals of the organization will be to provide individuals recovering from substance abuse use disorder an environment to start and continue their recovery as they transition to sober living in their traditional environments as well as the ability to continue in a therapeutic environment with clinical support and direction throughout this period of their recovery. Valley View Recovery Center's goal is to provide a high-quality facility to help people with addictions.

Andrea Tatge, Recreational Therapist for Valley View Recovery Center addressed the Planning Commission. Andrea will be a Care Team Supervisor at this facility. She is very excited to help and work in her home community. Andrea talked about the needs of people with addictions, and the need for a facility of this type in Goodhue County. She said there is a high need in both Goodhue County and Cannon Falls. Andrea shared the safety precautions that will be put in place at the center. Clients are not allowed to obtain rides or leave the facility with anyone without prior counselor approval. Andrea said that she would purchase locally if the facility is allowed to come to Cannon Falls. She believes that this facility would have a good economic impact on Cannon Falls by acquiring great employees who would both live and work in the city.

Dick Peterson, Ferndale, addressed the Planning Commission. Dick believes that due process was never taken by the Valley View Recovery Center. He found out about their business on Facebook. He wondered why they did not introduce themselves and explain their business to their neighbors sooner. Dick said the explanation of their facility online left him with some questions and concerns. He wanted to know why they are in Cannon Falls and not Red Wing and why they were so secretive about coming here.

Erica Peterson, homeowner, addressed the Planning Commission. Erica lives across the road from the facility with her husband and young son. She has a lot of compassion for people with addictions; however, she does not believe that Cannon Falls is the best place for this facility. As a mother living across the road from Valley View Recovery Center, how safe would her son be? She believes that addicts are not always in their best frame of mind. She wants her son to be able to play outside safely. She fears for the safety of her family. She also wants to be sure that residents will not be using their private wood for walks. She realizes that a dangerous situation may never happen, but what if it did? There is also the possibility of a decrease in their property value.

Ray Schoenfelder, Owner of Cannon Power Sports, addressed the Planning Commission. Ray owns business property on both sides of Valley View Recovery Center. He believes that our County has a definite problem with drug and alcohol abuse, and wonders if it is right to try and push a possible solution off somewhere else. Ray believes there is a need for this facility and that we need to feel the need and be part of the solution. Ray has had things stolen from his business from addicts, and is in support of a facility that could help them. He sympathizes with the Peterson family's concerns, but still believes it is our responsibility to help with these concerns by allowing Valley View Recovery Center to come to Cannon Falls. He has been associated with Teen Challenge and has seen the good the program does and the successes that it produced. In his heart, Ray believes that if this facility meets our requirements and that we can make it work, it would be a very good thing. We do not want to be a city that wants to make things right, but wants someone else to take care of it.

Joe Hemberger, Cannon Power Sports, General Manager, addressed the Planning Commission. Joe's biggest concern is security. Where he has concerns with security, he is still willing to listen to Valley View Recovery Center's security measures that they will be implementing. He believes that his issues are different from Peterson's concerning a child, but he still believes that we need to be open and listen.

John Peterson, Ferndale, addressed the Planning Commission. John echoed his dad, Dick Peterson's, concerns that there was no transparency with Valley View Recovery Center trying to come into Cannon Falls. He is very disappointed that there was no "reach out" on the front end. He would like to see us dig into the RW issue; find out why they did not end up there and do our due diligence. John also

questioned if this is truly the right project for the south side of Cannon Falls from an economic development standpoint.

Bhavesh, current owner of the Saratoga Hotel addressed the Planning Commission. He has seen his property value go down substantially with the interchange that was put in. It is the right time in his life to sell and make a change with the interchange difficulties, his son's graduation, and Covid-19. He is losing a lot of money and would like this business deal to happen as soon as possible. This is no longer a thriving location for a hotel due to the interchange. Customers are complaining to him and telling him that it is difficult to get to his hotel. He urges Cannon Falls to accept the new owners of Valley View Recover Center.

The Public Hearing was closed.

Discussion:

Commissioner D. Lundell questioned why not Red Wing and why did they not notify the neighbors. Mattea McGuire stated that they live in Red Wing and had looked at Red Wing. She and Jacob McGuire said they had contacted zoning in December and January and had received an email stating that the City Attorney would consider an Office/Clinical Use as permitted in the B-2 District and so they went ahead.

Commissioner B. Hemmah asked Mattea and Jacob McGuire if they were licensed with the State of MN. He also asked if they had applied for a license. Mattea said that they had applied and Jacob said that they met all of their inspection requirements. They said what they had been told by zoning, led them to believe that they could proceed. Commissioner B. Hemmah stated that he is concerned about the security of this facility. Mattea said the building would be secured. She stated that they cannot restrain someone if they want to leave but will have somebody come and pick them up. It is not a locked facility. Jacob stated that they would be using the Cannon Falls Police force if someone is irrational, and have tried to contact the Cannon Falls Police force. He also reiterated that they have passed all inspections.

Commissioner B. Duncan addressed the legal cases against Common Ground. Mattea said they were book-keeping based.

Commissioner D. Lundell wanted further explanation of an incident on June 30, 2017. Mattea said that infraction occurred due to a lapse in her license at the time.

Commissioner B. Duncan had further questions about security. He wanted to know if residents are always accompanied. Mattea stated that, yes they are. Commissioner B. Duncan stated that he had seen a family member go through treatment and he knows how difficult it can be. He stated that he is very passionate about having something like this in our town. He agreed with Ray Schoelfelder and his opinions as long as Valley View Recovery Center holds up their end of the bargain.

Commissioner B. Hemmah stated that he is still a little concerned that Valley View Recovery Center meets all of their requirements. Will they have a dietician? Mattea stated that they will have a minimal food license. They will have food catered in from Little Oscars three times a day, 365 days a year. Commissioner B. Hemmah wanted to know if this food service will meet with all of the dietary needs of their residents. According to Mattea, Little Oscars will be given a list of foods and a special menu will be provided for the facility. Jacob McGuire said that they are open to having additional conditions put on them, if necessary. Commissioner B. Hemmah said that we will need more information.

Commissioner G. Lundell inquired about the pre-mentioned equine therapy services. Where will this happen? Mattea has been in contact with someone who has a masters degree in this type of therapy. Mattea also stated that they would be using the Cannon Valley Trail for walks with the residents, and would never use the Peterson's private, wooded property.

City Administrator, Neil Jensen, stated that Mattea had contacted our zoning department, Dave and Dianne, asking about a clinic use for the B-2 Zoning District in November. Attorney, Roger Knutson was consulted, and believed that an office/clinic use was permitted in the B-2 District. Mattea was contacted by phone and by email. This information was shared with her and she was notified that we would need a business plan if she wanted to move ahead. She stated that she was unsure at that time. A couple months later she contacted zoning again, asking for approval of this project. She was again told that we would need a business plan before proceeding. The City was not contacted again regarding their intentions until approximately 2-3 weeks ago.

Commissioner B. Hemmah stated again how he felt like things were being pushed.

Public Hearing was closed.

9. DISCUSSION ITEM:

A. Resolution 2020-01 Conditional Use Permit for Valley View Recovery Center Inc.

Commissioner B. Duncan added that we will require all paperwork for inspections. They cannot move forward until we receive all of the paperwork. B. Duncan then made a motion to approve the CUP if we have the paperwork by no later than Friday, so it can be provided to the council. The motion was seconded by Commissioner G. Lundell. 3-1 vote, with Commission D. Lundell voting nay.

10. ADJOURN. 8:10 p.m.



Inspection Report

Name: Valley View Recovery Center / Saratoga Inn - Project Number: BL-P2004-0026
Change of Use

Project location/address: 31591 64th Ave, Cannon Falls, Goodhue County, MN, 55009

Contractor:

Phone:

Project Contact: Jacob Nicklay

Phone: (507) 454-2038

Scheduled for 5/5/2020

Time: 1030

Inspector Report

Inspection Type: Building

Result: Corrections Required

Specify Work Inspected and Tested:

Walk through to change occupancy from R1 to an I1 occupancy.

Pool area

1. exit signage ok
2. Panic hardware ok on exterior doors
3. Verify occupant load of pool area if over 50 the access door from lobby requires panic hardware.
4. Need signage posted for pool area occupant load. (room)
Presently, the pool capacity 48 and sauna 16 persons.
5. A CO detector needs to be installed in the mechanical room. 2020 Minnesota State Mechanical Code 1346.5311 Carbon Monoxide Alarms. Minimum of a UL 2034 battery operated.

First floor rooms 101 through 123

1. All sleeping rooms and offices have smoke detectors. Check on this.
2. Need to check if sleeping rooms need CO detectors. CO detectors are not required.
Reference: 2020 International Building Code 2018 International Building Code Section 915 Carbon Monoxide Detection.
3. If storage room 118 is converted to work out area a horn strobe will be required.
4. The accessible bathroom adjacent to the registration needs accessible hardware installed.
5. A co detector is required in the furnace room of first floor. Same as pool mechanical room.
2020 Minnesota State Mechanical Code 1346.5311 Carbon Monoxide Alarms. Minimum of a UL 2034 battery operated.



Inspection Report

Registration desk

1. Check on whether a check in counter top is required for accessibility.

The height of the counter top is 42 inches.

The Registration desk is required to have an accessible counter top

Reference: 2015 Minnesota

904.2 Approach.

All portions of counters required to be accessible shall be located where transactions or services are customarily provided and be adjacent to a walking surface complying with Section 403.

Second floor

1. Guardrail for south stair enclosure needs guardrail to maintain a 4 inch gap.

Reference: 2020 International Building Code Section 1015.4 Opening limitations.

2. Check accessibility signage for rooms. OK

3. No elevator for the second floor and the food service will will be catered inn and dispersed from the second floor.

Verify the occupant load of the second floor food service area does not exceed 30 square feet.

Reference: 2015 Minnesota accessibility code section 1113.1.1 Entire buildings and 1113.1.2 Portion of a building.

4. The second floor is being utilized by one gender and the first floor by the other gender.

Based on this the 2015 Minnesota Accessibility code section 1101.3

1101.3 Equity.

Where not all similar type facilities and spaces are required to be accessible, accessible facilities and spaces shall be provided with the same or equivalent elements as provided in the nonaccessible facilities and spaces.

Note: you have a situation where the non accessible area has an element that the accessible first floor does not. If the second floor has an occupant load greater than 30, please supply details on how you will apply the same for the first floor.

Outdoor

Building address on sign post.

Note:

Sprinkler and alarm system testing completed. 4.17.20

Inspected By: Chris Meier

Region:

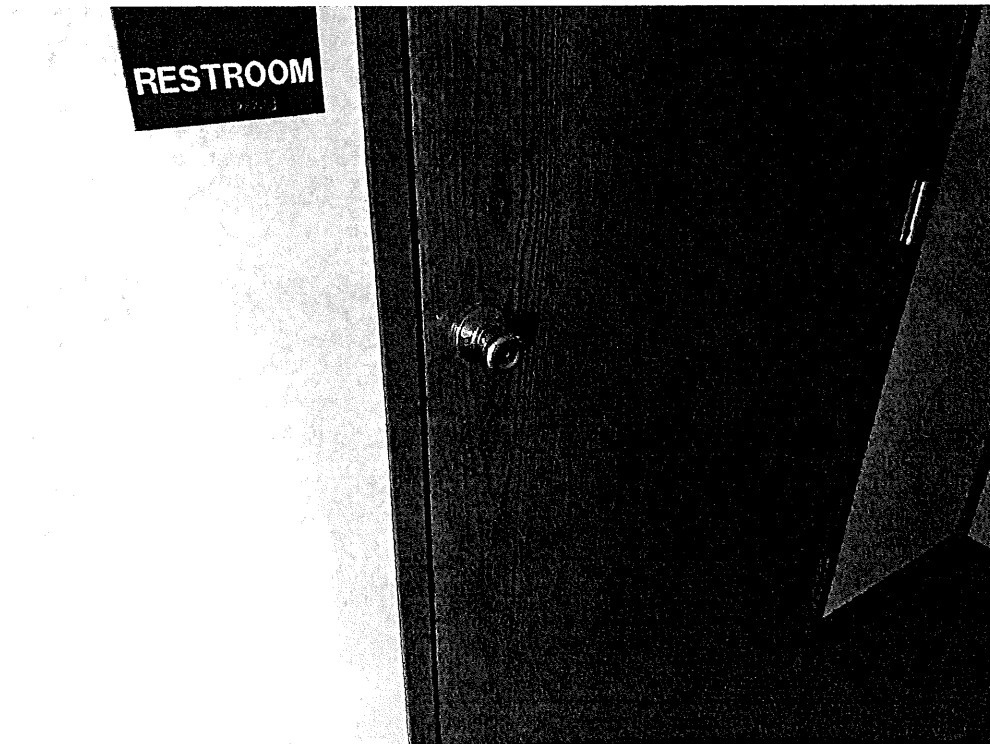
Date: 5/7/2020

Phone: (651) 336-8411

Email: chris.meier@state.mn.us

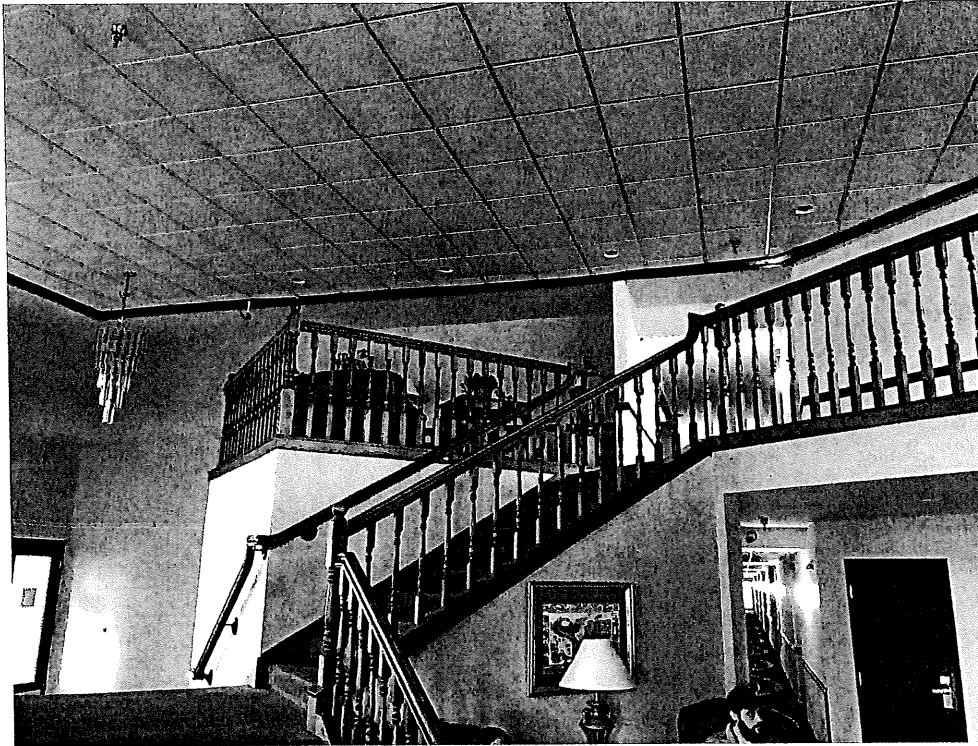


Inspection Report





Inspection Report



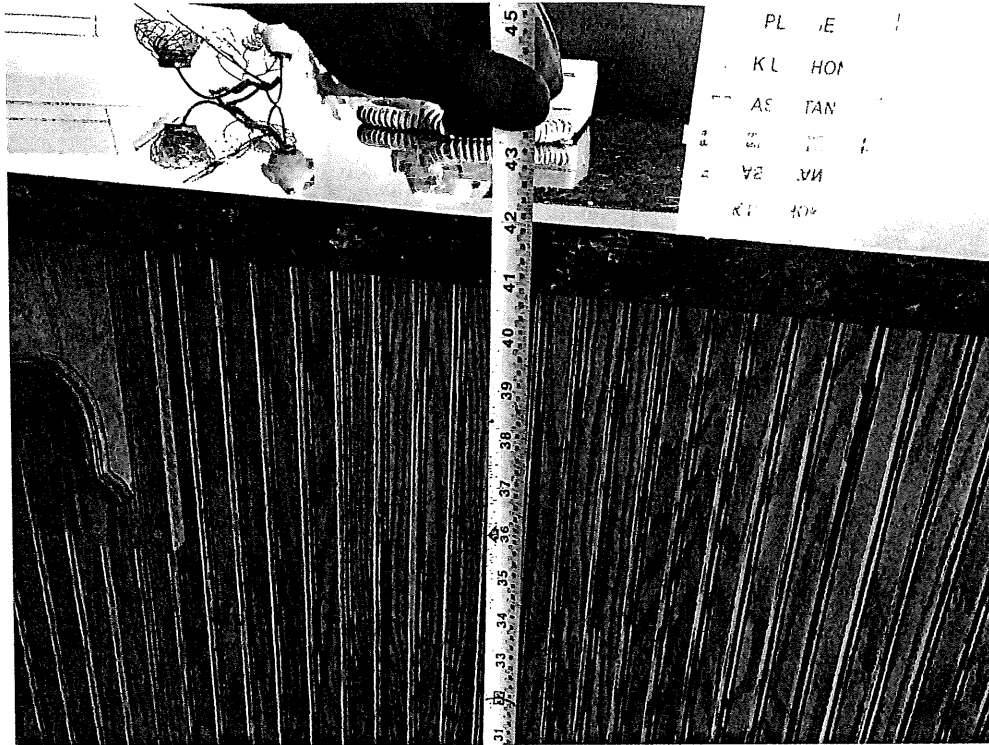


Inspection Report





Inspection Report



Law or Statute	Requirement	Notes
All Programs - Treatment Services		
245G.07, subd 1 & 245G.12	(a) Licensed Residential Treatment Program must offer treatment services in clauses (1) to (5) to each client, unless clinically inappropriate and the justifying clinical rationale is documented (Note: The description of treatment services must include how each of the treatment services below is provided). (1) Group counseling to help the client identify and address needs related to substance use and develop strategies to avoid harmful substance use after discharge and to help the client obtain the services necessary to establish a lifestyle free of the harmful effects of substance use disorder;	5/18/20: Section 2, pages 64-68 and 71-75, Section 5, and Section 6 Need a description of each group on the schedule Sec 2.12 verbiage added and revised 5/18/20: Sec 2.12 Treatment Services revised verbiage <ul style="list-style-type: none"> Policy needs to identify which groups are group counseling The description of group counseling on page 2 says VVRC will provide group counseling 2x/day, 5x per week – which groups are those? (also, seems like group counseling and small groups are the same...) The description of group counseling in Section 2 says Group Counseling will be provided by ADCs or MHPs, but the descriptions for each group will need to say the type(s) of qualified professional who will facilitate The description of the counseling groups will each need to say which specific type of qualified professional will be facilitating the groups Emailed Leah Changes approved
	(2) client education strategies to avoid inappropriate substance use and health problems related to substance use and the necessary lifestyle changes to regain and maintain health.	Needs to say which qualified professional(s) will facilitate each education group (Health Education, Educational Group, and Relationship Education) Sec 2.12 Treatment Services revised verbiage Health Ed, MH Ed, and regular Educational Group descriptions are good. Relationship Education in 6.1 still says it will be an ADC "unless the individual providing the service is specifically qualified" – needs to say which other type of professional will be providing the service (if any besides guest speakers) Emailed to Leah Changes approved
245G.12	Policy and procedures must include: (10) a description of treatment services, that: (i) includes the amount and type of services provided;	5/18/20: Section 5 has a schedule, but each of the groups on the schedule need to be described, including what type of service it is and who will provide the service (also required in the app for high-intensity services). Sec 2.12 Treatment Services revised verbiage Was the schedule removed? That still needs to be included, and there needs to be a description of each group on the schedule. Previously, Relapse Prevention and Stages of Change Group were on the schedule but were not described Question emailed to Leah Changes approved
245G.12	(ii) identifies which services meet the definition of group counseling (245G.01, subd 13a)	5/18/20: Section 5 has a schedule, but each of the groups on the schedule need to be described, including what type of service it is and who will provide the service (also required in the app for high-intensity services). Sec 2.12 Treatment Services revised verbiage The description of group counseling on page 2 says VVRC will provide group counseling 2x/day, 5x per week – which groups are those? Changes approved
245G.12	(iii) defines the program's treatment week;	Not included – No note and nothing seemed to be added
245G.07, subd 2	(2) therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals;	Ok as long as it is clear on the schedule which groups are therapeutic rec Done
	(3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being;	Which group is stress management? Updated Verbiage Description says it will be offered during regularly scheduled groups but there are not any groups on the schedule that are called Stress Management Group or physical well-being group. If it is a regularly scheduled group, the description needs to say which groups on the schedule it is. If it is not regularly scheduled, the description needs to say how and when it will be provided and/or which of the groups on the schedule it will be a part of as needed. Emailed Leah Changes approved

	(4) living skills development to help the client learn basic skills necessary for independent living;	<ul style="list-style-type: none"> Which group is living skills? There is a living skills class on Sunday but the policies say treatment services groups are only Monday-Friday No living skills on Sunday, revised verbiage Sec 6.1 Provision of Services It says it will be in addition to the regularly scheduled groups, but then says it will be part of regularly scheduled education and/or small groups – which is correct? How will it be determined which clients have a need for this service/how will it be related to each client's treatment plan? Added Some information added but it does not explain how the example topics listed will relate to treatment plans and the clients' SUD related problems (budgeting, time management, cooking, menu planning, etc.) Emailed Leah Changes approved
	(5) employment or educational services to help the client become financially independent;	<ul style="list-style-type: none"> Which group this? Sec 6.1 Provision of Services Updated verbiage It says it will be in addition to the regularly scheduled groups, but then says it will be part of regularly scheduled groups – which is correct? If part of regularly scheduled groups, which ones? Regular groups Says qualified outside speakers will provide this service, but does not say which type(s) of qualified professionals. Added, Speaker may be a representative from the Minnesota Workforce or Admissions Counselor who will present information and resources with LADC, in the room Doesn't matter who else is in the room. The presenter has to be a qualified professional, and the two examples listed are not on the qualified professionals list Removed; Added LPC and LPCC. How will it be determined which clients have a need for this service/how will it be related to each client's treatment plan? No information added. Needs to include how the example topics listed will relate to treatment plans and the clients' SUD related problems Emailed to Leah Changes approved
	(6) socialization skills development to help the client live and interact with others in a positive and productive manner; and	<p>Which group this? Sec 6.1 Provision of Services Updated Verbiage I am not seeing that this says which group it will be – is it just a possible topic during the regularly scheduled Educational Group? Yes, regularly scheduled Educational groups. Changes approved</p> <p>Section 6 says therapeutic rec may occur off-site, but neither that policy nor the PAPP have details (when, where, why, etc.) Outside walks on campus Last sentence of 6.1 still says therapeutic rec may be off-site Removed</p>
245G.07, subd 4	<p>Location of service provision. If services are provided off site from the licensed site, the reason for the provision of services remotely must be documented.</p> <p>The license holder may provide additional services under subdivision 2, clauses (2) to (5), off-site if the license holder includes a policy and procedure detailing the off-site location as part of the treatment service description and the program abuse prevention plan.</p>	
All Programs - Medical Services		
245G.08, subd 2	<p>Procedures. The applicant or license holder must have written procedures for obtaining medical intervention for a client, that are approved in writing by a physician who is licensed under Minnesota Statutes, Chapter 147</p>	<p>5/18/20: Has spot for e-signature, just needs to be signed with final version Not completed Will need to be in the final policy manual version</p>
245G.08, subd 5	<p>(2) a provision that each client's file must include documentation indicating whether staff must conduct the administration of medication or the client must self-administer medication, or both;</p>	<p>5/18/20: Unclear where/how it will be documented. Recommend adding something to policy, but otherwise, it will just be reviewed in practice Added to MAR? Not sure if a decision was made on how this will be done. Left it in as a reminder. Added: Clients will be assessed by nursing staff to determine if this process is sufficient or if additional information needed. The MAR will be documented to reflect whether staff must conduct the administration of medication or the client must self-administer medication, or both.</p>
Vulnerable Adults: Maltreatment Reporting Policies and Procedures		
	<p>The policy must include the primary and secondary person or position to whom internal reports may be made, and</p>	<ul style="list-style-type: none"> Per Jacob, the VA maltreatment policy in section 2 was removed Section 10 lists Counselor Supervisor as primary and Treatment Director as secondary, but then says the 1st staff member to learn of maltreatment must report either to MAARC or the Treatment Director (#1 p.8), indicating treatment director is

	The primary and secondary person or position responsible for forwarding internal reports to the common entry point.	Section 10 doesn't have process for forwarding reports (including identifying primary and secondary people who are responsible) Rewritten and emailed to Leah Changes approved
	The secondary person must be involved (with receiving the report and forwarding it to the common entry point) when there is reason to believe that the primary person was involved in the alleged maltreatment.	Section 10, page 7 #1 says reports get made to Tx Director if Counselor Supervisor is involved, but if Tx Director is supposed to be primary, this needs to be the other way around. Also needs to be clear that it is for forwarding reports as well. Rewritten and emailed to Leah Changes approved
626.557, subd 3.(a)	The policy required that if the facility received a report of suspected maltreatment and determined to report it to the CEP, the facility notified the CEP within 24 hours of awareness of the suspected maltreatment.	Section 10 does not include information about forwarding reports Note: a decision on whether or not to forward the report is not based on whether or not the program believes maltreatment actually occurred. If the alleged event falls under the definition of maltreatment, it must be forwarded. Then MAARC will investigate and determine whether or not maltreatment actually happened. The program cannot do an investigation and then decide not to forward the report because they don't think it was accurate. Rewritten and emailed to Leah Changes approved
245A.65, subd 1.(b)	(1) The policy must include that an internal review is completed within 30 calendar days and that corrective action is taken as necessary to protect the health and safety of vulnerable adults when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.	Section 10 has procedures for internal reviews of internal reports, but not internal reviews of external reports. It should be same procedure for both types of reports and be consistent with Section 2 Added to Section 10 This procedure will be the same for internal reviews of external reports. Section 10.1. The policy needs to say that. Stated under Procedures for Reporting & Reviewing etc heading. Currently, items a) through h) on page 8 are procedures for internal reviews, but they are under item 3, which is about internal reports. So the internal review procedures in this policy are not actually applying to both internal and external reports of maltreatment. Rewritten and emailed to Leah Changes approved
	(2) The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.	<ul style="list-style-type: none"> Per Jacob, the VA maltreatment policy in section 2 was removed Section 10 does not seem to have a secondary position. Just says treatment director will be responsible Changed all to read primary person to report to is Treatment Director, second person is Counselor Supervisor. This requirement is for internal reviews, not for reporting to, though. Page 8 says the Treatment Director may delegate "this duty" – unclear if that duty is the internal review, and it needs to identify a specific primary and secondary person who will ensure that internal reviews are done, and state that the secondary person will do the internal review if the primary person is involved. Rewritten and emailed to Leah Changes approved
626.557, subd 4a	(b) The procedure included that reporters are informed about whether the facility reported the incident to the common entry point: in writing	5/18/20: Section 10 says a notice will be given "if the Treatment Director has notified the Program director" – not sure what that means. A notice needs to be given anytime there is an internal report to either the primary or the secondary position. Otherwise requirements are met in both Section 2 and Section 10. Changed verbiage to say the Treatment Director or Counselor Supervisor will send... Section 10 (#3 p.7) says a notice will be given "After making the initial report to MAARC", but the notice has to be given for all internal reports, even if it is not forwarded to MAARC Rewritten and emailed to Leah Changes approved
Personnel Policies and Procedures		
245G.13, subd 1	Personnel policies must: (2) contain a job description for each staff member position specifying qualification requirements.	ADC Intern still has qualifications to be licensed, which is not accurate for interns and needs to be revised. Revised Sec 11.5 Will you only use interns in Master's degree programs? The Intern job descriptions says "an applicant for licensure" must have a bachelor's degree... I would recommend leaving out all 148F requirements and just use the requirements of 245G.01, subd. 21. Changes approved
Other Recommendation		

Recommend more information about property searches (referenced in Section 16. Specifically, can property searches be done without the client present? Will property be confiscated during searches? If yes, how will the client property management requirements be met to immediately document that, including client signature? Emailed Leah waiting for response.



Construction Plan Submittal Form

Project Name:Valley View Recovery Center		Today's Date:3/25/2020
Project Narrative: Changing existing building into a substance abuse treatment center. Changing existing use from a hotel. No remodel necessary.		
Project Address:31591 64th Ave		HFID #:
City, State & Zip:Cannon Falls, MN 55009		County:Goodhue
Facility Name:Valley View Recovery Center	Address:1673 Echo Ridge St SW Rochester, MN 55902	
Facility Contact:Jacob McGuire	Contact Email:jacob.mcguire@valleyviewrecovery.org	

Submitter:Jacob McGuire	Phone:507-951-8056
Submitter's Email:jacob.mcguire@valleyviewrecovery.org	
Submitter's Firm Name:	
Firm Mailing Address:	

Name of MDH staff who did preliminary review:	Frances Adimoraebgu	<input type="checkbox"/>
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Floors Involved in Project: 2	Project Size in Square Feet:0
Project Type: Change of Use <input type="checkbox"/>	Type of Construction:
State License Type: SLF A <input type="checkbox"/>	Federal Certification Type:

Estimated project cost includes all materials, labor and soft costs such as finance charges, permits, design, etc. in accordance with MN Statute 144A.071	
Estimated Project Cost Dollar Amount Range and Fee: \$0 - \$10,000	\$30 <input type="checkbox"/>
Estimated Project Cost: 0	

Construction Plan Submittal Package includes:

- Construction Plan Submittal Form
- Certified/signed paper copy of final construction plans
- Writable PDF copy of final certified/signed construction plans and digital specs
- Check payable to "Commissioner of Finance, Treasury Division"

Mail:
 MDH Engineering Services Section
 ATTN: Plan Review
 PO BOX 64900
 St. Paul, MN 55164-0900

Courier:
 MDH Engineering Services Section
 ATTN: Plan Review
 85 E 7th Place, Suite 220
 St. Paul, MN 55101-2143

MDH Engineering Section Email (healthcareengineers@state.mn.us)
 MDH Engineering Section Website (<http://www.health.state.mn.us/divs/fpc/engineering/index.html>)

To obtain this information in a different format, call: 651-201-4229.

OFFICE USE ONLY			
HP			
DP	CD	FD	DL
CK#			
CK\$			



Western Surety Company

DISHONESTY BOND Bond No. 65065063

(FOR ANY TYPE OF BUSINESS)

In consideration of the agreed premium, Western Surety Company, a South Dakota corporation (the "Surety"), hereby agrees to indemnify Valley View Recovery Center Inc

31591 64th Ave, Cannon Falls, MN 55009

(the "Insured"), against any loss of money or other property which the Insured shall sustain or for which the Insured shall incur liability to any Customer or Subscriber of the Insured through any fraudulent or dishonest act or acts committed by any Employee or Employees of the Insured acting alone or in Collusion with others, the amount of indemnity on each of such Employees being Fifty Thousand and 00/100

DOLLARS (\$50,000.00)).

THE FOREGOING AGREEMENT IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

TERM OF BOND:

SECTION 1. The term of this bond begins with the 1st day of June, 2020, standard time, at the address of the Insured above given, and ends at 12:00 o'clock night, standard time, on the effective date of the cancellation of this bond in its entirety.

EXCLUSION:

SECTION 2. This bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation. In addition, the policy does not apply to the defense of any legal proceedings brought against the Insured, or to fees, costs or expenses incurred or paid by the Insured in prosecuting or defending any legal proceedings whether or not such proceedings results or would result in a loss to the Insured covered by this policy. In addition, the Company shall not be liable for any costs, fees and other expenses incurred by the Insured in establishing the existence or the amount of loss covered under this policy.

DISCOVERY PERIOD:

SECTION 3. Loss is covered under this bond only (a) if sustained through any act or acts committed by any Employee of Insured while this bond is in force as to such Employee, and (b) if discovered prior to the expiration or sooner cancellation of this bond in its entirety as provided in Section 10, or from its cancellation or termination in its entirety in any other manner, whichever shall first happen.

DEFINITION OF EMPLOYEE:

SECTION 4. The word Employee or Employees, as used in this bond, shall be deemed to mean, respectively, one or more of the natural persons (except directors or trustees of the Insured, if a corporation, who are not also officers or employees thereof in some other capacity) while in the regular service of the Insured in the ordinary course of the Insured's business during the term of this bond, and whom the Insured compensates by salary or wages and has the right to govern and direct in the performance of such service, and who are engaged in such service within any of the States of the United States of America, or within the District of Columbia, Puerto Rico, the Virgin Islands, or elsewhere for a limited period, but not to mean brokers, factors, commission merchants, consignees, contractors, or other agents or representatives of the same general character.

FRAUDULENT OR DISHONEST ACT:

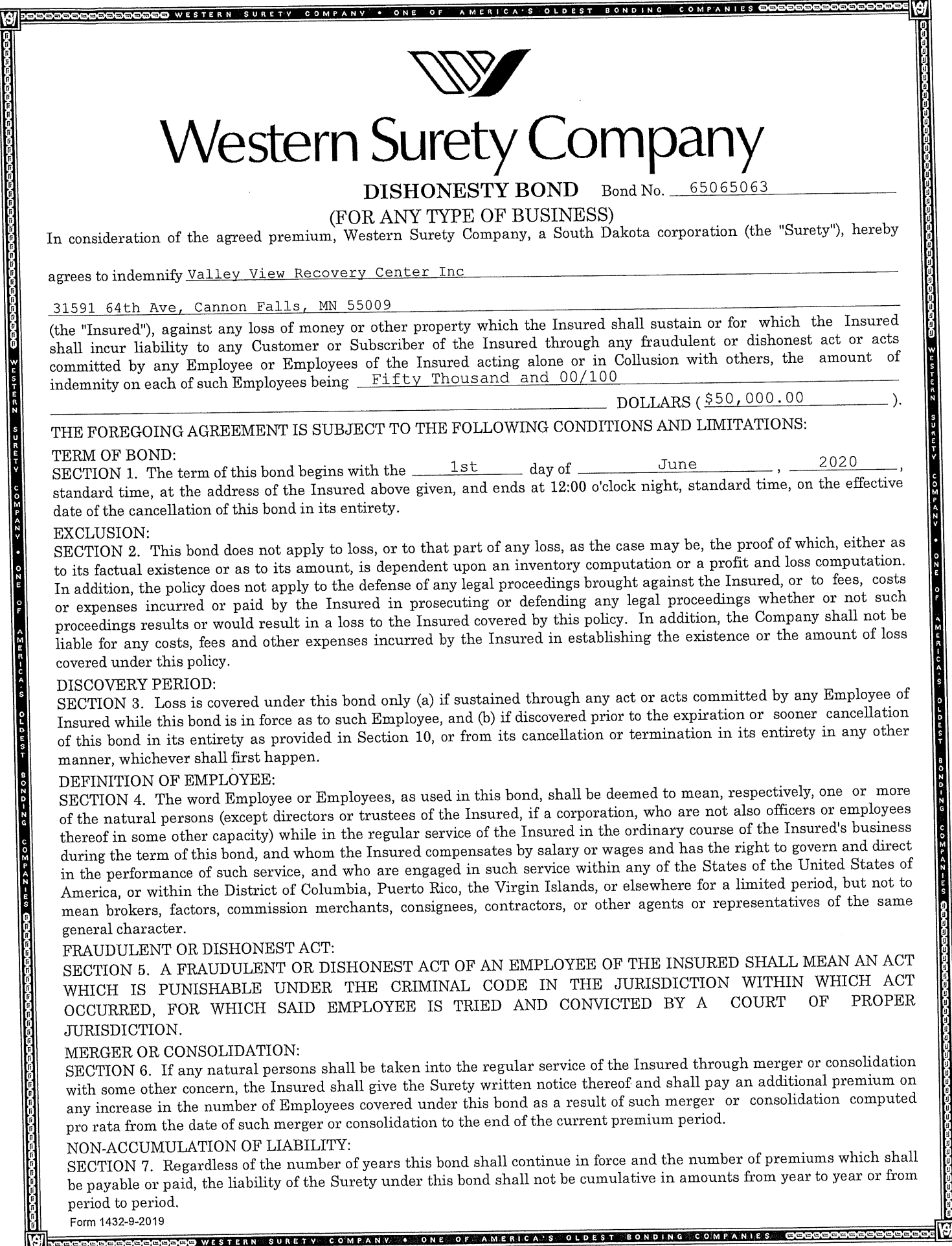
SECTION 5. A FRAUDULENT OR DISHONEST ACT OF AN EMPLOYEE OF THE INSURED SHALL MEAN AN ACT WHICH IS PUNISHABLE UNDER THE CRIMINAL CODE IN THE JURISDICTION WITHIN WHICH ACT OCCURRED, FOR WHICH SAID EMPLOYEE IS TRIED AND CONVICTED BY A COURT OF PROPER JURISDICTION.

MERGER OR CONSOLIDATION:

SECTION 6. If any natural persons shall be taken into the regular service of the Insured through merger or consolidation with some other concern, the Insured shall give the Surety written notice thereof and shall pay an additional premium on any increase in the number of Employees covered under this bond as a result of such merger or consolidation computed pro rata from the date of such merger or consolidation to the end of the current premium period.

NON-ACCUMULATION OF LIABILITY:

SECTION 7. Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the liability of the Surety under this bond shall not be cumulative in amounts from year to year or from period to period.



LIMIT OF LIABILITY UNDER THIS BOND AND PRIOR INSURANCE:

SECTION 8. With respect to loss or losses caused by an Employee or which are chargeable to such Employee as provided in Section 5 and which occur partly under this bond and partly under other bonds or policies issued by the Surety to the Insured or to any predecessor in interest of the Insured and terminated or cancelled or allowed to expire and in which the period for discovery has not expired at the time any such loss or losses thereunder are discovered, the total liability of the Surety under this bond and under such other bonds or policies shall not exceed, in the aggregate, the amount carried under this bond on such loss or losses or the amount available to the Insured under such other bonds or policies, as limited by the terms and conditions thereof, for any such loss or losses, if the latter amount be the larger.

SALVAGE:

SECTION 9. If the Insured shall sustain any loss or losses covered by this bond which exceed the amount of coverage provided by this bond, the Insured shall be entitled to all recoveries, except from suretyship, insurance, reinsurance, security or indemnity taken by or for the benefit of the Surety, by whomsoever made, on account of such loss or losses under this bond until fully reimbursed, less the actual cost of effecting the same; and less the amount of the deductible carried on the Employee causing such loss or losses; and any remainder shall be applied to the reimbursement of the Surety.

CANCELLATION AS TO ANY EMPLOYEE:

SECTION 10. This bond shall be deemed cancelled as to any Employee: (a) immediately upon discovery by the Insured, or by any partner or officer thereof not in collusion with such Employee, of any fraudulent or dishonest act on the part of such Employee; or (b) at 12:00 o'clock night, standard time, upon the effective date specified in a written notice served upon the Insured or sent by mail. Such date, if the notice be served, shall be not less than ten days after such service, or, if sent by mail, not less than fifteen days after the date of mailing. The mailing by Surety of notice, as aforesaid, to the Insured at its principal office shall be sufficient proof of notice.

CANCELLATION AS TO BOND IN ITS ENTIRETY:

SECTION 11. This bond shall be deemed cancelled in its entirety at 12:00 o'clock night, standard time, upon the effective date specified in a written notice served by the Insured upon the Surety or by the Surety upon the Insured, or sent by mail. Such date, if served by the Surety, shall be not less than ten days after such service, or if sent by the Surety by mail, not less than fifteen days after the date of mailing. The mailing by the Surety of notice, as aforesaid, to the Insured at its principal office shall be sufficient proof of notice. The Surety shall refund to the Insured the unearned premium computed pro rata if this bond be cancelled at the instance of the Surety, or at short rates if cancelled or reduced at the instance of the Insured.

PRIOR FRAUD, DISHONESTY OR CANCELLATION:

SECTION 12. No Employee, to the best of the knowledge of the Insured, or of any partner or officer thereof not in collusion with such Employee, has committed any fraudulent or dishonest act in the service of the Insured or otherwise. If prior to the issuance of this bond, any fidelity insurance in favor of the Insured or any predecessor in interest of the Insured and covering one or more of the Insured's Employees shall have been cancelled as to any of such Employees by reason of (a) the discovery of any fraudulent or dishonest act on the part of such Employees, or (b) the giving of written notice of cancellation by the insurer issuing said fidelity insurance, whether the Surety or not, and if such Employees shall not have been reinstated under the coverage of said fidelity insurance or superseding fidelity insurance, the Surety shall not be liable under this bond on account of such Employees unless the Surety shall agree in writing to include such Employees within the coverage of this bond.

LOSS—NOTICE—PROOF—LEGAL PROCEEDINGS:

SECTION 13. At the earliest practical moment, and at all events not later than fifteen days after discovery of any fraudulent or dishonest act on the part of any Employee by the Insured, or by any partner or officer thereof not in collusion with such Employee, the Insured shall give the Surety written notice thereof and within four months after such discovery shall file with the Surety affirmative proof of loss, itemized and duly sworn to, and shall upon request of the Surety render every assistance, not pecuniary, to facilitate the investigation and adjustment of any loss. No suit to recover on account of loss under this bond shall be brought before the expiration of two months from the filing of proof as aforesaid on account of such loss, nor after the expiration of fifteen months from the discovery as aforesaid of the fraudulent or dishonest act causing such loss. If any limitation in this bond for giving notice, filing claim or bringing suit is prohibited or made void by any law controlling the construction of this bond, such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

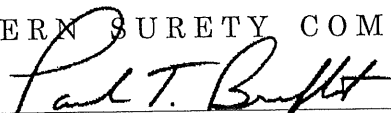
PART-TIME OR TEMPORARY EMPLOYEES:

SECTION 14. The named Insured shall not at any time while this bond is in force direct any temporary or part-time Employee(s) to any subscriber's premises unless such Employee(s) is accompanied by a foreman who is in the regular employ of the Insured.

SIGNED, SEALED AND DATED May 7th, 2020.

WESTERN SURETY COMPANY

By



PAUL T. BRUFLATT, VICE PRESIDENT

License Number: 1104338



INTERAGENCY REQUEST FOR FIRE INSPECTION

To:
State Fire Marshal
445 Minnesota St., Suite 145
St Paul, MN 55101-5145
Fax 651-215-0525

- State Fire Marshal
- Local Fire Inspector

Date: 3/13/20

From: Kristi Strang

Phone Number: 651-431-6611

- New Program
- Change in ownership
- Other

TO THE LICENSE/CERTIFICATE APPLICANT: Because the State Fire Marshal may charge a fee to recover the cost of the inspection, it is the applicant's responsibility to request the fire inspection and ensure that this form is completed and returned to DHS Licensing when the inspection is completed. A fire inspection under the Minnesota State Fire Code is required for facilities prior to initial licensure/certification and upon a change of occupancy, as applicable. The Commissioner of DHS must not grant a license until written approval of compliance with the state fire code has been received from a State Fire Marshal, or from a local fire inspector if approved by the State Fire Marshal Division.

[Please Note: The State Fire Marshal's website: <https://dps.mn.gov/divisions/sfm/programs-services/inspections/Documents/CCC-PS-ADC-CHEM-List.pdf> that are authorized to conduct the inspections for DHS licensed/certified programs within their jurisdiction.]

Name and address of facility: Valley View Recovery Center, 31591 64th Ave, Cannon Falls, MN 55009

Proposed use: To provide substance use disorder treatment services.

Program contact person: Jacob McGuire

Phone/Email: 507-951-8056 or jacob.mcguire@valleyviewrecovery.org

Area of facility to be used: Unknown at this time.

Numbers and ages ranges of participants: Serving 54 males & females ages 18 - 99 years old.

Does the facility plan to serve handicapped individual? Unknown at this time.

Facility meets requirements of the fire code.

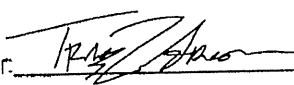
Facility meets the requirements of the Fire and Life Safety code and satisfies building code requirements for a change in occupancy.

Facility does not meet requirements of the fire code and cannot be occupied until orders are met.

Facility does not meet requirements, but may temporarily be occupied until _____ (date), pending completion of orders.

Occupancy designation by Fire Inspector: _____

Comments:

Signature of Fire Inspector:  Phone number: 507-308-4189

Agency Name: State of MN -Fire Marshal Div Date: 04/24/2020

When inspection is complete, mail, email, or fax this form and any additional orders to:

Minnesota Department of Human Services, Division of Licensing
P.O. Box 64242
St. Paul, MN 55164-0242
Fax Number: 651-431-7673
Mental Health/Chemical Dependency email: dhs.mhcdlicensing@state.mn.us



Revised 02/21/12

**Minnesota Department of Public Safety
State Fire Marshal Division**

Permission for inspection

**Property owners permission for fire inspection
Department of Human Services (DHS) licensed or certified care programs**

When a fire code inspection is requested for a DHS licensed or certified license-exempt care program, written permission must first be obtained from the property owner.

I (print owner's name) Bhavesh Bhakta certify that I own the building located at the following address and give my permission for a Deputy State Fire Marshal to inspect the building for compliance with the Minnesota State Fire Code.

Address: 31591 64th Ave

City: Cannon Falls State: MN Zip: 55009

I am aware that Jacob McGuire is requesting a fire code inspection at the above address for a proposed or existing care program regulated by the Minnesota Department of Human Services.

By giving this permission, a Deputy State Fire Marshal may conduct an inspection of the entire building (or buildings) for compliance with the Minnesota State Fire Code. Notwithstanding the specific status of the DHS licensed or certified care program, you, as the property owner, will be responsible for the correction of any violations identified during the inspection based on the building's current occupancy use.

Owner's Signature: Bhavesh Bhakta

Address (if different from above): _____

Phone Number: 507-263-7272

Email: bhak007@gmail.com Date: 03/26/2020



Minnesota Department of Health
Facility & Provider Compliance Division

TRANSFER AGREEMENT
BETWEEN A
HOSPITAL
AND A
RELATED HEALTH FACILITY
IN THE
STATE OF MINNESOTA

The Mayo Health System ~~Mayo Clinic Health System~~ hospitals ^{Cannon Falls}
and the Valley View Recovery related

health facility do hereby join together in the following transfer agreement. The purpose of this agreement is to provide health care most suited to the individual (patients/residents) needs. This agreement shall operate to promote optimum use of the acute care facilities of general hospital and of the postacute care services of the related health facility. This agreement shall comply with appropriate requirements of the Federal Government and the state licensing agencies.

Now, therefore, the hospital and related health facility which are signatory below, in consideration of the mutual advantages occurring to both do hereby covenant and agree each with the other as follows:

1. The governing body of the hospital signatory below and the governing body of the related health facility signatory below shall have exclusive control of the management, assets, and affairs of their respective facilities. No party by virtue of this agreement assumes any liability of any debts or obligations of a financial or legal nature incurred by the other party of this agreement. It is not the intention of either party to create a joint venture with any other party but instead that each party shall operate independent of any other party in the discharge of any obligations assumed by it and the receipt of any agreed compensation to be paid by it.
2. No clause of this agreement shall be interpreted as authorizing either signatory facility to look to the other signatory facility to pay for services rendered to an individual transferred by virtue of this agreement, except to the extent that such liability would exist separate and apart from this agreement.
3. When an individual's need for transfer has been determined by the individual's physician, the referring facility shall promptly notify the receiving facility of the impending transfer. The receiving facility agrees to admit the individual as promptly as possible, provided all conditions of eligibility for admission are met and bed space is available to accommodate that individual.
4. Both signatory facilities agree to provide medical and other related information necessary to ensure continuity of care from one facility to another. Each facility will at minimum provide a patient transfer form similar to the model attached which will accompany the transfer of the individual. Each facility will provide for the security and accountability of the patient's personal effects, particularly money and valuables, and will provide an itemized list of such items accompanying the individual.
5. The referring facility shall arrange for safe and appropriate transportation and for care of the individual during transfer.
6. Neither signatory facility shall use the name of the other signatory to this transfer agreement in any promotional or advertising materials unless review and written approval of the

- intended use is first obtained from the party whose name is to be used.
7. This agreement shall be, and remain, in force from the time of signing as long as it is not renounced by either signatory facility in writing to the other signatory giving ninety (90) days notice. This agreement does not constitute an endorsement of either signatory facility and it shall not be so used.

REQUEST TO BECOME A PARTY TO TRANSFER AGREEMENT

THE FOLLOWING FACILITIES DESIRE TO BECOME A PARTY TO A TRANSFER AGREEMENT.

IN WITNESS WHEREOF, THE FACILITIES NAMED BELOW HAVE EXECUTED THIS AGREEMENT THIS 22 OF May, 2020.
(Day) (Month and Year)

NAME OF HOSPITAL: Mayo Health System

ADDRESS: 32021 County 24 Blvd

CITY/ZIP: Cannon Falls 55009 COUNTY: Goodhue

SIGNATURE: *Nancy Wilk*

TITLE: Operations manager

NAME OF RELATED HEALTH FACILITY: _____

ADDRESS: _____

CITY/ZIP: _____ COUNTY: _____

SIGNATURE: _____

TITLE: _____

Please complete in duplicate and send the original to:

Minnesota Department of Health
Facility and Provider Compliance Division
Licensing and Certification Program
85 East Seventh Place, P.O. Box 64900
St. Paul, Minnesota 55164-0900

Please retain a copy in the files of each facility.

REQUEST TO BECOME A PARTY TO TRANSFER AGREEMENT

THE FOLLOWING FACILITIES DESIRE TO BECOME A PARTY TO A TRANSFER AGREEMENT.

IN WITNESS WHEREOF, THE FACILITIES NAMED BELOW HAVE EXECUTED THIS AGREEMENT THIS 22 (Day) OF May, 2020 (Month and Year).

NAME OF HOSPITAL: Mayo Health System

ADDRESS: 32021 County 24 Blvd

CITY/ZIP: Cannon Falls 55009 COUNTY: Goodhue

SIGNATURE: Nathan Walker

TITLE: Operations manager

NAME OF RELATED HEALTH FACILITY: _____

ADDRESS: _____

CITY/ZIP: _____ COUNTY: _____

SIGNATURE: _____

TITLE: _____

Please complete in duplicate and send the original to:

Minnesota Department of Health
Facility and Provider Compliance Division
Licensing and Certification Program
85 East Seventh Place, P.O. Box 64900
St. Paul, Minnesota 55164-0900

Please retain a copy in the files of each facility.

PATIENT CARE SUMMARY

ACTIVITIES OF DAILY LIVING					SOCIAL-EMOTIONAL
Self Care Status (✓ level)	Indep	Assist	Unable	Add. Comments	Prior to Present Pt. Lived: <input type="checkbox"/> alone <input type="checkbox"/> with friends <input type="checkbox"/> boarding home <input type="checkbox"/> with family <input type="checkbox"/> nursing home <input type="checkbox"/> other _____ Advised of Transfer <input type="checkbox"/> Patient <input type="checkbox"/> Family _____ (List according to number) 1. Attitude toward illness or disease 2. Adjustment/coping ability 3. Emotional support from family/friends 4. Feeling about transfer 5. Financial 6. Other
Bathes Self					
Dresses Self					
Feeds Self					
Oral Hygiene					
Shaves Self					
Transfers Self					
Ambulates					
✓ if Uses: <input type="checkbox"/> walker <input type="checkbox"/> crutches <input type="checkbox"/> cane <input type="checkbox"/> wheelchair Sleep Habits _____					
PHYSICAL TRAITS (Check if applicable) Impairments <input type="checkbox"/> speech <input type="checkbox"/> hearing <input type="checkbox"/> visual <input type="checkbox"/> sensation <input type="checkbox"/> Other Disabilities <input type="checkbox"/> amputation <input type="checkbox"/> paralysis _____ (Describe) <input type="checkbox"/> contractures _____ (Describe) <input type="checkbox"/> foot drop R _____ L _____ Prosthesis <input type="checkbox"/> dentures-partial _____ upper _____ lower _____ <input type="checkbox"/> eyes R _____ L _____ <input type="checkbox"/> glasses <input type="checkbox"/> contact lenses <input type="checkbox"/> hearing aid <input type="checkbox"/> limb RA _____					
DIETARY INFORMATION (Describe appetite, special needs, likes/dislikes, tube feeding, the time of last feeding, etc.)					
BOWEL/BLADDER Continent			Incontinent		
Bladder control (Date cath. inserted _____)					
(Date cath. last changed _____)					
Bowel control (Date of last BM _____)					
(Date of last enema _____)					
<input type="checkbox"/> toilet <input type="checkbox"/> commode <input type="checkbox"/> bedpan <input type="checkbox"/> urinal					
Bladder/Bowel Program Yes <input type="checkbox"/> No <input type="checkbox"/>					
Comments _____					
VITAL SIGNS (last T _____ P _____ R _____ BP _____ Wt. _____ Ht. _____)					
SKIN CONDITION: (List according to number and describe) 1. Potential decubiti. 2. Existing decubiti. 3. Draining wound 4. Rash 5. Other					
CURRENT MEDICATIONS Time of last medication(s) on day of transfer _____ Effective PRN meds (state reason for and freq. given) _____ Antibiotics received during present stay <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ New meds _____			VALUABLE ACCOMPANYING PT. (Money, Prosthesis, Jewelry)		
			Copies sent: <input type="checkbox"/> H&P <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Lab <input type="checkbox"/> Other _____		
BEHAVIOR/MENTAL STATUS <input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Forgetful <input type="checkbox"/> Wanders <input type="checkbox"/> Noisy <input type="checkbox"/> Depressed <input type="checkbox"/> Combative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other Comments _____					_____ Date _____ (Signature of Nurse) Unit _____ Phone _____ Ext. _____



Food, Beverage and Lodging Establishments

HALF FEE LICENSE APPLICATION

Notice to all applicants: Minnesota Statutes, section 270C.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes, section 176.182 also requires information regarding workers' compensation insurance. All data submitted in this application are public data except the individual's social security number, which is private.

You must submit this application and pay all fees before you begin operation. (MN Statutes, section 157.16)

Print clearly and return all pages.

License type

(New establishments **must also submit** a plan review application)

- Renewal – license # _____
- New establishment - Opening date _____
- Ownership change
 - Previous owner & lic. # 24347 Saratoga Hospitality Inc.
 - Opening date June 1, 2020

Applicant information (Corporation or Operator)

Corporation name Valley View Recovery Center Inc. Primary officer Jacob McGuire
 Contact phone # _____ / 507-951-8056 E-mail jacob.mcguire@valleyviewrecovery.org or

Individual operator: First name NA Middle initial _____ Last name NA
 Contact phone # _____ / NA E-mail NA

Food Manager Certificate #FM NA (if applicable)

Individual operator's social security # NA - _____ - _____

MN business tax identification # (This **must be provided** for licensure if applicable) _____

Federal tax number _____ - _____

Corporation or Operator mailing address (This is where the license will be mailed)

1673 Echo Ridge Street SW Rochester MN 55902

Street/PO box	City	State	Zip
---------------	------	-------	-----

Establishment information

Establishment name Valley View Recovery Center

Establishment address 31591 64th Avenue, Cannon Falls MN 55009

Street/PO box	City	State	Zip
County <u>Goodhue</u>	Business telephone _____ / <u>507-951-8056</u>		

If not operating year round: Opening date _____ Closing date _____

Emergency contact name Cindy Gudahl Program Director Emergency telephone # _____ / 218-340-4284

Emergency Email j12c1159@hotmail.com

Where should renewals and notices be sent?

- Mailing address
- Corporation email
- Operator email

For office use only

San. name Heather Flueger
Lic # 24347

Pending Approved **MML**

Workers' compensation information

(This **must be provided** for licensure)

Insurance company name _____

Mailing address _____

Policy # _____ Street/PO box _____ City _____ State _____ Zip _____
Dates of coverage _____ through _____ or

I certify that I am not required to carry workers' compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the workers' compensation law. **Note:** Only employees exempt by statute (spouse, parent and children) are **not** covered by the workers' compensation law.

Food, beverage and lodging establishment definitions

Category 1 establishment provides one or more of the following:

Pre-packaged food that is served in the package; continental breakfast such as rolls, coffee, juice, milk and cold cereal; serves beverages; cleans eating, drinking or cooking utensils or is a child care facility licensed under MN Statutes, 245A.03; a food establishment where the method of food preparation is low-risk as defined by MN Statutes, 157.20 subd. 2(c).

Category 2 establishment is not a category 1 establishment and is either a food establishment where the method of food preparation is medium risk as defined by MN Statutes, 157.20 subd. 2 (b); an elementary school or secondary school as defined in MN Statutes, 120A.05.

Category 3 establishment is not a category 1 or 2 establishment and is either a food establishment where the method of food preparation is high risk as defined by MN Statutes, 157.20 subd. 2 (a); an establishment where 500 or more meals are prepared each day and served at one or more locations.

Additional food service – a location at a food establishment, other than the primary food preparation and service area, used to prepare or serve beverages from a bar or food to the public.

HACCP verification - an annual fee category for a business that performs one or more specialized process that requires an HACCP plan as required in chapter 31 and MN Rules, chapter 4626.

Individual water - a private water supply other than a community public water supply.

Individual sewer - a private sewage treatment system, which uses subsurface treatment and disposal.

Lodging per unit - the number of guest rooms, cottages, or other rental units of a hotel, motel, lodging establishment, or resort, or the number of beds in a dormitory.

Public swimming pool - any swimming pool other than a private residential swimming pool.

Spa pool - a public hot water pool intended for seated recreational use.

Late penalty - additional charge added to the license fee when a person operates a business without first having made application and fee payment for the current year's license.

Boarding and lodging establishments

Are you registered for MN Statutes, section 157.17, Special Services? Yes No

Are you registered for MN Statutes, Chapter 144D, Housing with Services? Yes No

Manufactured home parks/Recreational camping areas

If there is a manufactured home park or recreational camping area at this establishment, what is the license number? _____

Fee schedule

Check the appropriate box(es)

Base Fee (all establishments) \$ 82.50 \$ **82.50**

Note: If an FBL is combined with an RCA and/or and MHP pay only one base fee (highest applicable).

Food: Check only one highest applicable category

Category 1 establishment \$ 55 \$ 55
 Category 2 establishment \$122.50 \$ _____
 Category 3 establishment \$192.50 \$ _____
 Additional food service - no. ___ x \$ 87.50 \$ _____
 Additional food service (bar) - no. ___ x \$ 87.50 \$ _____
 HACCP verification \$ 87.50 \$ _____

Other: Check all applicable categories

Lodging* - no. of units 25 x \$ 5.50 \$ 137.50
(Maximum lodging fee of \$1,100)
 Public swimming pools \$177.50 \$ 177.50
 Additional pools - no. ___ x \$100.00 \$ _____
 Spa pool \$100.00 \$ 100
 Additional spas - no. ___ x \$ 55 \$ _____
 Individual water Sewer \$ 30 \$ _____

(Check both individual water and sewer, if applicable)

(*Please check appropriate box)

Hotel/Motel Vacation home rental
 Medical lodge Resort Bed & breakfast
 Lodging establishment

Total establishment fee calculation \$ 552.50

Hospitality fee (all establishments) \$ 40 \$ 40

Total fee due \$ 592.50 Submit this total with application

If late penalty applies

(Check the appropriate box(es))

Late penalty – (1 to 30 days) \$120 \$ _____
 Late penalty – (after 30 days) \$360 \$ _____

Total fee due including late penalty \$ _____ Submit this total with application if late penalty applies

Make checks payable to Minnesota Department of Health

Notice: The issuance of a dishonored check to this department will require a service charge of \$30 per check pursuant to Minnesota Statutes, Section 604.113, subd. 2.(a). Additional civil penalties may be imposed for nonpayment.

By my signature below I understand that my establishment must comply with all Minnesota Statutes, Rules and other regulations that apply to my establishment and any licenses issued from this application. I certify that the information provided on this application is accurate and complete.

Signature _____ Date _____

By the signature above, I certify that all licensed public pools operated by this establishment are compliant with MN Statutes chapter 144.1222 subd. 1c and 1d.

Submit license application/fee to

Minnesota Department of Health
Food, Pools, and Lodging Services Section
PO Box 64495
St. Paul, Minnesota 55164-0495

Food, Pools, and Lodging Services Section
(<http://www.health.state.mn.us/divs/eh/fpls/>)
651-201-4500
8/17/2017

To obtain this information in a different format, call
651-201-4500/Printed on recycled paper.



For MDH Use Only

Check # _____
Fee Deposit # _____
Deposit Date _____
Initials _____
SFM Date _____

2020 Application for a License to Operate a Supervised Living Facility

In accordance with Minnesota Statute §13.41, ALL DATA SUBMITTED ON THIS APPLICATION SHALL BE CLASSIFIED PUBLIC INFORMATION.

Answer all questions completely and accurately to avoid unnecessary delay. The application shall be returned to the address noted below no later than **December 31, 2019**.

Minnesota Department of Health
Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900

The undersigned hereby makes application to operate a Supervised Living Facility subject to the provisions of Minnesota Statutes Section 144.50-144.58, and the rules adopted thereunder.

Type of Application (check one)

- Initial License License Renewal Change of Ownership*

*If a change of ownership application, proposed effective date: _____

A. Identification

1. Please correct name and address if incorrect:

- a. Name Valley View Recovery Center
- b. Street 31591 64th Ave
- c. City/Zip Cannon Falls, MN 55009

2. Telephone number 507 951 8056 Fax number 507 206 4599

3. Name of county in which facility is located Goodhue

4. Name of administrator Jacob McGuire

5. Administrator's email address jacob.mcguire@valleyviewrecovery.org

APPLICATION FOR A LICENSE TO OPERATE A SUPERVISED LIVING FACILITY

B. Ownership

1. Fill in the code that corresponds to the type of entity legally responsible for operating the facility.

Ownership Code 25 Corp

GOVERNMENTAL NONFEDERAL	NONGOVERNMENTAL NONPROFIT	NONGOVERNMENTAL FOR PROFIT	OTHER
11. State	20. Church-related	23. Individual	27. Tribal
12. County	21. Nonprofit Corporation	24. Partnership	
13. City	22. Other Nonprofit Ownership	25. Corporation	
14. City-County		26. Group	
15. Hospital District or Authority		28. Limited Liability Company	
		29. Business Trust	

2. Give the name of the corporation, association, governmental unit, person or partners legally responsible for the operation of this facility.

Valley View Recovery Center Inc.

Federal ID # 83-2657409 State Tax ID # 5940727

3. If a corporation, give the date and place of incorporation 11/8/18 Rochester, MN

4. President/Chairperson Jacob McGuire

C. Licensed Beds (A bed must be licensed if it is available for use by patients or residents)

Insert the licensed bed capacity for determination of license fee.

Supervised Living Facility: Class A: 54 Class B: _____

D. Personnel

1. Name and title of person in charge in the absence of the administrator

Cynthia Gudahl

2. Give the name of the person in charge of each category:

- a. Nursing Service Katie Semling
- b. Dietary Service Cynthia Gudahl
- c. Medical Records Cynthia Gudahl

E. Program Licensure Information

Type of Department of Human Services license(s) currently held:

- Rule 32 (Detox) Rule 34 (DD) Rule 35 (CD) Rule 36 (MI) Rule 80 (PH)

F. Building Classification

Capability of residents for self-preservation in case of emergency


- 1. Number of residents physically and mentally capable of self-preservation / 54 / /
- 2. Number of residents not mentally or physically capable of self-preservation / 0 / /

APPLICATION FOR A LICENSE TO OPERATE A SUPERVISED LIVING FACILITY

Verification

The law requires that an application on behalf of a corporation, association or governmental unit shall be made by any two officers thereof or by its managing agents. **This requires two (2) signatures.** All other applications require one (1) signature.

The Applicant(s) state that the information contained on all parts of this application is complete and accurate.



Signature
Jacob McGuire

Name
3/27/20

Date
CEO

Title or Position

N/A.

Signature
No other individuals

Name
on the corporation

Date

Title or Position

License Fees

Supervised Living Facility

\$183.00 base fee
plus \$91.00 per bed

\$5097

Make checks payable to "Minnesota Department of Health"

NOTE: If you have questions concerning this license application, please email MDH at health.fpc-licensing@state.mn.us.

Ownership Information Sheet

Legal Entity (same as Item B.2. on Page 2)

Valley View Recovery Center Inc.
 Name of Facility Valley View Recovery Center City Cannon Falls
 Zip Code 55009 County Goodhue Date 3/27/20

This form must be completed by all supervised living facilities licensed by the Minnesota State Department of Health. This requirement is applicable to facilities of all categories of ownership - nonprofit corporation, city, county, district, state, proprietary, church, etc.

The requirement stems from Minnesota Rule 4665.0400, subp. 2 of the Department of Health Supervised Living Facilities Rules.

Please provide the following information:

1. Full disclosure of each person having interest of ten (10) percent or more.
2. In case of corporate ownership*, the name and address of each officer and director.
3. If the home is organized as a partnership, the name and address of each partner.
4. If the home is operated by a lessee, the persons or business entities having an interest in the lessee organization and an executed copy of the lease agreement furnished.
5. If the home is operated by the holder of a franchise, disclosure of the franchise holder with an executed copy of the franchise agreement.

Name of Officers, Directors and Owners	Title (President, Director, Partner, Stockholder, etc.)	Address (Street, City, Zip)	% of Ownership (if proprietary, for profit)
--	--	--------------------------------	---

Jacob McBuire	CEO	1673 Echo Ridge St SW Rochester, Mn 55902	100%
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*A licensee that is a corporation should submit with this application a copy of the Articles of Incorporation or governing body bylaws to the Department of Health. Please note that any amendments to either the Articles of Incorporation or the governing body bylaws are to be submitted to this department as they occur.

Evidence of Compliance with Workers' Compensation Coverage Provisions

State law requires that the Commissioner of Health shall withhold the license for the operation of a health care provider until the applicant presents acceptable evidence of compliance with workers' compensation coverage provisions.

One of the following documents must accompany this application. Please check which document is attached.

1. **Certificate of Insurance** supplied by an authorized Workers' Compensation carrier pursuant to Minn. Statute 60A.06, Subd. 1(5b). The Certificate should include the name of the licensee, the name of the corporation legally responsible for the licensee, or the name that the licensee is doing business as. The Certificate of Insurance must be in effect prior to the issuance of an initial license or have an effective date on or after the effective date of a renewal license.

2. **"Certificate of Exemption"** from the Commissioner of Commerce permitting an organization to self-insure pursuant to Minn. Statute 79A and Minn. Rules Chapter 2780. The Certificate of Exemption is available to privately owned or publicly held companies and groups. The Certificate of Exemption must be renewed every five years. Questions regarding the Certificate of Exemption should be directed to the Minnesota Department of Commerce at 651-296-4026. **For multiple providers merged under one group, please include Attachment A with the Certificate of Exemption.**

3. Written confirmation from your Third Part Administrator or evidence of coverage from the Workers' Compensation Reinsurance Association (WCRA) allowing you to **self-insure as a Government Entity/Political Subdivision** pursuant to Minn. Statute 176.81, Subd. 2. The Reinsurance Certificate must be renewed annually on a calendar year basis.

You cannot be issued a license and may not operate as a health care provider unless acceptable evidence of compliance with workers' compensation coverage provisions is provided.

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900
651-201-4101
www.health.state.mn.us

10/19- FPC928 SLF

To obtain this information in a different format, call: 651-201-4101.

Office of the Minnesota Secretary of State Certificate of Incorporation

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name: Valley View Recovery Center Inc.

File Number: 1045681800027

Minnesota Statutes, Chapter: 302A

This certificate has been issued on: 11/08/2018



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State
Minnesota Business Corporation/Articles of Incorporation
Minnesota Statutes, Chapter 302A



The individual(s) listed below who is (are each) 18 years of age or older, hereby adopt(s) the following Articles of Incorporation:

ARTICLE 1 - CORPORATE NAME:

Valley View Recovery Center Inc.

ARTICLE 2 - REGISTERED OFFICE AND AGENT(S), IF ANY AT THAT OFFICE:

Name

Address:

1673 Echo Ridge Street SW Rochester MN 55902 USA

ARTICLE 3 - MAXIMUM SHARES THE CORPORATION MAY ISSUE:2500

ARTICLE 4 - INCORPORATOR(S):

Name:

Address:

Jacob C. McGuire

1673 Echo Ridge Street SW Rochester MN 55902

DURATION: PERPETUAL

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

SIGNED BY: Jacob C. McGuire

MAILING ADDRESS: None Provided

EMAIL FOR OFFICIAL NOTICES: jacob.mcguire@valleyviewrecovery.org

Articles of Incorporation of Valley View Recovery Center Inc.

The undersigned natural person of full age for the purpose of forming a corporation pursuant to the provisions of Minnesota Business Corporation Act (Minnesota Statutes, Chapter 302A), hereby establishes a corporation and adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation shall be Valley View Recovery Center Inc.

ARTICLE II. REGISTERED OFFICE

The registered office of this corporation is located at 1673 Echo Ridge Street SW, Rochester, Minnesota 55902.

ARTICLE III. PURPOSES

The purposes for which this corporation is organized are as follows:

- A. General business purposes.
- B. To do everything necessary, proper, advisable, or convenient for the accomplishment of the purposes set forth above, and to do all other things in connection with the above purposes which are not forbidden by law or by these Articles of Incorporation.
- C. To carry out the purposes set forth above in any state or possession of the United States, or in any foreign country, to the extent that such purposes are not forbidden by the laws thereof.

ARTICLE IV. DURATION

The duration of this corporation shall be perpetual.

ARTICLE V. INCORPORATOR

The name and post office address of the incorporator of this corporation are:

<u>Name</u>	<u>Address</u>
Jacob C. McGuire	1673 Echo Ridge Street SW Rochester, MN 55902

ARTICLE VI. AUTHORIZED SHARES

The total authorized number of shares of this corporation shall be 2,500. These shall be common stock with no par value.

ARTICLE VII. DIRECTORS

The name and post office address of the members of the first Board of Directors of this corporation are:

<u>Name</u>	<u>Address</u>
Jacob C. McGuire	1673 Echo Ridge Street SW Rochester, MN 55902

ARTICLE VIII. DIRECTOR LIABILITY

A director of the corporation shall not be personally liable to the corporation or its shareholders for monetary damages for breach of fiduciary duty as a director, except for the following:

- A. Liability based on a breach of the duty of loyalty to the corporation or the shareholders;
- B. Liability for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law;
- C. Liability based on the payment of an improper dividend or an improper repurchase of the corporation's stock under Minnesota Statutes Section 302A.559 or on violations of federal or state securities laws;
- D. Liability for any transaction from which the director derived an improper personal benefit; or
- E. Liability for any act or omission occurring prior to the date this Article becomes effective.

If the Minnesota Business Corporation Act hereafter is amended to authorize the further elimination or limitation of the liability of directors, then the liability of a director of the corporation in addition to the limitation on personal liability provided herein, shall be limited to the fullest extent permitted by the amended Minnesota Business Corporation Act. Any repeal or modification of this Article by the shareholders of the corporation shall be prospective only, and shall not adversely affect any limitation on the personal liability of a director of the corporation existing at the time of such repeal or modification.

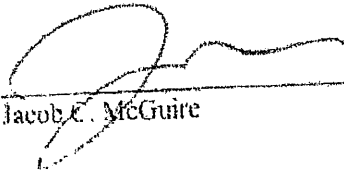
ARTICLE IX. RELATED ENTITY TRANSACTIONS

In the absence of fraud, no contract or other transaction between this corporation and any other corporation or business entity shall in any way be invalidated or affected by the fact that any one or more of the directors of this corporation are pecuniarily or otherwise interested in, or are directors or officers of, such other corporation or business entity. Any director of this corporation, or any business entity with which any director may be associated, may make a contract or transact business with this corporation. Such contract or transaction will be valid, absent fraud, provided such association shall have been disclosed to the Board of Directors of this corporation.

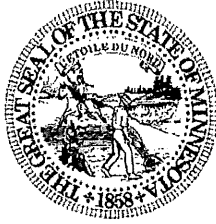
ARTICLE X. WRITTEN ACTION

A written action by the board taken without a meeting may be signed by the number of directors that would be required to take the same action at a meeting of the board at which all directors are present.

IN WITNESS WHEREOF, I have hereunto set my hand this November 7, 2018.



Jacob C. McGuire



Work Item 1045681800027
Original File Number 1045681800027

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
11/08/2018 11:59 PM

Steve Simon

Steve Simon
Secretary of State

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155



CC0515

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Mailing Address:
 PO Box 64217
 St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
 Website: dli.mn.gov
 Phone: (651) 284-5034

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 507-951-8056	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) Valley View Recovery Center, Inc			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes) 31591 64th Ave	City Cannon Falls	State MN	ZIP code 55009
County Goodhue	Email address jacob.mcguire@valleyviewrecovery.org		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent) SFM Mutual Insurance Company		
Policy number: 125705.201	Effective date: 06/01/2020	Expiration date: 06/01/2021

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance/>.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name: Jacob McGuire	Title CEO	Date 3/6/20
Applicant signature (required)		

If you have questions about completing this form or to request this form in braille, large print or audio.



Inspection Report

Name: Valley View Recovery Center / Saratoga Inn - Project Number: BL-P2004-0026
Change of Use

Project location/address: 31591 64th Ave, Cannon Falls, Goodhue County, MN, 55009

Contractor:

Phone:

Project Contact: Jacob Nicklay

Phone: (507) 454-2038

Scheduled for 5/5/2020

Time: 1030.

Inspector Report

Inspection Type: Building

Result: Corrections Required

Specify Work Inspected and Tested:

Walk through to change occupancy from R1 to an I1 occupancy.

Pool area

1. exit signage ok

2. Panic hardware ok on exterior doors

3. Verify occupant load of pool area if over 50 the access door from lobby requires panic hardware.

4. Need signage posted for pool area occupant load. (room)

Presently, the pool capacity 48 and sauna 16 persons.

5. A CO detector needs to be installed in the mechanical room. 2020 Minnesota State Mechanical Code 1346.5311 Carbon Monoxide Alarms. Minimum of a UL 2034 battery operated.

First floor rooms 101 through 123

1. All sleeping rooms and offices have smoke detectors. Check on this.

2. Need to check if sleeping rooms need CO detectors. CO detectors are not required.
Reference: 2020 International Building Code 2018 International Building Code Section 915 Carbon Monoxide Detection.

3. If storage room 118 is converted to work out area a horn strobe will be required.

4. The accessible bathroom adjacent to the registration needs accessible hardware installed.

5. A co detector is required in the furnace room of first floor. Same as pool mechanical room.
2020 Minnesota State Mechanical Code 1346.5311 Carbon Monoxide Alarms. Minimum of a UL 2034 battery operated.



Inspection Report

Registration desk

1. Check on whether a check in counter top is required for accessibility.

The height of the counter top is 42 inches.

The Registration desk is required to have an accessible counter top

Reference: 2015 Minnesota

904.2 Approach.

All portions of counters required to be accessible shall be located where transactions or services are customarily provided and be adjacent to a walking surface complying with Section 403.

Second floor

1. Guardrail for south stair enclosure needs guardrail to maintain a 4 inch gap.

Reference: 2020 International Building Code Section 1015.4 Opening limitations.

2. Check accessibility signage for rooms. OK

3. No elevator for the second floor and the food service will will be catered inn and dispersed from the second floor.

Verify the occupant load of the second floor food service area does not exceed 30 square feet.

Reference: 2015 Minnesota accessibility code section 1113.1.1 Entire buildings and 1113.1.2 Portion of a building.

4. The second floor is being utilized by one gender and the first floor by the other gender.

Based on this the 2015 Minnesota Accessibility code section 1101.3

1101.3 Equity.

Where not all similar type facilities and spaces are required to be accessible, accessible facilities and spaces shall be provided with the same or equivalent elements as provided in the nonaccessible facilities and spaces.

Note: you have a situation where the non accessible area has an element that the accessible first floor does not. If the second floor has an occupant load greater than 30, please supply details on how you will apply the same for the first floor.

Outdoor

Building address on sign post.

Note:

Sprinkler and alarm system testing completed. 4.17.20

Inspected By: Chris Meier

Region:

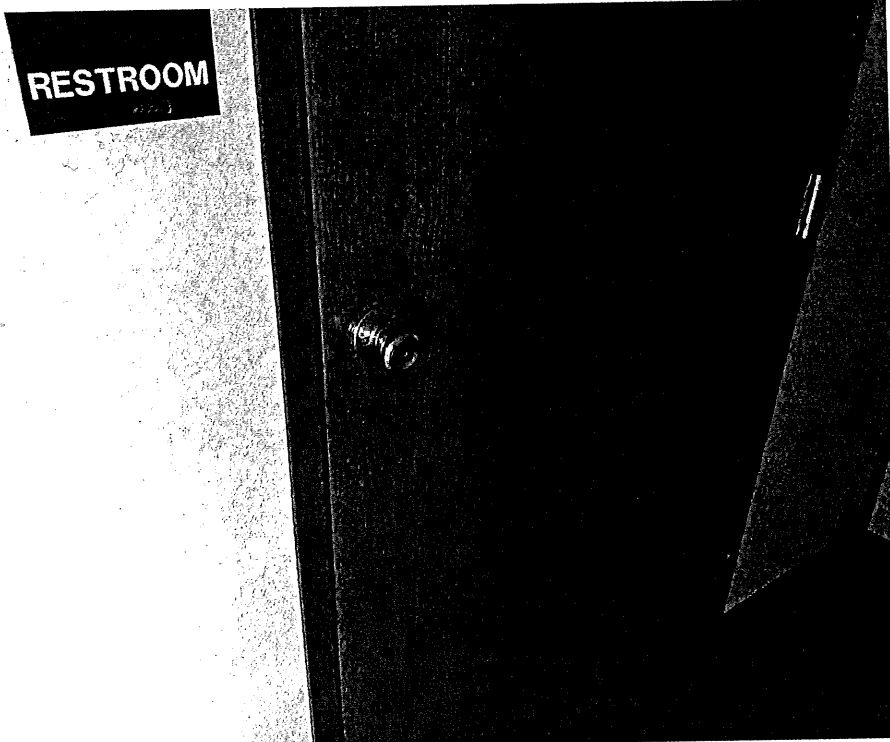
Date: 5/7/2020

Phone: (651) 336-8411

Email: chris.meier@state.mn.us

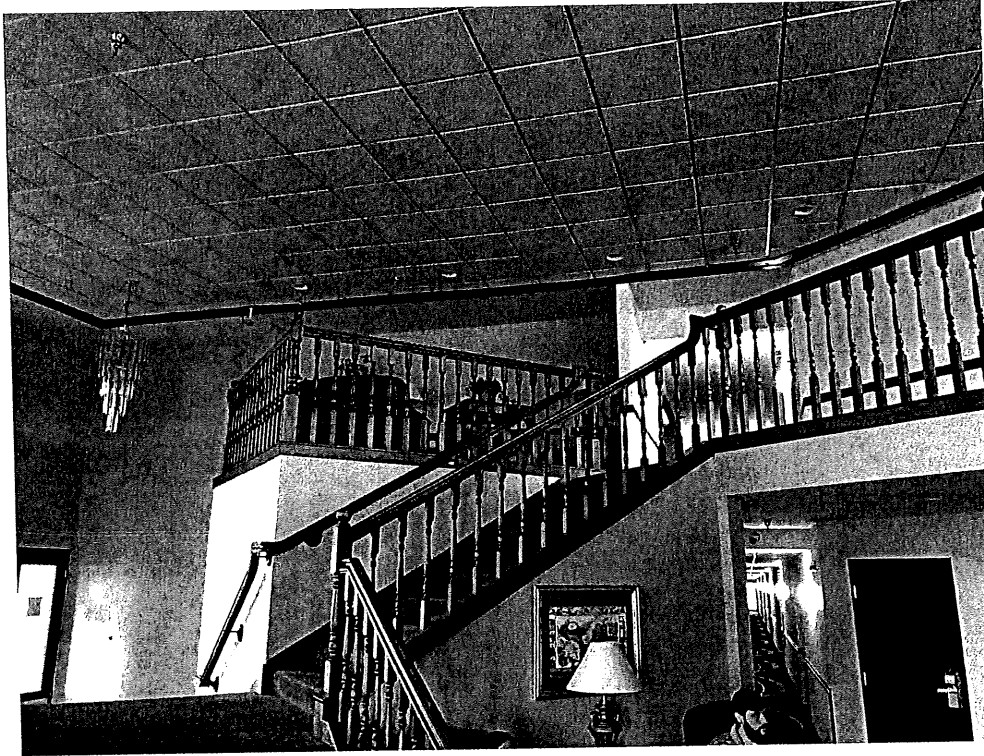


Inspection Report



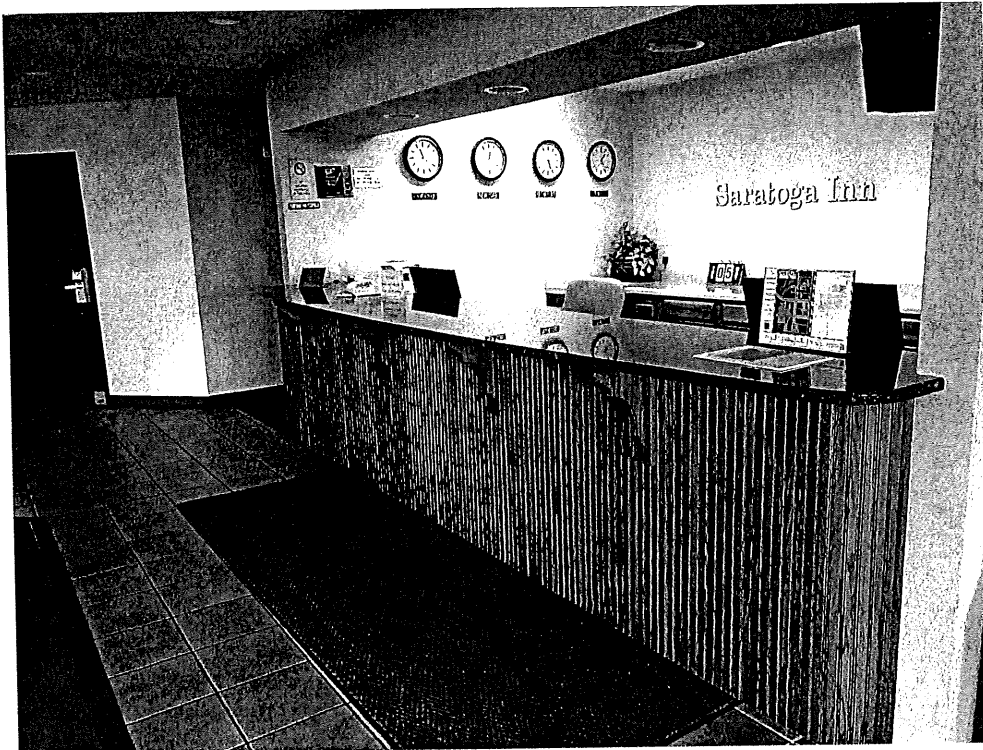
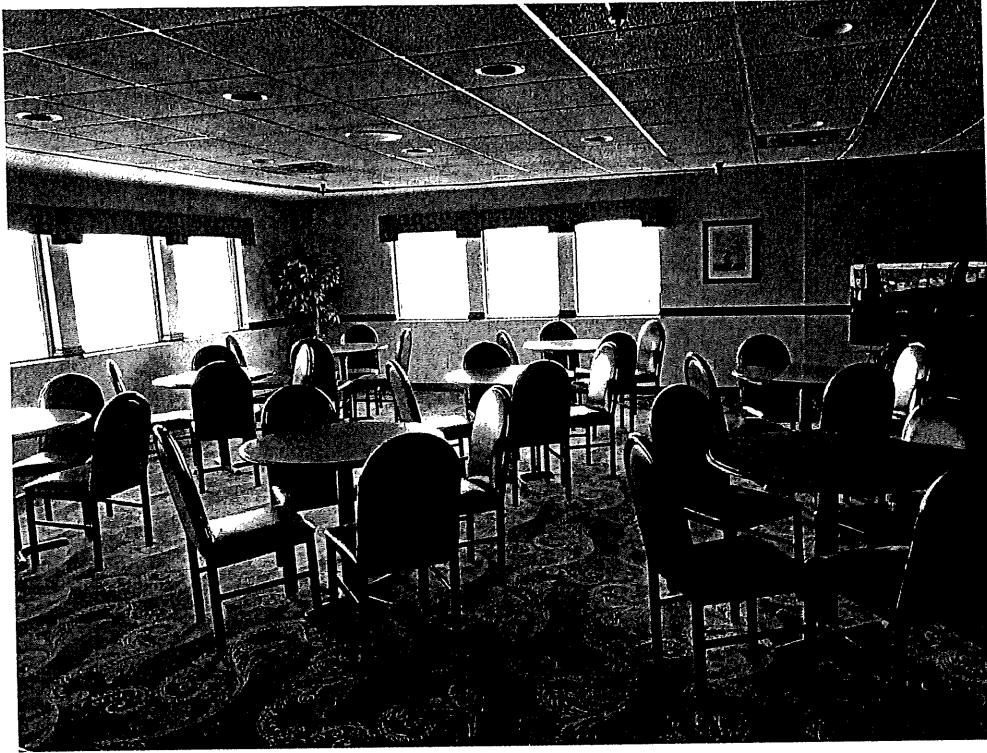


Inspection Report



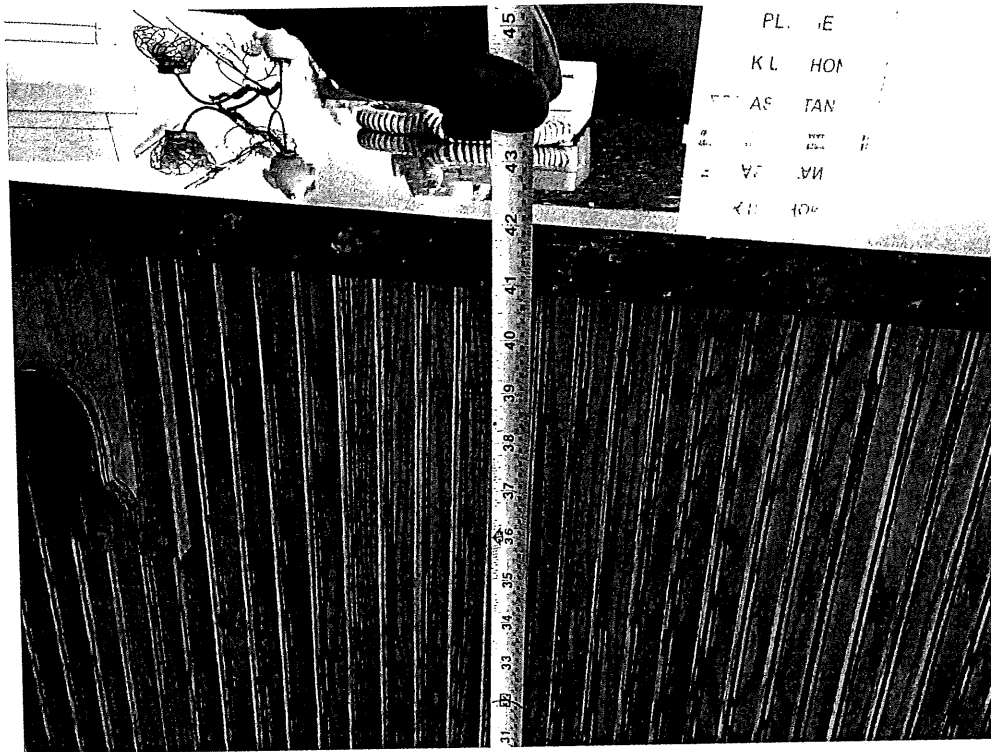


Inspection Report





Inspection Report



REVIEW COMPLETE LETTER (RCL)

ARCHITECT/ENGINEER:

Attn: Jacob Nicklay
Jacob Nicklay
355 W 2nd Street
Winona, MN 55987
Phone: (507) 454-2038
Email: jacob@owaarchitects.com

Date: 04/29/2020

Project Title: Valley View Recovery Center / Saratoga Inn - Change of Use
Location: Cannon Falls, MN 55009
Address: 31591 64th Ave

Plan Review Number: BL-R2004-0022
Reviewer: Gregory Metz

Date Received: 04/27/2020
Phone: (651) 284-5884

The construction documents submitted by your office for the project described above have been reviewed and found to be in substantial compliance with the requirements of the Minnesota State Building Code. Any significant changes in these documents or changes in the construction of the building that will affect or deviate from the building code shall be submitted to the Building Codes and Standards Division for additional review.

NOTES:

1. Although not required by the Minnesota Accessibility Code for a Change of Occupancy, new construction like this would require at least 4% of the sleeping units to be accessible. There are 25 sleeping units shown and one on the first floor near the gym appears to be an accessible sleeping unit. Although not required, DLI/CCLD encourages continued use of this sleeping unit as an accessible unit.
2. DLI/CCLD will inspect for smoke alarms & carbon monoxide detection (if applicable), a fully compliant accessible toilet facility available to everyone, accessible parking and an accessible route from the accessible parking to every primary function area on the main floor.
3. Inspections: Provide minimum 24 hour notice for field inspection requests. Call **Mr. Chris Meier** at 651-336-8411 to schedule all building, HVAC, mechanical, energy code, fire sprinkler, and alarm system inspections for this project.

Separate approvals and/or authorizations must be obtained for work, if any, covered by: CCLD/DLI Plumbing Division for compliance with the provisions of the Minnesota Plumbing Code, CCLD/DLI electrical unit for compliance with the State Electrical Code, and the local municipality for other requirements as authorized by law. NOTE: Final Inspection and a new Certificate of Occupancy shall not be granted until a building permit is obtained from this Division.

Code Record dated: 4/24/20

Addendum Nos.: N/A

Inspector assigned to project: Chris Meier

Phone: (651) 336-8411

Sincerely,
CONSTRUCTION CODES & LICENSING DIVISION


Gregory Metz
Building Code Representative

cc: Inspector

PrForm_architect



REVIEW COMPLETE LETTER (RCL)

CONTRACT INSPECTOR:

Chris Meier
443 Lafayette St.
St. Paul, MN 55155

Date: 04/29/2020

Project Title: Valley View Recovery Center / Saratoga Inn - Change of Use
Location: Cannon Falls, MN 55009
Address: 31591 64th Ave

Plan Review Number: BL-R2004-0022
Reviewer: Gregory Metz

Date Received: 04/27/2020
Phone: (651) 284-5884

Mr. Meier:

The construction documents submitted for the project described above have been reviewed and found to be in substantial compliance with requirements of the Minnesota State Building Code. Note, however, that work may not begin until a building permit has been issued from this Division.

1. Please inspect for compliant smoke alarms & carbon monoxide detection (if applicable), a fully compliant accessible toilet facility available to everyone, accessible parking and an accessible route from the accessible parking to every primary function area on the main floor.

In addition to the required inspections and prior to the issuance of a Certificate of Occupancy, the Contract Inspector shall verify that the following applicable agencies have approved work under their jurisdiction: CCLD/DLI Plumbing Division for compliance with the provisions of the Minnesota Plumbing Code, CCLD/DLI electrical unit for compliance with the State Electrical Code, the Elevator Safety Section for approval of elevators and related devices, and the local municipality for other requirements as authorized by law.

Construction Documents dated: 4/24/20

Addendum Nos.: N/A

Sincerely,
CONSTRUCTION CODES & LICENSING DIVISION

Gregory Metz
Building Code Representative

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Applicable Law or Statute	Requirement	Met (+) Not met (-) N/A	Notes
Substance Use Disorder Licensing Requirements (245G) - 2020 0109			
PHYSICAL PLANT / POSTINGS			
All Programs			
245G.15, subd 2	The Grievance Procedure was posted in a place visible to clients. (PRACTICE)		
245A.65, subd 2,(a),(6) & 245G.21, subd 5	Program Abuse Prevention Plan: A copy of the program abuse prevention plan was posted in a prominent location in the program and was available upon request to mandated reporters, persons receiving services, and legal representatives. (PRACTICE)		
245A.65, subd 1,(d)	Vulnerable Adult Maltreatment Reporting Policies and Procedures: A copy of the internal and external reporting policies and procedures, including the phone number of the common entry point, (now known as the Minnesota Adult Abuse Reporting Center (MAARC)) was posted in a prominent location in the program. The policy was available upon request to mandated reporters, persons receiving services, and the person's legal representative. (PRACTICE)		
245G.14, subd 1	Service Initiation Criteria was either posted in the area of the facility where services for clients were initiated, or given to all interested persons upon request. (PRACTICE)		
Residential Treatment Programs			
245G.21, subd 2	Visitors Policy: The license holder must set and post a notice of visiting rules and hours including both day and evening times. (PRACTICE)		
245G.21, subd 4	The license holder must have the appropriate license from the Department of Health. (PRACTICE)		
POLICY, PROCEDURE, AND PRACTICES			
Policy and Procedure Manual			
245G.12 & 245A.04, subd 14,(a)	The license holder must develop a written policies and procedures manual, that contains program policies and procedures necessary to maintain compliance with licensing requirements under MN Statutes and MN Rules.	N/A	4/24/20: Description of client forms in Section 14, 1 (p.323-330) are not consistent with current statute requirements (Assessment, Treatment Plan, Discharge Summary)
245G.12	The policy and procedure manual is immediately accessible to staff members, clients, and other authorized parties. (PRACTICE)		Will be reviewed in future licensing reviews
245A.04, subd 14,(c)	The policy and procedure manual must be indexed with a table of contents or another method approved by the commissioner.		4/24/20: The policies and procedures policy says there will be an index, but one was not included

All Programs - Service Initiation and Service Termination

245G.14, subd 1	<p>There must be a written service initiation policy that contains: service initiation preferences that comply with this rule and the Code of Federal Regulations, title 45, part 96.131 (Programs must give preference to treatment as follows:</p> <ol style="list-style-type: none"> (1) Pregnant injecting drug users; (2) Pregnant substance abusers; (3) Injecting drug users; and (4) All others; and <p>specific service initiation criteria.</p>	+	<p>Section 3</p> <ul style="list-style-type: none"> • 4/24/20: Initiation criteria OK, but not criteria for services denial: You cannot include "individuals who are developmentally disabled" in the criteria for denial of service initiation. (Section 3, 2/p. 119) • Does it make sense for high-intensity residential to say individuals who are unable to abstain from using are inappropriate and not eligible to initiate services? • Description of WSA-Trans discharge says "Clients ... inappropriate for the program would be those individuals who require inpatient, residential" (Section. 3, p.123)
245G.14, subd 2	<p>Titles of all staff members authorized to initiate services for clients were listed in the service initiation policy.</p> <p>The license holder had a written protocol for:</p> <ol style="list-style-type: none"> (1) Assisting clients in need of care not provided by the license holder; (2) A client who poses a substantial likelihood of harm to the client others, if the behavior is beyond the behavioral management capabilities of the staff members. 	+	<p>Section 3</p>
245G.14, subd 2, (b)	<p>A service termination and denial of service initiation that poses an immediate threat to the health of any individual or requires immediate medical intervention must be referred to a medical facility capable of admitting the client.</p>	+	
245G.14, subd 2 (c)	<p>A service termination policy and denial of service initiation that involves the commission of a crime against a license holder's staff member or on a license holder's premises, as provided under Code of Federal Regulations, title 42, section 2.12 (c) (5), and Code of Federal Regulations, title 45, parts 160 to 164, must be reported to a law enforcement agency with proper jurisdiction.</p>	+	
245G.14, subd 3	<p>The license holder had a written policy specifying the conditions when a client must be terminated from service. The service termination policy must include:</p> <ol style="list-style-type: none"> (1) Procedures for clients whose services were terminated under subdivision 2; (2) A description of client behavior that constitutes reason for a staff-member requested service termination and a process for providing this information to the client; (3) A requirement that before discharging a client from a residential setting for not reaching treatment plan goals the license holder must confer with other interested persons to review issues involved in the decision. 	+	<p>Note: if client is ever placed on a behavior contract, or issues occur which, if it continues, could result in discharge, the treatment plan interventions MUST be updated to address it.</p> <p>4/24/20: Stated in paragraph 3, but then policy later states "If possible, interested parties listed on the Release of Information will be notified prior to an SRD-DNC or ASA-DNC discharge." – The "if possible" part seems to conflict (Section 3, 3/p. 124)</p>
	<p>For any staff-requested service termination, the license holder must describe why the decision to discharge is warranted, the reasons for the discharge, and the alternatives considered or attempted before discharging a client;</p>	+	
	<p>(4) procedures consistent with Minnesota Statutes, section 253B.16, subdivision 2, that staff members must follow when a client admitted under Minnesota Statutes, chapter 253B, is to have services terminated;</p>	+	

<p>(5) procedures staff must follow when a client leaves against staff or medical advice and when the client may be dangerous to self or others; including a policy that requires staff members to assist the client with assessing needs of care or other resources;</p>	+	
<p>(6) procedures for communicating staff-approved service termination criteria to a client, including the expectations in the client's individual treatment plan according to section 245G.06; and</p>	+	
<p>(7) titles of each staff member authorized to terminate a client's service must be listed in the service termination policies.</p> <p>The license holder had a process for informing a client that a copy of the client's service discharge summary may be provided to the client upon the client's request.</p> <p>The license holder must not initiate services for individuals who did not meet the service initiation criteria. (PRACTICE)</p>	-	<p>4/24/20: Section 3, 3 (p.122) paragraph 1 says "only qualified staff members who are authorized to terminate or transfer clients using established guidelines" (partial sentence) and page 3 says "Qualified members who may be Licensed Alcohol and Drug Counselors (LADC) are authorized to terminate services to clients". Unclear who the qualified staff members are.</p> <p>4/24/20: Did not see this included. How will you inform clients of this (prior to discharge, and taking into account that clients may leave ASA unexpectedly)?</p> <p>Will review during licensing reviews</p>

All Programs - Client Rights Protection

245G.15, subd 1	<p>The policy and procedure manual must contain policies and procedures that protect client rights as identified in Minnesota Statutes, sections:</p> <p><input checked="" type="checkbox"/> 144.651 (for residential programs, except subdivision 28 and 29);</p> <p><input checked="" type="checkbox"/> 148F.165; and</p> <p><input checked="" type="checkbox"/> 253B.03 as applicable (253B.03 is only required for committed clients).</p>	+	Section 4, 1
245G.15, subd 2	<p>The Grievance Procedure must be made available upon a client's or former client's request; (PRACTICE)</p> <p>The Grievance Procedure must require that:</p> <p>(1) a staff member helps the client develop and process a grievance;</p> <p>(2) current applicable telephone numbers and addresses be made available to clients:</p> <p>The Department of Human Services, Licensing Division (651-431-6500);</p> <p>The Office of Ombudsman for Mental Health and Developmental Disabilities (651-757-1800 or 1-800-657-3506)</p> <p>The Minnesota Board of Behavioral Health and Therapy (612-548-2177)</p> <p>The Department of Health Facilities Complaints (651-201-4201) (if applicable)</p> <p>(Note: If the license holder holds an SLF license, the phone number for the office of health facilities complaints must be available to clients)</p> <p>(3) a license holder is required to respond to the client's grievance within three days of a staff member's receipt of the grievance, and the client may bring the grievance to the highest level of authority in the program if not resolved by another staff member.</p>	+	Section 1, 1 Section 2, 6e Section 4, 2
Residential Treatment Programs Only - Additional Client Rights			
245G.21, subd 2	<p>Visitors. A client must be allowed to receive visitors at times prescribed by the license holder. A client's right to receive visitors may be subject to visiting hours established by the license holder for all clients. (PRACTICE)</p>	+	

	<p>A client must be allowed to receive visitors at times prescribed by the license holder. The license holder must set and post a notice of visiting rules and hours, including both day and evening times. A client's right to receive visitors other than a personal physician, religious adviser, county case manager, parole or probation officer, or attorney may be subject to visiting hours established by the license holder for all clients. The treatment director or designee may impose limitations as necessary for the welfare of a client provided the limitation and the reasons for the limitation are documented in the client's file. A client must be allowed to receive visits at all reasonable times from the client's personal physician, religious adviser, county case manager, parole or probation officer, and attorney. (PRACTICE)</p>	+	Section 4, 4
245G.21, subd 3	<p>Client property management. A license holder who provides room and board and treatment services to a client in the same facility, and any license holder that accepts client property must meet the requirements for handling client funds and property in section 245A.04, subdivision 13. License holders:</p>	+	
	(1) may establish policies regarding the use of personal property to ensure that treatment activities and the rights of other clients are not infringed upon; (PRACTICE)	+	
	(2) may take temporary custody of a client's property for violation of a facility policy; (PRACTICE)	+	
	(3) must retain the client's property for a minimum of seven days after the client's service termination if the client does not reclaim property upon service termination, or for a minimum of 30 days if the client does not reclaim property upon service termination and has received room and board services from the license holder; and (PRACTICE)	+	
	(4) must return all property held in trust to the client at service termination regardless of the client's service termination status, except that: (PRACTICE)	+	
	(i) a drug, drug paraphernalia, or drug container that is subject to forfeiture under Minnesota Statutes, section 609.5316, must be given to the custody of a local law enforcement agency. If giving the property to the custody of a local law enforcement agency violates Code of Federal Regulations, title 42, sections 2.1 to 2.67, or title 45, parts 160 to 164, a drug, drug paraphernalia, or drug container must be destroyed by a staff member designated by the program director; and (PRACTICE)	+/-	4/24/20: The policy does not include the highlight part but it is stated in the Client Rights, Responsibilities, and Informed Consent form – recommend adding it to Section 4, 4
	(ii) a weapon, explosive, and other property which can cause serious harm to the client or others must be given over to the custody of a local law enforcement agency, and the client must be notified of the transfer and of the client's right to reclaim any lawful property transferred; and (PRACTICE)		
	(iii) a medication that was determined by a physician to be harmful after examining the client, must be destroyed, except when the client's personal physician approves the medication for continued use. (PRACTICE)		4/24/20: Conflicting. The property management policies have this statement, but the medication administration policies say "Medication remaining after ... the resident is discharged is removed from the medication cabinet within 30 days and destroyed." Medication must be held for a minimum of 30 days if not claimed at discharge (unless it has been determined to be harmful after a physician examines the client)
	Note: client medication has to meet the same documentation requirements as other client property, with signature at receipt and disbursement		

All Programs – Client Funds and Property

245A.04, subd 13	(a) A license holder must ensure that persons served by the program retain the use and availability of personal funds or property unless restrictions are justified in the person's individual plan.	+		Per policy, LH does not store funds
	(b) The license holder must ensure separation of funds of persons served by the program from funds of the license holder, the program, or program staff.	+		
	(c) Whenever the license holder assists a person served by the program with the safekeeping of funds or other property, the license holder must:	+		
	(1) immediately document receipt and disbursement of the person's funds or other property at the time of receipt or disbursement, including the person's signature, or the signature of the conservator or payee; and	-		4/24/20: Not specifically stated in policy
	(2) return to the person upon the person's request, funds and property in the license holder's possession subject to restrictions in the person's treatment plan, as soon as possible, but no later than three working days after the date of request.	+		
	(d) License holders and program staff must not:	+		
	(1) borrow money from a person served by the program; (PRACTICE)	+		
	(2) purchase personal items from a person served by the program; (PRACTICE)	+		
	(3) sell merchandise or personal services to a person served by the program; (PRACTICE)	+		
	(4) require a person served by the program to purchase items for which the license holder is eligible for reimbursement; or (PRACTICE)	+		
	(5) use funds of persons served by the program to purchase items for which the facility is already receiving public or private payments.	+		
All Programs – Photographs of client				
245G.15, subd 3	Photographs of client.	+		Section 2, 6c Section 4, 3
	(a) A photograph, video, or motion picture of a client taken in the provision of treatment services is considered client records. A photograph for identification and a recording by video or audio technology to enhance either therapy or staff member supervision may be required of a client, but may only be available for use as communications within a program. A client must be informed when the client's actions are being recorded by camera or other technology, and the client must have the right to refuse any recording or photography, except as authorized by this subdivision.	+		Section 2
	(b) A license holder must have a written policy regarding the use of any personal electronic device that can record, transmit, or make images of another client. A license holder must inform each client of this policy and the client's right to refuse being photographed or recorded.	+		
All Programs - Treatment Service				

245G.07, subd 1 & 245G.12	(a) Licensed Residential Treatment Program must offer treatment services in clauses (1) to (5) to each client, unless clinically inappropriate and the justifying clinical rationale is documented (Note: The description of treatment services must include how each of the treatment services below is provided). A Nonresidential Treatment Program must offer all treatment services in clauses (1) to (5) and document in the individual treatment plan the specific services for which a client has an assessed need and the plan to provide the services: (1) individual and group counseling to help the client identify and address needs related to substance use and develop strategies to avoid harmful substance use after discharge and to help the client obtain the services necessary to establish a lifestyle free of the harmful effects of substance use disorder; (2) client education strategies to avoid inappropriate substance use and health problems related to substance use and the necessary lifestyle changes to regain and maintain health. Client education must include information on: <ul style="list-style-type: none"> • tuberculosis education on a form approved by the commissioner, • the human immunodeficiency virus (HIV), according to MN Statutes, section 245A.19 • other sexually transmitted diseases; • drug and alcohol use during pregnancy; and • hepatitis (3) a service to help the client integrate gains made during treatment into daily living and to reduce the client's reliance on a staff member for support; (4) a service to address issues related to co-occurring disorders, including client education on symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while recovering from substance use disorder. A group must address co-occurring disorders, as needed. When treatment for mental health problems is indicated, the treatment must be integrated into the client's individual treatment plan (PRACTICE); and	-	Note: 245G changes in this section occurred 7/1/19 Sec. 2, 10 (p.72) and 12 (p. 77), Sec. 5 (p.164), Sec. 6 (p.174) 4/24/20: Why is programming limited to Mon-Fri? For high intensity, it seems like it would be important to have structure on the weekends too.
			4/24/20: <ul style="list-style-type: none"> • Need to describe how individual counseling will be provided, including who will provide the service • Need to describe how group counseling will be provided, including which specific groups are group counseling and who will provide the service 4/24/20: Good education topic list in Section 2, 10 (assuming it is accurate) but need to more fully describe how this service will be provided, including amount: <ul style="list-style-type: none"> • Are there specific groups on the schedule that will be education? Are these topics specific groups, or part of the curriculum for a specific group? Will education be provided in 1:1s? Etc. • n what group(s) will Relationship Education be provided? (described in Section 6),
			4/24/20: Need to describe how this service will be provided, including who will provide the service – will it be part of individual counseling? Is it just referrals or is there more to it (fine either way)?
			4/24/20: <ul style="list-style-type: none"> • Some policies say co-occurring topics covered in group no less than 1x/month and some say no less than 1x/week • Which group(s) will cover co-occurring? Will review during licensing reviews

	<p>(5) Treatment coordination provided one-to-one by an individual who meets that staffing qualifications in section 245G.11, subdivision 7. Treatment Coordination services include:</p> <ul style="list-style-type: none"> (i) assistance in coordination with significant others to help in the treatment planning process whenever possible; (ii) assistance in coordinating with and follow up with medical services as identified in the treatment plan; (iii) facilitation of referrals to substance use disorder services as indicated by a client's medical provider, comprehensive assessment, or treatment plan; (iv) facilitation of referrals to mental health services as identified as identified by a client's comprehensive assessment or treatment plan; (v) assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs; and (vi) life skills advocacy and support accessing treatment follow-up, disease management and education services, including referral and linkages to long-term services and supports as needed; and (vii) documentation of provision of treatment coordination services in the client's file. <p>(b) A treatment service provided to a client must be provided according to the individual treatment plan and must consider cultural differences and special needs of a client.</p>	NA	<p>4/24/20: Not included in policy? This is a required service, and you have a job description for it, so you need to describe how this service will be provided, including amount and who will provide the service.</p>
245G.12	<p>(10) a description of treatment services; that (i) includes the amount and type of services provided; (ii) identifies which services meet the definition of group counseling under section 245G.01, subdivision 13a; and (iii) defines the program's treatment week;</p> <p>Note: There is no longer an ability for programs to say they have generic "group" – the policy has to be specific about what type of treatment service is provided during scheduled groups.</p>	NA	<p>4/24/20: Will review in practice. Each type of treatment service must be listed as goal or method on the client's treatment plan, including amount, frequency, and anticipated duration of the service, if the person is going to be receiving that service.</p> <p>4/24/20: (i) Need a weekly schedule showing what groups are at what time. Then each of the groups on the schedule need to be described, including what type of service it is and who will provide the service (also required by the high-intensity app you submitted). Section 5, 3 says it is a treatment services schedule, but that does not have details (can't have just general "group" time)</p> <p>(ii) Unclear: Section 2, 10 (p.73) says "group therapy is offered during each treatment session"—so all groups are both group counseling and education? And therefore limited to 16 clients? Policies also say "group education is considered group counseling" and "education will be provided in every group session"</p> <p>(iii) Not included</p> <p>Other: Unclear what Section 5, 4 (Schedule of Group Content) is because there is more than one group, and it references "Co-Occurring Disorders Program", which was not included in the application</p>
	(11) The methods used to achieve the desired client outcomes;	+	Must be 24 hours a day
	(12) The hours of operation were identified; and	NA	4/24/20: Multiple policies indicate the program will provide MI/CD services but that specialty was not included on the application. Do you want to add that specialty? If not, the policies need to be adjusted accordingly. Section 2, 10, Section 2, 12, PAPP
	(13) The target population served.	?	

All Programs - Additional Treatment Services

245G.07, subd 2	A license holder may provide or arrange the following additional treatment service as part of the client's individual treatment plan (Note: These additional treatment services are not required to be provided. If the license holder chooses to provide or arrange for these services, the description of treatment services must identify which services will be provided by the license holder):	-	See below
	(1) relationship counseling provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use disorder;	NA	Not included, which is fine if not provided
	(2) therapeutic recreation to allow the client to participate in recreational activities without the use of mood-altering chemicals and to plan and select leisure activities that do not involve the inappropriate use of chemicals; Differences between Therapeutic Recreation (treatment service and billable) and Planned Leisure Activities (not a treatment service and not billable): Therapeutic recreation must: 1. Address a problem on the client's treatment plan; 2. Be facilitated by a qualified professional; 3. Be a way of helping the client achieve their desired outcome; and 4. Be a true therapeutic intervention that includes processing that relates how it is addressing a problem the client has.	-	4/24/20: Therapeutic recreation description says it will be "offered as needed during regularly scheduled group sessions" (Section 6) - what does that mean? Description includes activities (i.e. crafts, games, walks, picnics, etc.) that do not seem to meet the requirements of therapeutic rec vs. planned leisure activity (at least without more detail). Recreational/leisure outings are not the same as therapeutic recreation as a treatment service. The Behavioral Health Division can provide more guidance on what is considered a billable treatment service if needed.
	Example of Therapeutic Recreation: <ul style="list-style-type: none"> • Collage activities about recovery/coping/etc. • A nature walk where clients are asked to find an item they can relate to their recovery and then it is processed • A movie if the specific movie addresses a problem identified in the client's treatment plan and it is processed as to how it relates to their recovery • Going to the gym only if it addresses a problem identified in the client's treatment plan and it is processed as to how it helps the client achieve their desired outcome 	-	4/24/20: Description includes "therapeutic recreational outings" which does not fall under the definition of this service. Also includes crafts and games, which would need more description. 4/24/20: Description includes social skills, which is a different type of treatment service
	(3) stress management and physical well-being to help the client reach and maintain an appropriate level of health, physical fitness, and well-being;	-	
	(4) living skills development to help the client learn basic skills necessary for independent living;	-	OK
	(5) employment or educational services to help the client become financially independent;	+	4/24/20: OK
	(6) socialization skills development to help the client live and interact with others in a positive and productive manner; and	-	4/24/20: • Descriptions include community recovery support groups, but support groups are not a treatment service • Description includes activities that do not seem to meet the requirements of a treatment service vs. planned leisure activity (at least without more detail). See notes in therapeutic recreation section
	(7) room, board, and supervision provided at the treatment site to give the client a safe and appropriate environment in which to gain and practice new skills; and		4/24/20: See Room and Board requirements at end of checklist

	<p>(8) peer recovery support services provided one-to-one by an individual in recovery qualified according to section 245G.11, subdivision 8. Peer support services include education; advocacy; mentoring through self-disclosure of personal recovery experiences; attending recovery and other support groups with a client; accompanying the client to appointments that support recovery; assistance accessing resources to obtain housing; employment; education; and advocacy services; and nonclinical recovery support to assist the transition from treatment into the recovery community.</p>		<p>4/24/20: Not included in policy? You have a job description for it, so it seems like it is provided. If so, you need to describe how this service will be provided, including who will provide the service. But if you do not provide it, the job description should be removed or the policy should say it is not provided at this time.</p>
245G.07, subd 3	<p>Counselors. All treatment services, except peer recovery support services and treatment coordination, must be provided by an alcohol and drug counselor qualified according to section 245G.11, subdivision 5, unless the individual providing the service is specifically qualified according to the accepted credential required to provide the service. The commissioner shall maintain a <u>current list of professionals</u> qualified to provide treatment services.</p>	NA	<p>4/24/20: <ul style="list-style-type: none"> Policy says MHPs may also facilitate groups but the high intensity application you submitted includes a requirement that the description of each service needs to include the qualifications required for the staff that will provide the service (qualifications can be Mental Health Professional as a category, or specific licenses, like LPCC or RN, etc.) Section 6 descriptions say there may be outside speakers, but the program would have to document they are qualified professionals and how they are operating within their scope of practice (see link for qualified professionals list) </p>
245G.07, subd 4	<p>Location of service provision. The license holder may provide services at any of the license holder's licensed locations or at another suitable location including a school, government building, medical or behavioral health facility, or social service organization, upon notification and approval of the commissioner. If services are provided off site from the licensed site, the reason for the provision of services remotely must be documented. The license holder may provide additional services under subdivision 2, clauses (2) to (5), off-site if the license holder includes a policy and procedure detailing the off-site location as part of the treatment service description and the program abuse prevention plan.</p>		<p>4/24/20: Section 6 descriptions imply services may be off-site, but these requirements are not met. Last paragraph of Section 6 also states multiple services may be off-site.</p>
Client Attendance Policy and Procedure			
245G.09, subd 1, (b)	<p>The program had a policy and procedure that identified how the program will track and record client attendance at treatment activities, including the date, duration, and nature of each treatment service provided to the client.</p> <p>Guidance for high/medium/low intensity residential attendance:</p> <ul style="list-style-type: none"> If client is short hours in a week due to unexpected circumstances (such as going to the hospital for a medical emergency), that is considered excused and the reasons just need to be documented (and it would not be cited). If the client is short hours in a week due to expected reasons (such as routine medical appointments or court appointments) that is not excused and would be cited. If the client refuses programming and is short hours one week, the reasons must be documented as well as interventions the program will do to improve attendance. The weekly review should reflect that the methods were not effective and include the recommendations for changes to the ITP. If not documented, it will be cited. If the client is short hours for more than one week (excused or unexcused) the program needs to document that they are evaluating if this is the correct level of care (including evaluating whether or not client is capable of attending the required hours per week based on motivation and other needs, like medical) in addition to the other required documentation. A client cannot remain in an intensity level if they are not receiving the required weekly hours for that level. Any citation related to hours may also include a requirement to return any public funds payments for the client for that week (because requirements were not met). 		<p>4/24/20: Section 14, 1 (p. 322) has info for census/sign-ins, but:</p> <ul style="list-style-type: none"> How will services be documented in the client file, including groups, 1:1s, and treatment coordination? It says the Primary Counselor is responsible for entering attendance information in the client file, but services have to be documented by the person who provided the service (like a service note that describes what occurred in the service.) How will the type of service be documented (on service notes and on sign-ins/census forms)? How will weekly hours be tracked to ensure client will receive 30 hours as required? What are the procedures if it does not look like the client will get the 30 hours? (i.e., were attempts made within the week to make up hours if client was absent?) (note: hours cannot be made up the following week) What are the procedures if the client did not receive 30 hours one week? How will it be determined if/when/what interventions and changes to the treatment plan are needed? What are the procedures if the client does not receive 30 hours multiple weeks?

Adolescent Requirements

245G.18, subd 3	Staff Ratio. A counseling group consisting entirely of adolescents must not exceed 16 adolescents.	NA	
Co-Occurring Specialty - Treatment Service/Additional Staff Requirements			
245G.20	A license holder specializing in the treatment of a person with co-occurring disorders must: (1) demonstrate that staffing levels are appropriate for treating a client with a co-occurring disorder, and that there are adequate staff members with mental health training; individuals with mental health problems; (PRACTICE) (2) have continuing access to a medical provider with appropriate expertise in prescribing psychotropic medications; (3) have a mental health professional available for staff member supervision and consultation; (4) determine group size structure, and content with consideration for the special needs of a client with a co-occurring disorder. (5) have documentation of active interventions to stabilize mental health symptoms present in the individual treatment plans and progress notes; (6) have continuing documentation of collaboration with continuing care mental health providers, and involvement of the providers in treatment planning meetings; (7) have available program materials adapted to a client with a mental health problem; (8) have policies that provide flexibility for a client who may lapse in treatment or may have difficulty adhering to established treatment rules as a result of a mental illness, with the goal of helping a client successfully complete treatment; and (9) have individual psychotherapy and case management available during treatment service.		Unclear if these apply – the policies indicate the program specializes in MH/SUD, but this was not indicated on the application. Do you want to add that specialty? If not, the policies need to be adjusted accordingly. Section 2, 10, Section 2, 12, PAPP
All Programs – Co-Occurring Treatment Services Rate Requirements			
254B.05, subd 5, (c), (4), (v)	The program offered family education that addressed mental health and substance abuse disorders and the interaction between the two. (PRACTICE) (REQUIRED FOR ALL CO-OCCURRING PROGRAMS INCLUDING ALL CRF CO-OCCURRING PROGRAMS)	NA	Not indicated on enhanced rate application
All Programs - Medical Services			
245G.08, subd 1	Health care services. An applicant or license holder must maintain a complete description of the health care services, nursing services, dietary services, and emergency physician services offered by the license holder.	?	4/24/20: Section 7, 1 (p.178): Complete? Has good dietary services info, but will there be any nursing services besides med administration and referrals? (such as a facilitating medical appointments, providing medical education, addressing medical concerns/symptoms, ect.)
245G.08, subd 2	Procedures. The applicant or license holder must have written procedures for obtaining medical intervention for a client, that are approved in writing by a physician who is licensed under Minnesota Statutes, Chapter 147 unless: (1) the license holder does not provide services under section 245G.21; and (2) a medical intervention is referred to 911, the emergency telephone number, or the client's physician.	NA NA NA	4/24/20: Section 7, 2 needs to be signed

245G.08, subd 3 245G.08, subd 6, (7)	<p>Standing Order Protocol. A license holder that maintains a supply of naloxone available for emergency treatment of opioid overdose must:</p> <ul style="list-style-type: none"> • Have a written standing order protocol by a physician who is licensed under chapter 147 that permits the license holder to maintain a supply of naloxone on site. • Require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both. • Have a procedure for monitoring the available supply of naloxone on site, replenishing the naloxone supply when needed, and destroying naloxone according to clause (4). 		4/24/20: Need to include a written agreement or MOU with a MHP who agrees to provide diagnostic assessment and treatment planning assistance to your program (unless there is a MHP on staff at the program)
245G.08, subd 4	<p>Consultation Services. The license holder must have access to and document the availability of a licensed mental health professional (defined in 245.462, subd. 18, #1-#6) to provide diagnostic assessment and treatment planning assistance.</p>	?	4/24/20: Section 7, 8 (p. 198) says "If any prescribed medication appears to conflict with the therapeutic philosophy of Valley View program (i.e. Controlled Substances), ... If a conflict exists ... recommend an alternative treatment program" <ul style="list-style-type: none"> • What medications are not allowed? "Controlled Substance" is extremely broad. • How will prospective clients be informed prior to admission about medications which are not allowed? They need to know before they decide to be admitted.
245G.08, subd 5	<p>Administration of medication and assistance with self-administration. (a) A license holder must meet the requirements in this subdivision if a service provided includes the administration of medication.</p>	?	
	(b) A staff member, other than a licensed practitioner, or registered nurse, who is delegated by a licensed practitioner or a nurse the task of administration of medication or assistance with self-medication, must:	+	
	(1) successfully complete a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. A staff member's completion of the course must be documented in writing and placed in the staff member's personnel file;	+	
	(2) be trained according to a formalized training program that is taught by a registered nurse and offered by the license holder. The training must include the process for administration of naloxone, if naloxone is kept on site. A staff member's completion of the training must be documented in writing and placed in the staff member's personnel records; or	+	
	(3) demonstrate to a registered nurse competency to perform the delegated activity. A registered nurse must be employed or contracted to develop the policies and procedures for administration of medication and assistance with self-administration of medication, or both.	+	
	(c) A registered nurse must provide supervision as defined in section 148.171, subdivision 23. The registered nurse supervision must include, at a minimum, monthly on-site supervision or more often if warranted by a client's health needs. (Request monthly documentation while on the review). The policies and procedures must include:	in policy	Will review in practice
	(1) a provision that a delegation of administration of medication is limited to the administration of a medication that is administered orally, topically, or as a suppository, an eye drop, an ear drop, or an inhalant;	+	
	(2) a provision that each client's file must include documentation indicating whether staff must conduct the administration of medication or the client must self-administer medication, or both;	?	4/24/20: All meds self-admin except narcotics: <ul style="list-style-type: none"> • How will it be determined that self-admin is appropriate for each client? Will there be some type of assessment of ability to appropriately self-administer?

				<ul style="list-style-type: none"> What responsibility do program staff have for helping clients self-administer (Reminders at med time? Checking for them if they no-show? Etc.) Where will it be documented if a med is self-admin vs. staff admin? (I did not see a spot on the MAR)
	(3) a provision that a client may carry emergency medication such as nitroglycerin as instructed by the client's physician;	+		
	(4) a provision for the client to self-administer medication when a client is scheduled to be away from the facility;	+		
	(5) a provision that if a client self-administers medication when the client is present in the facility, the client must self-administer medication under the observation of a trained staff member;	+		
	(6) a provision that when a license holder serves a client who is a parent with a child, the parent may only administer medication to the child under a staff member's supervision;	NA		
	(7) requirements for recording the client's use of medication, including staff signatures with date and time;	+		
	(8) guidelines for when to inform a nurse of problems with self-administration of medication, including a client's failure to administer, refusal of a medication, adverse reaction, or error; and	-		<p>4/24/20: Good except for refusal (Section 7.8, Item F/page 4): says notify RN of refusal that results in serious adverse effects, and notify health care provider of refusal 7 days or more:</p> <ul style="list-style-type: none"> What is considered a "serious" adverse effect? Does the RN need to be notified of refusals that do not have adverse effects? If yes, when? (says health care provider informed after 7 repeated refusals)
	(9) procedures for acceptance, documentation, and implementation of a prescription, whether written, verbal, telephonic, or electronic.	?		<p>4/24/20: Section 7,8</p> <ul style="list-style-type: none"> Has procedures for placing orders with pharmacy, but not for accepting and implementing prescribed meds. How will refills be obtained, when needed? Policy references Winona Health – unclear why
245G.08, subd 6	Control of drugs. A license holder must have and implement written policies and procedures developed by a registered nurse that contain the following:	+		
	(1) a requirement that each drug must be stored in a locked compartment	+		
	A Schedule II drug, as defined by section 152.02, subdivision 3, must be stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;	-		<p>4/24/20: Section 7, 8 says "narcotics" will be in a lockbox, not Schedule II drugs. Narcotics is vague and may or may not refer to Schedule II (unless defined in the policy)</p>
	(2) a system which accounts for all scheduled drugs each shift;	-		<p>4/24/20: Section 7,8</p> <ul style="list-style-type: none"> Uses the term narcotic, which can have multiple different definitions – is there a definition in your policy? Has procedure for "narcotics", not "all scheduled drugs" Says clients who have been prescribed narcotic medication cannot leave the building without staff for 24 hours after taking the narcotic medication – does that apply to methadone/Suboxone/etc, which a client takes daily?
	(3) a procedure for recording the client's use of medication, including the signature of the staff member who completed the administration of the medication with the time and date;	+		
	(4) a procedure to destroy a discontinued, outdated, or deteriorated medication;	+		

	(5) a statement that only authorized personnel are permitted access to the keys to the locked compartments;	+		
	(6) a statement that no legend drug supply for one client shall be given to another client; and	+		
245G.12, clause (3)	Tuberculosis. The license holder must have written methods and resources to provide information on tuberculosis and tuberculosis screening to each client (must be approved by the Commissioner) and	-		4/24/20: Need to state that TB education will include the MDH Active TB Disease handout <ul style="list-style-type: none"> Section 2, 4 Says education material will be provided, but not what is included in the education material. Section 7, 6 says clients will be the TB Fact Sheet, but there are a couple of TB handouts in policy, so it is unclear which one this means. Section 2, 12 says education "as provided by the US and MN Depts. Of Health" will be included, but that could be a lot of things.
	to report a known tuberculosis infection according to section 144.4804 (including obtaining client consent to report);	+/-		4/24/20: Section 7, 6 <ul style="list-style-type: none"> Says "a reportable person as specified in subdivision 3" but your policy does not have anything labeled subd 3 Because mandated reporting conflicts with CFR 42, there needs to be a procedure for seeking client consent to make a report (if/when a report is required)
245A.19	HIV Minimum Standards. The license holder must maintain policies that meet HIV minimum standards contained in the <u>HIV-1 Guidelines for chemical dependency treatment and care programs in Minnesota.</u>	+/-		4/24/20: Section 2, 3 and Section 7, 5 Policy says "The initial employee orientation will include education on the epidemiology, modes of transmission, prevention of HIV and blood-borne infections, and the need for routine use of Universal Precautions" but there is more than those topics covered in the minimum standards packet
245G.21, subd 7	Health Services. A license holder must have written procedures for assessing and monitoring a client's health, including a standardized data collection tool for collecting health-related information about each client. The policies and procedures must be approved and signed by a registered nurse. (Note: Residential Programs)	+		
All Programs - Behavioral Emergency Policy and Procedure Requirements				
245G.16	(a) A license holder or applicant must have written behavioral emergency procedures that staff must follow when responding to a client who exhibits behavior that is threatening to the safety of the client or others. Programs must incorporate person-centered planning and trauma-informed care into its behavioral emergency procedure policies. The procedures must include: (1) a plan designed to prevent the client from hurting themselves or others; (2) contact information for emergency resources that staff must consult when a client's behavior cannot be controlled by the behavioral emergency procedures; (3) types of procedures that may be used;	+/-		4/24/20: this policy is repeated, in Section 2, 7 and Section 8, 2, but the policies do not exactly match
		+		4/24/20: Section 8, 2 # 5 says to contact "appropriate authorities and persons" - who/where is that?
		?		4/24/20: <ul style="list-style-type: none"> It looks like the only interventions are to ask client to leave or call 911 - is that accurate? Since this is residential, need more information about process when client is asked to leave the facility. Where will the client go? Is it appropriate to ask them to leave? Can you actually restrict access to their living area like that? Will they be discharged, and will that comply with discharge requirements?

	(4) circumstances under which behavioral emergency procedures may be used; and	+	
	(5) staff members authorized to implement behavioral emergency procedures.	+	
	(b) Behavioral emergency procedures must not be used to enforce facility rules or for the convenience of staff. Behavioral emergency procedures must not be part of any client's treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others. Behavioral emergency procedures may not include the use of seclusion or restraint. (PRACTICE)		

All Programs: Evaluation

245G.17	Evaluation. A license holder must participate in the drug and alcohol abuse normative evaluation system by submitting information about each client to the commissioner in a manner prescribed by the commissioner. A license holder must submit additional information requested by the commissioner that is necessary to meet statutory or federal funding requirements.	+	
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Vulnerable Adults: Program Abuse Prevention Plan

245A.65, subd 2, (a)	The Program Abuse Prevention Plan. The population assessment included an evaluation of factors which may encourage or permit abuse, including: age; gender; mental functioning; physical health of clients; emotional health or behavior of clients; need for specialized programs of care for clients; need for staff training to meet identified individual needs of the clients; and	?	4/24/20: Section 9
	knowledge a LH may have regarding previous abuse that is relevant to minimizing risk of abuse for clients.	?	Does not identify whether or not this is a factor which may encourage or permit abuse, and if so, what the measures to reduce risk are.
	The physical plant assessment included an evaluation of factors which may encourage or permit abuse, including: the condition and design of the building as it relates to the safety of the clients; and	+	Not identified?
	existence of areas in the building which are difficult to supervise.	+	Identifies several possible health issues which could occur in the client population, but does not identify whether or not this is a factor which may encourage or permit abuse, and if so, what the measures to reduce risk are.
		?	Identifies several possible MH issues which could occur in the client population, but does not identify whether or not this is a factor which may encourage or permit abuse, and if so, what the measures to reduce risk are.
		?	Identifies the program as specializing in MI/CD but that was not included on the application.
		?	If it does get added as a specialty, what type of staff training is needed to meet MI/CD needs? (note, the 12 hours of co-oc training is required for staff in all 245G programs, so it would be beyond that)
		?	If it is not added, are there any other types of specialized programming or need for specialization based on the intended client population?
		N/A	Part of annual review of PAPP
245A.65, subd 2, (a), (2)	The physical plant assessment included an evaluation of factors which may encourage or permit abuse, including: the condition and design of the building as it relates to the safety of the clients; and	-	Has condition but a lot more info is needed for design. What is the layout of the building? Where will services occur? Is there anything about the design that could encourage or permit abuse? Are all areas accessible to clients? Etc.
	existence of areas in the building which are difficult to supervise.	+	

245A.65, subd 2.(a),(3)	The environment assessment included an evaluation of factors which may encourage or permit abuse, including: the location of the program in a particular neighborhood or community; the type of grounds and terrain surrounding the building; the type of internal programming; and the program's staffing patterns.	+		Not described, including factors which may encourage or permit abuse
626.557, subd 14.(a)	The assessment identified factors which may encourage or permit abuse. There was a statement of specific measures to be taken to minimize the risk of abuse.	-		See notes for each section above. There is a blank PAPP template in Section 13 that seems like it would address all requirements, but I did not see a completed one...
245A.65, subd 2.(a),(5)	The license holder's governing body reviewed the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. (PRACTICE - Must be documented)	?		Unclear how this will be done and documented. The referral tracking form in Section 0 references PAPP but does not say who reviewed or what factors were part of the review
245G.07, subd 4	The license holder may provide additional services under subdivision 2, clauses (2) to (5), off-site if the license holder includes a policy and procedure detailing the off-site location as part of the treatment service description and the program abuse prevention plan.	-		The PAPP says "if services occur off site, clients will be supervised" - services cannot occur off-site unless both the treatment services policy and the PAPP include details of which services will be off-site, and how.
Vulnerable Adults: Maltreatment Reporting Policies and Procedures				
245G.12, clause (g), and 245A.65, subd 1.(a)	There was a statement of specific measures to be taken to minimize the risk of abuse. The LH had a policy allowing, but not mandating, internal reporting of alleged or suspected maltreatment. A mandated reporter who has reason to believe that a VA is being or has been maltreated, or who has knowledge that a VA has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. The commissioner of human services shall establish a common entry point responsible for receiving the report of suspected maltreatment of vulnerable adults (Minnesota Adult Abuse Reporting Center) The policy must include the primary and secondary person or position to whom internal reports may be made, and The primary and secondary person or position responsible for forwarding internal reports to the common entry point. The secondary person must be involved (with receiving the report and forwarding it to the common entry point) when there is reason to believe that the primary person was involved in the alleged maltreatment.	+		4/24/20: <ul style="list-style-type: none"> Three conflicting policies: Section 2, 6b, Section 2, DHS form, and Section 10, 1. Recommend having one policy (and just include it in one section of the manual). Section 10, 1 mandates internal reporting in the second number 3 on page 8 (required staff to complete a form and give to Program Director)
		-		4/24/20: Conflicting <ul style="list-style-type: none"> Section 2, 6b: Says Clinical Supervisor is primary and Treatment Director is secondary for receiving reports, but Treatment Director is primary and CEO is secondary for forwarding reports Section 2, DHS form: Says "Staff Member" is primary and Treatment Director is secondary for receiving reports, but Treatment Director is primary and "Qualified Counselor" is secondary for forwarding reports. Has to be specific person or position. Section 10, 1: Says Counselor Supervisor is primary and Program Director is secondary, but then says reports must be made to MAARC or Program Director.
245A.65, subd 1.(b)	(1) The policy must include that an internal review is completed within 30 calendar days and that corrective action is taken as necessary to protect the health and safety of vulnerable adults when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made. The review must include an evaluation of whether related policies and procedures were followed;	?		4/24/20: The procedures for internal reviews in Section 10, 1 are confusing and it is unclear if internal reviews are required when external reports are made

	the policies and procedures were adequate;	+	
	there is a need for additional staff training;	+	
	the reported event is similar to past events with the vulnerable adults or the services involved;	+	
	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.	+	
	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.	-	
	(2) The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.	-	4/24/20: Conflicting
	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;	-	<ul style="list-style-type: none"> Section 2, 6b: Says Clinical Supervisor is primary and Treatment Director is secondary Section 2, DHS form: Says Treatment Director is primary and "Qualified Counselor" is secondary (has to be a specific person or position) Section 10, 1: Implies Program Director is primary and Clinical Supervisor is secondary but not completely clear
	(3) The LH must document and make internal reviews accessible to the commissioner upon the commissioner's request. The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.	+	
626.557, subd 3, (a)	The policy required that if the facility received a report of suspected maltreatment and determined to report it to the CEP, the facility notified the CEP within 24 hours of awareness of the suspected maltreatment.	+	
626.557, subd 4a	(b) The procedure included that reporters are informed about whether the facility reported the incident to the common entry point: in writing Within two working days; and	?	4/24/20: The procedures for notices in Section 10, 1 are confusing (#2 on page 8)
	In a manner that protects the confidentiality of the reporter.	+	
	(c) The written response to the mandated reporter shall note that if the reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.	+	
	(d) A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.	+	
626.5572	If the LH's reporting policy and procedure included definitions of maltreatment or referenced the definitions, they were attached and were consistent with the current statute language. The current statute language is available at http://www.revisor.leg.state.mn.us	+	Statutes identified in Section 2, 6b and 6b1
245G.13, subd 2, (c)	The policies included procedures for obtaining client releases of information required by 626.557, subd 3a, (a) (to report suspected VA maltreatment to MAARC) <ul style="list-style-type: none"> Consent must be sought upon admission (documented in client file) If client declines consent at admission and VA maltreatment is later suspected, consent must be sought again (documented in client file) No client identifying information can be reported without consent 	-	4/24/20: Section 10, 1 includes some info for this, but also has procedures to ask MAARC and program director about making reports without consent, which is not allowed under CFR 42. Note: the consent to report form must meet all CFR 42 requirements for ROIs

626.557, subd 4a	<p>WRITTEN NOTICE TO MANDATED REPORTER:</p> <p>(b) If the facility received an internal report of suspected maltreatment, the following internal reporting procedures must be followed: the reporter was given written notice stating whether the facility reported the incident to the common entry point;</p> <p>In writing;</p> <p>Within two working days; and</p> <p>In a manner that protects the confidentiality of the reporter.</p> <p>(c) AND the written notice included a statement that if the mandated reporter was not satisfied with the action taken by the facility on whether to report the incident to the CEP, then the mandated reporter may report externally.</p>	NA	Will review in practice during licensing reviews
<p>Vulnerable Adult Internal Review Requirements</p>			
245A.65, subd 1,(b),(1)	<p>INTERNAL REVIEW: When the facility had an internal report, or knew of an external report of alleged or suspected maltreatment an internal review was completed;</p> <p>the internal review was completed within 30 calendar days; and</p> <p>The internal review must include an evaluation of whether:</p> <p>(i) related policies and procedures were followed _____;</p> <p>(ii) the policies and procedures were adequate _____;</p> <p>(iii) there is a need for additional staff training _____; and</p> <p>(iv) the reported event is similar to past events _____;</p> <p>(v) there is a need for corrective action _____.</p> <p>Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.</p>	NA	Will review in practice during licensing reviews
<p>Minors: Maltreatment Reporting Policies and Procedures</p>			
245G.12, clause(9), and 626.556	<p>Maltreatment of Minors: The policy and procedure manual must contain procedures for reporting maltreatment of minors under Minnesota Statutes, section 626.556, subdivision 3, (a) and (c) and include: a person who knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff; and</p>		<p>4/22/20: Multiple conflicting policies Section 2, 9, Section 2 Maltreatment of Minors DHS form, Section 8, 1:</p> <ul style="list-style-type: none"> Section 2, 9 says the purpose is to have policy and procedure to allow for internal reporting (p. 1), and has procedures for internal reports to the treatment director (p.4, #2 and #3) but internal reporting of maltreatment of minors is not allowed Section 2, 9 p. 3 indicates the Olmstead County CEP is the main CEP and the DHS form in Section 2 includes phone number for Winona County CEP but the program will not be in either of those counties. Reporting policy in Section 8 includes multiple counties. The DHS form in Section 2 includes phone number for Winona County sheriff but the program will not be in that county. Reporting policy in Section 8 includes multiple counties. Section 2, 9 p. 4 #5 references something for adults Section 2, 9 p.4 #6 indicates the "Vice President of Aging, Community, and Support Services" is responsible for investigating – what does that mean? Section 2, 9: Definitions are not consistent with statute 626.552. It would be better to just say definitions are

	a person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the Department of Human Services, which is the agency responsible for licensing the facility.			included in that statute. The inconsistencies include but are not limited to: <ul style="list-style-type: none"> Sexual abuse also needs to include something about trafficking The statutes listed in A-2 include 609.345, but that should be 609.345.1, and it needs to include 609.352 Report is not complete Neglect is not complete Facility is not complete Prenatal exposure info is in Section 2, 9 but not the other two policies In DHS form, but not Section 2, 9
245A.66, subd 1, (1)	License holders serving children shall: (1) establish and maintain policies and procedures to ensure that an internal review is completed within 30 calendar days, and	NA		4/24/20 Note: there is a lot of confusing info in Section 2, 9 about internal reviews and investigations that is not relevant since this program will not provide services to clients. The confusing information should be removed.
	that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.	NA		
	The review must include an evaluation of whether:	NA		
	(i) related policies and procedures were followed;	NA		
	(ii) the policies and procedures were adequate;	NA		
	(iii) there is a need for additional staff training;	NA		
	(iv) the reported event is similar to past events with the children or the services involved; and	NA		
	(v) there is a need for corrective action by the license holder to protect the health and safety of children in care.	NA		
	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any;	NA		
245A.66, subd 1, (2)	The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.	NA		
	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;	NA		
Minors Internal Review Requirements				
245A.66, Subd. 1, (3)	INTERNAL REVIEW: When completed as necessary, the license holder documented that an internal review was completed and provided the documentation to the commissioner. The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review;	NA		Will review in practice during licensing reviews
245A.66, Subd. 1, (1)	the internal review was completed within 30 calendar days; and			

<p>The internal review must include an evaluation of whether:</p> <ul style="list-style-type: none"> (i) related policies and procedures were followed _____; (ii) the policies and procedures were adequate _____; (iii) there is a need for additional staff training _____; (iv) the reported event is similar to past events _____; and (v) there is a need for corrective action _____. 		
<p>Personnel Policies and Procedures</p>		

<p>245G.13, subd 1</p> <p>The license holder must have written personnel policies and make them available to each staff member.</p>	+	<p>In Section 2, 5b</p>
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<p>Personnel policies must:</p> <p>(1) Ensure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the Department of Health, the Department of Human Services, the ombudsman for mental health and developmental disabilities, law enforcement, or local agencies for the investigation of complaints regarding a client's rights, health, or safety;</p> <p>(2) contain a job description for each staff member position specifying: responsibilities,</p>	+	<p>4/24/20: Section 11</p> <ul style="list-style-type: none"> • Not included for "Clinical Supervisor" or CEO (identified as positions in the VA reporting policies) or Executive Director or Intake Coordinator (identified on Flow Chart) • There is a description that includes MH student interns, but there are not descriptions for non-intern MH staff, so I am not sure how there could be interns • Multiple terms for Director used in policy (Treatment, Program, Clinical) – unclear is these are all the same (should be one title used consistently)
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<p>the degree of authority to execute job responsibilities, and qualification requirements.</p>	-	<p>4/24/20: Each description needs to say who the position reports to and which positions, if any, they supervise</p>
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<p>(3) Provide for job performance evaluations based on standards of job performance conducted on a regular and continuing basis, including a written annual review;</p> <p>(4) describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal including:</p> <p>_____ policies that address staff member problematic substance use and the requirements of section 245G.11, subdivision 1;</p> <p>_____ policies prohibiting personal involvement with a client in violation of chapter 604; and</p> <p>_____ policies prohibiting client abuse described in sections 245A.65, 626.556, 626.557, and 626.5572;</p>	+	<p>In Section 2, 5a</p> <p>4/24/20: List of behaviors that are grounds for discipline in Sections 2, 5b and 11, 1 (item D, 1 through XIII):</p> <ul style="list-style-type: none"> • List does not include these three things (problematic substance use, personal involvement with client, and client abuse) • Manual states multiple times that it "includes policies prohibiting client abuse" but that policy does not seem to be described anywhere. If client abuse is added to the grounds for discipline list, that should be fine.
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	(5) identify how the program will identify whether behaviors or incidents are problematic substance use, including a description of how the facility must address: (i) receiving treatment for substance use within the period specified for the position in the staff qualification requirements, including medication-assisted treatment;	+/-	4/24/20: <ul style="list-style-type: none"> Section 2, 5b and Section 11, 1 meet requirements Section 11, 11 describes "chemical use problems", (p.8) <ul style="list-style-type: none"> Wrong term Not consistent with the description of "problematic substance use" in the other policies Says "includes but not limited to" (has to be specific)
	(i) substance use that negatively impacts the staff member's job performance;	+	
	(ii) substance use that affects the credibility of treatment services with a client, referral source, or other members of the community;	+	
	(iv) symptoms of intoxication or withdrawal on the job; and	+	
	(v) participation in monitoring by the health professional services program for a substance use or mental health disorder, including the circumstances, if any, under which an individual who is participating in monitoring is able to provide services to the program's clients;	+	
	(6) The Personnel Policies must include a chart or description of the organizational structure indicating lines of authority and responsibilities;	-	4/24/20: Section 11, 10 Peer Recovery Specialists are not on the flow chart but there is a job description for them
	(7) The Personnel Policies must include orientation within 24 working hours of starting for each new staff member based on a written plan that, at a minimum, must provide for training related to the staff member's specific job responsibilities, policies and procedures, client confidentiality, HIV minimum standards and client needs; and (Also see Personnel File Section)	+	In Section 2, 5b
	(8) The Personnel Policies must include policies outlining the license holder's response to a staff member with a behavior problem that interferes with the provision of treatment services.	+	Section 11, 11, pages 8-9
245A.04, Subd. 1.(c)	The license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons being served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.	-	4/24/20: Section 11, 11 <ul style="list-style-type: none"> Page 6 requires staff to inform Clinical Director of prescribed medications – that is confidential information and you can't require that Prohibits use of non-prescribed drugs, not abuse of prescription medication. Should include this statement basically verbatim
245G.10, subd 1	The license holder had a Treatment Director. The license holder employed a Treatment Director who meets the requirements under section 245G.11, subdivision 3.	+	
245G.10, subd 2	Alcohol and drug counselor supervisor requirements. The license holder employed an alcohol and drug counselor supervisor who meets the requirements under section 245G.11, subdivision 4.	+	
	An individual may be simultaneously employed as a treatment director, alcohol and drug counselor supervisor, and an alcohol and drug counselor if the individual meets the qualifications for each position. (PRACTICE)	NA	
	If an alcohol and drug counselor was simultaneously an alcohol and drug counselor supervisor or treatment director, that individual was considered a 0.5 full-time equivalent alcohol and drug counselor for purposes of meeting the staffing requirements under subdivision 4.	NA	To be reviewed during actual licensing reviews

245G.10, subd 3	Responsible staff member. The treatment director must designate a staff member who, when present in the facility, is responsible for the delivery of treatment service. A license holder must have a designated staff person during all hours of operation.	In policy	4/24/20: Section 12 <ul style="list-style-type: none"> Says "this chapter" instead of chapter 245G (#2 on p.1). Says senior counselor will be responsible staff member, but what if no counselors are present (i.e. overnight)? This will also be reviewed in practice, including documentation.
	A license holder providing room and board and treatment at the same site must have a responsible staff person on duty 24 hours a day. (PRACTICE)		
	The designated staff person must know and understand the implications of Minnesota Statutes, sections 245G.01 through 245G.22, 245A.65, 626.556, 626.557, and 626.5572. (PRACTICE)		
245G.10, subd 4	Staff requirement. It is the responsibility of the license holder to determine an acceptable group size based on each client's needs. Groups counseling shall not shall not exceed 16 clients. The license holder must maintain a record that documents compliance. (PRACTICE)	Stated in policy	Will review in practice. 4/24/20: Recommend having check boxes on the top of all group records/census sheets for type of service (i.e. counseling, education, living skills, therapeutic rec, etc.)
Rate requirements for Non Psychotherapeutic Group Services			
254B.05, (9)	Non psychotherapeutic groups shall not exceed 48 to one staff. The staff must meet the qualifications for the type of treatment services provided. A peer recovery specialist may not be included as part of the staff ratio. (Note: Applicable to programs serving adults (PRACTICE))		
Health and Safety Policies and Practices			
245G.10, subd 5	Medical emergency. When a client is present, a license holder must have at least one staff member on the premises who has a current American Red Cross standard first aid certificate or an equivalent certificate, and at least one staff member on the premises who has a current American Red Cross community, American Heart Association, or equivalent CPR certificate. A single staff member with both certifications satisfies this requirement.	In policy	4/24/20: Need process for documenting compliance which will be reviewed in practice (unless all staff have certificates). At this time, no certifications have been shown to be equivalent. If a program wants to use a CPR/first aid training program which does not result in an AHA or ARC certificate, the training must include a hands-on component and the program must have documentation demonstrating the training material/information is equivalent. A statement from a training agency of equivalence does not meet this requirement.
245A.04, subd 16	Reporting a death in the program. The program must have a written policy for reporting the death of an individual served by the program to the commissioner of human services. Within 24 hours of receiving knowledge of the death of an individual served by the program, the license holder shall notify the commissioner of the death. If the license holder has reason to know that the death has been reported to the commissioner, a subsequent report is not required. (POLICY/PRACTICE)	?	4/24/20: Section 2, 11: How will the report be made? (note: the licensing division does not need to be informed – please let me know if you are unsure of the process for how DHS should be informed)
243.166, subd 4b, (d)	Predatory Offender Notification. If a residential facility licensed under chapter 245A to provide chemical dependency treatment to adults receives a fact sheet from law enforcement or a corrections agent that includes a risk level classification for a person required to register as a predatory offender, and the facility admits the offender, the facility shall distribute the fact sheet to all residents at the facility. If the facility determines that distribution to a resident is not appropriate given the resident's medical, emotional, or mental status, the facility shall distribute the fact sheet to the patient's next of kin or emergency contact. (PRACTICE)	NA	Will review in practice
Culturally Specific Rate Enhancement Requirements			

254B.01, Subd. 4a	"Culturally specific program" means a substance use disorder treatment service program or subprograms that is recovery-focused and culturally specific when the program: (1) improves service quality to and outcomes of a specific population by advancing health equity to help eliminate health disparities; and (2) ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to an individual within a specific population's values, beliefs and practices, health literacy, preferred language, and other communication needs.	NA	
254B.05, Subd. 5, (c), (2) and 9530.6605, subp. 13	Culturally specific programs as defined in section 254B.01, subdivision 4a, or programs or subprograms serving special populations, must meet the following requirements: is designed to address the unique needs of individuals who share a common language, racial, ethnic, or social background; (PRACTICE) is governed with significant input from individuals of that specific background; (PRACTICE) employs individuals to provide individual or group therapy, at least 50 percent of whom are of that specific background, except when the common social background of the individuals served is a traumatic brain injury or cognitive disability and the program employs treatment staff who have the necessary professional training, as approved by the commissioner, to serve clients with the specific disabilities that the program is designed to serve. (PRACTICE)	NA NA	
Residential Treatment Services Rate Requirements			
245G.12, clause (10)	The program's description of treatment services must describe how the required amount of clinical services is provided per week for each intensity level at the program.	-	4/24/20: High intensity only – see treatment services policy section
254B.05, Subd. 1a, (a),(1)	Has rules prohibiting residents bringing chemicals into the facility or using chemicals while residing in the facility and provide consequences for infractions of those rules.	-	4/24/20: Has rule in Section 16, 4 but not consequences
254B.05, Subd. 1a, (a),(4)	Not concurrently receiving funds under chapter 256I (Group Residential Housing) for the recipients. (PRACTICE)	Not reviewed	
254B.05, Subd. 1a, (a),(7)	Has awake staff on site 24 hours per day (NA-CRF). (PRACTICE)	+	
254B.05, Subd. 1a, (a),(15)	Has sleeping and bathroom facilities for men and women separated by a door that is locked, has an alarm, or is supervised by awake staff. (NA-CRF) (PRACTICE)		
Children's Residential Facility (CRF) Rate Requirements			
254B.05, Subd. 5,(d)	CRF Programs licensed under 2960 with the Chemical Dependency Certification and the Mental Health Certification are exempt from the requirements in 254B.05, Subd. 5, paragraph (c), (4), (i) to (iv). These programs must still meet the requirements in 254B.05, Subd. 5, paragraph (c), (4), (v) and (vi); or	NA	
254B.05, Subd. 5,(d)	CRF Programs licensed under 2960 with a Chemical Dependency Certification but not a Mental Health Certification may choose to meet all of the requirements in 254B.05, Subd. 5 paragraph (c), (4) and be eligible to receive the co-occurring rate.	NA	
All Programs – Plan for Transfer of Clients and Records Upon Closure			
245A.04, subd 15a, (a)	The program must have a written policy indicating how the program will ensure the transfer of current or discharged clients and records if the program closes. The plan must: Provide for managing private and confidential information concerning program clients;	+/-	Section 3, 5 & 6, and Section 14, 4 4/24/20: How will records be transferred in a confidential manner? If using electronic records, how will they be transferred?

	Provide for notifying affected clients of the closure at least 25 days prior to closure, including information on how to access their records;	+	
	Specify arrangements the program will make to transfer clients to another provider or county agency for continuation of services and to transfer the case record with the client; and	+	
	Be accompanied by a signed agreement or other documentation indicating that a county or a similarly licensed provider has agreed to accept and maintain the program's closed case records and to provide follow-up services as necessary to affected clients.		
	A controlling individual of the licensed program reviewed and signed the plan at least annually. (PRACTICE - Must be documented)		4/24/20 Note: must be signed annually by CI - just a statement that it was reviewed is not sufficient.
All Programs – Positive Supports Rule			
9544.0010, subd 2	Positive Supports Rule. Describe the program's process for identifying individuals who fall under the PSR in <u>9544</u> (applicable to all programs licensed under chapter <u>245A</u>).	+/-	4/24/20: Section 14, 2 (p.333): Why would Goodhue County Detention staff inform you of anything?

- Other:
- Section 0 #1 (p. 1)—the first link does not work (eDocs)
 - Section 2, 8 (p.66) and Section 14, 1 (p. 330) say Valley View has obtained permission from the commissioner to use electronic records, but DHS does not do or require that anymore
 - All references to “chemical use problems” must be updated to “problematic substance use” (p. 160, 279, 304, 308)
 - The PAPP, section B says “To ensure the best possible protection of client’s rights and safety, it is a policy of Valley View to hire personnel who are adequately trained to fulfill the functions for which they are hired. In the event that an applicant is judged the best candidate for a position but lacks formal training, education, or experience, the candidate may be hired with the submission of a written plan for subsequent training” — is that saying someone can be hired for a position if they do not meet the 245G qualifications?
 - References to a “board”
 - Personnel policies (p. 36 and 276)
 - Job descriptions (Background Investigation) – Unclear what board is being referenced for positions which do not have an applicable licensing board (techs, interns)
 - Need more information about searches in Section 16, 4 (p. 340)
 - How are body searches conducted? It says the client has to be undressed – what does that mean exactly? Where will searches be done? When is it necessary to be undressed?
 - Can property searches be done without the client present? If yes, how will the client property management requirements be met?
- Note: Grievance procedure info in Section 16, 4 (p. 340) would not count for client orientation – they have to be oriented to the full policy

INTERAGENCY REQUEST FOR HEALTH INSPECTIONS

TO: Rochester District Office
Southeastern District
18 Wood Lake Dr SE
Rochester, MN 55904

RETURN TO:
Division of Licensing
MN Department of Human Services
PO Box 64242
St. Paul, MN 55164-0242
Fax: (651) 431-7673

Prior to issuing a license, verification is required that a facility is in compliance with appropriate state or local health codes. Please complete the requested information and return to the Licensing Division with any orders attached. A copy of orders should also be provided to the program.

PROGRAM INFORMATION

Date: 3/13/20

Name/ address of facility: Valley View Recovery Center, 31591 64th Ave, Cannon Falls, MN 55009

Proposed use: To provide substance use disorder treatment services.

Name/phone number of contact person: Jacob McGuire at 507-951-8056 or jacob.mcguire@valleyviewrecovery.org

Area of facility to be used: Unknown at this time.

Numbers and age ranges of participants: Serving 54 males & females ages 18 - 99 years old.

Does the facility plan to serve handicapped individuals? Unknown at this time

HEALTH INSPECTION

Licensed Not Licensed Application left or mailed

No orders necessary at time of inspection Major orders issued

Minor orders issued Major revisions needed before license can be issued

Signature of Health Inspector: Matthew Finkenbiner
Digitally signed by Matthew Finkenbiner
Date: 2020.04.28 14:14:29 -05'00' Date: _____

Comment: Change of ownership to occur near June 1, 2020. Food will be catered from a licensed establishment. This facility will provide snacks.

Valley View Recovery Center Food Service Plan

Breakfast 8 AM, Lunch 12 PM, Dinner 6 PM

Valley View Recovery Center (VVRC) of Cannon Falls, MN will be having breakfast, lunch, and dinner catered through Little Oscars of Hampton, MN. The 7 day a week catering schedule will include Little Oscar's taking care of all dishwashing until the planned kitchen renovation can take place starting at 6 months from opening. The contracted catering will bring dishes and smallware with each meal and they will provide a staff member to serve the food. There will be coffee, milk, and juice dispensers. Clients will be using disposable cups to drink their liquids from. Coffee makers and the cooled beverage dispensers will be located next to the food serving area on approved serving areas inside the cafeteria. Outside of the main meals and beverages, VVRC will provide snacks by using individually wrapped store-bought snacks such as Little Debbie's, small bags of chips, or bananas and oranges for fruits.

Food brought to the facility will be kept warm in Cambro's and then served immediately. The existing foodservice area with sink and juice bar would be changing to accommodate our needs. The juice, milk, cereal, and coffee would move out of that room to the external foodservice table in the cafeteria where there are currently waffle and toast machines. The beverage bar would replace the waffles and toast maker. The catering server would be located inside the handwash/serving room. Food to be served would sit where the removed beverage dispensers are. The server would make a plate and serve it out of the doorway to the client waiting in line. When clients are done eating, there will be a dirty dish rack to drop the plates and silverware. There would be no storing or saving of leftover food on the premises. The only food storage on premises would be individually wrapped store-bought snacks, cereal, bananas, oranges, milk, juice, and coffee.

The kitchen renovation to accommodate dishwashing will begin 6 months after opening and plans would be sent in 1 month prior to this for approval. At time of renovation, all wooden cabinets and laminated counters would be removed at all food and beverage serving areas and replaced with NSF stainless steel tables and shelving. A 2-compartment dishwashing sink, garbage disposal, and dishwasher would be installed in place of the existing 2 compartment handwashing sink. A new handwash sink would be installed in the same room. All walls, ceiling, and flooring would be updated to washable surfaces to meet NSF standards.

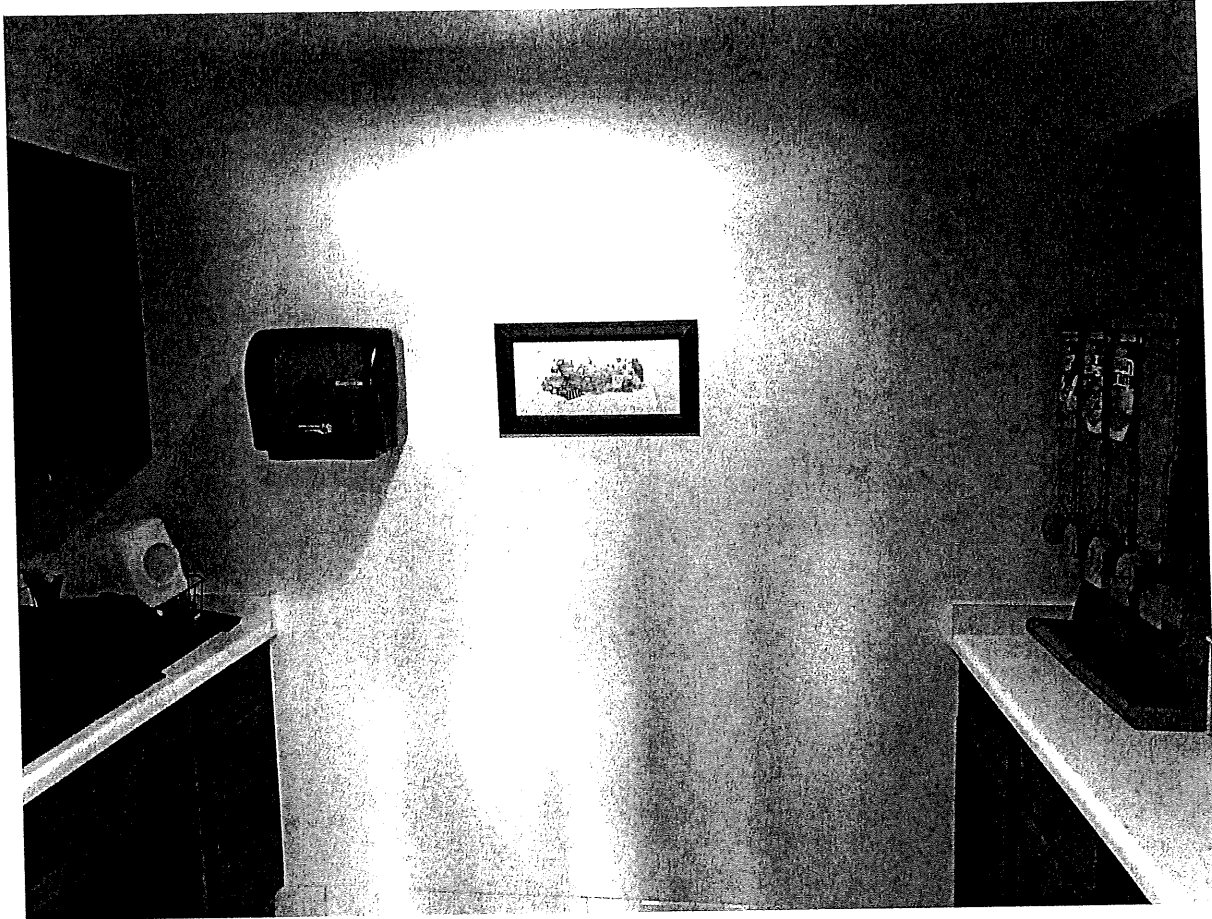
Pictures listed below start at the serving room entry way. There's a total of six pictures with descriptions of their current and future uses. Also included in the descriptions are lists of what renovations would look like. The last picture shows the orientation of all areas from a perspective of the cafeteria.



This picture is of the serving room entry. Prepared plates of food would be served to clients through this doorway.



This counter is on the right side of the serving room. Cambro's will be here. Food will be served onto plates for each client. The beverage dispensers and cereal will be moved into an approved location in the cafeteria. During renovation all wood, shelving, and counter tops will be replaced with NSF stainless steel tables.



This photo shows a hand towel dispenser and space separating handwash side of serving room to the food plating side. During renovation all wood and counter will be replaced with NSF stainless steel tables. All walls, ceiling, and flooring would be updated to washable surfaces to meet NSF standards.



This picture shows the left side of serving room. The existing handwash sink will stay in use. This is what will be renovated in the future to dishwashing and handwashing. During renovation all wood, shelving, and counter tops will be replaced with NSF stainless steel sinks. A 2-compartment dishwashing sink, garbage disposal, and dishwasher would be installed in place of the existing 2 compartment handwashing sink. A new handwash sink would be installed in the same room.



This picture shows outside of the serving room in the cafeteria. This is where all beverages, fruit, and individually wrapped snacks will be located. During renovation all wood, shelving, and counter tops will be replaced with NSF stainless steel tables. All walls, ceiling, and flooring would be updated to washable surfaces to meet NSF standards.



This picture is from the SE corner of cafeteria. On the left outside of the camera shot there are stairs coming from the first floor. Next is the hallway to 2nd floor bedrooms. There is a bathroom straight ahead to the left of the serving area. Serving room entryway is the middle doorway. The doorway on the right is a storage room with a refrigerator. To the right is the existing waffle and toast serving area which would be turned into the beverage table. The dirty dish rack will be placed outside the food serving room against the white wall.

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155



CC0515

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 507-951-8056	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) Valley View Recovery Center, Inc			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes) 31591 64th Ave	City Cannon Falls	State MN	ZIP code 55009
County Goodhue	Email address jacob.mcguire@valleyviewrecovery.org		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)
SFM Mutual Insurance Company

Policy number: 125705.201 Effective date: 06/01/2020 Expiration date: 06/01/2021

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name: Jacob McGuire

Applicant signature (required)

Title

CEO

Date

3/6/20

If you have questions about completing this form or to request this form in braille, large print or audio.

CC0515 Workers Comp

Articles of Incorporation of Valley View Recovery Center Inc.

The undersigned natural person of full age for the purpose of forming a corporation pursuant to the provisions of Minnesota Business Corporation Act (Minnesota Statutes, Chapter 302A), hereby establishes a corporation and adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation shall be Valley View Recovery Center Inc.

ARTICLE II. REGISTERED OFFICE

The registered office of this corporation is located at 1673 Echo Ridge Street SW, Rochester, Minnesota 55902.

ARTICLE III. PURPOSES

The purposes for which this corporation is organized are as follows:

- A. General business purposes.
- B. To do everything necessary, proper, advisable, or convenient for the accomplishment of the purposes set forth above, and to do all other things in connection with the above purposes which are not forbidden by law or by these Articles of Incorporation.
- C. To carry out the purposes set forth above in any state or possession of the United States, or in any foreign country, to the extent that such purposes are not forbidden by the laws thereof.

ARTICLE IV. DURATION

The duration of this corporation shall be perpetual.

ARTICLE V. INCORPORATOR

The name and post office address of the incorporator of this corporation are:

<u>Name</u>	<u>Address</u>
Jacob C. McGuire	1673 Echo Ridge Street SW Rochester, MN 55902

ARTICLE VI. AUTHORIZED SHARES

The total authorized number of shares of this corporation shall be 2,500. These shall be common stock with no par value.

ARTICLE VII. DIRECTORS

The name and post office address of the members of the first Board of Directors of this corporation are:

<u>Name</u>	<u>Address</u>
Jacob C. McGuire	1673 Echo Ridge Street SW Rochester, MN 55902

ARTICLE VIII. DIRECTOR LIABILITY

A director of the corporation shall not be personally liable to the corporation or its shareholders for monetary damages for breach of fiduciary duty as a director, except for the following:

- A. Liability based on a breach of the duty of loyalty to the corporation or the shareholders;
- B. Liability for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law;
- C. Liability based on the payment of an improper dividend or an improper repurchase of the corporation's stock under Minnesota Statutes Section 302A.559 or on violations of federal or state securities laws;
- D. Liability for any transaction from which the director derived an improper personal benefit; or
- E. Liability for any act or omission occurring prior to the date this Article becomes effective.

If the Minnesota Business Corporation Act hereafter is amended to authorize the further elimination or limitation of the liability of directors, then the liability of a director of the corporation in addition to the limitation on personal liability provided herein, shall be limited to the fullest extent permitted by the amended Minnesota Business Corporation Act. Any repeal or modification of this Article by the shareholders of the corporation shall be prospective only, and shall not adversely affect any limitation on the personal liability of a director of the corporation existing at the time of such repeal or modification.

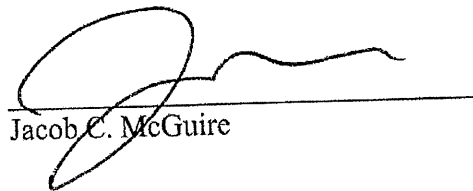
ARTICLE IX. RELATED ENTITY TRANSACTIONS

In the absence of fraud, no contract or other transaction between this corporation and any other corporation or business entity shall in any way be invalidated or affected by the fact that any one or more of the directors of this corporation are pecuniarily or otherwise interested in, or are directors or officers of, such other corporation or business entity. Any director of this corporation, or any business entity with which any director may be associated, may make a contract or transact business with this corporation. Such contract or transaction will be valid, absent fraud, provided such association shall have been disclosed to the Board of Directors of this corporation.

ARTICLE X. WRITTEN ACTION

A written action by the board taken without a meeting may be signed by the number of directors that would be required to take the same action at a meeting of the board at which all directors are present.

IN WITNESS WHEREOF, I have hereunto set my hand this November 7, 2018.



Jacob C. McGuire

**WRITTEN ACTION IN LIEU OF SPECIAL
MEETING OF SHAREHOLDERS AND DIRECTORS FOR
COMMON GROUND RECOVERY HOUSING INC.**

The undersigned, being all the shareholders and directors of Common Ground Recovery Housing Inc., a Minnesota corporation (the "Company"), subject to Chapter 302A of the Minnesota Statutes, hereby adopt in writing the following resolutions:

RESOLVED, that Cheryl Jean Squires be and is hereby authorized to transfer 500 shares of stock in the Company to Mattea Schmitz.

FURTHER RESOLVED, that Cheryl Jean Squires be and is hereby authorized to transfer 500 shares of stock in the Company to Jacob McGuire.

FURTHER RESOLVED, that Mattea Schmitz and Jacob McGuire, in consideration of said stock transfers, hereby agree to be bound by and consent to the Bylaws of the Company.

FURTHER RESOLVED, that Cheryl Jean Squires' resignation as an officer and director of the Company, attached hereto, be and is hereby accepted.

FURTHER RESOLVED, that the following individuals are elected as directors of this Company to hold their office until their successors shall have been elected and qualified, to-wit:

Mattea Schmitz
Jacob McGuire

FURTHER RESOLVED, that the following persons are hereby elected to the offices of this Company set forth opposite their respective names below to hold their office until their successors shall have been elected and qualified, to-wit:

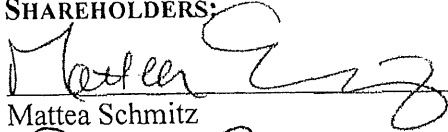
<u>Office</u>	<u>Name</u>
Chief Executive Officer/President	Mattea Schmitz
Vice President	Jacob McGuire
Secretary	Mattea Schmitz
Chief Financial Officer/Treasurer	Jacob McGuire

It was noted that after the foregoing stock transfers, ownership in the Company is as set forth on the Record of Stock Ownership effective as of December 31, 2018, a copy of which is attached hereto as Schedule A and made a part hereof as though fully set forth herein.

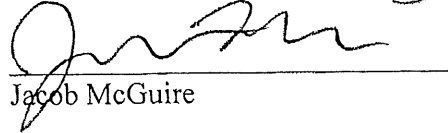
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THIS WRITTEN ACTION IN LIEU OF SPECIAL MEETING OF THE SHAREHOLDERS AND DIRECTORS of Common Ground Recovery Housing Inc. is effective as of December 31, 2018.

SHAREHOLDERS:



Mattea Schmitz

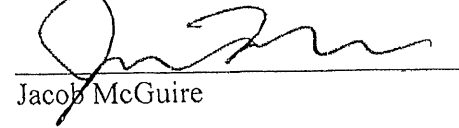


Jacob McGuire

DIRECTORS:



Mattea Schmitz

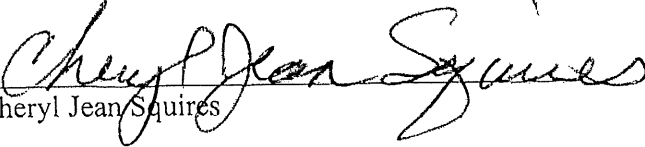


Jacob McGuire

RESIGNATION

I, Cheryl Jean Squires, hereby resign as an officer and director of Common Ground Recovery Housing Inc., a Minnesota corporation.

Dated: December 31, 2018.


Cheryl Jean Squires

SCHEDULE A

[See attached Record of Stock Ownership as of December 31, 2018]

Common Ground Recovery Housing Inc.

Record of Stock Ownership
(As of December 31, 2018)

Total Authorized Shares – 2,500 Shares Common Stock – No Par Value

Cert No.	Dated	Issued to:	Voting Shares	Total Voting Shares	Percent of Ownership
3	31-Dec-18	Jacob McGuire	500.00		
Jacob McGuire Totals				500.00	50.0000%
4	31-Dec-18	Mattea Schmitz	500.00		
Mattea Schmitz Totals				500.00	50.0000%
Total Outstanding Shares				1,000.00	100.0000%

Certificate No. 3 For 500 Shares Issued to Jacob McGuire
Dated December 31, 2018 Receipt acknowledged

Transferred from _____
No. Original Certificate _____ No. Original Shares _____ No. Of Shares Transferred _____
See Transfer _____ Sheets _____

NUMBER

3

INCORPORATED UNDER THE LAWS OF
The State of Minnesota

SHARES

500



Common Ground Recovery Housing Inc.

2,500 Shares Common Stock, No Par Value

This Certifies That

Jacob McGuire

is the owner of

Five Hundred

fully paid

and non-assessable Shares of the Capital Stock of the above named Corporation and transferable only on the books of the Corporation by the holder hereof in person or by duly authorized attorney upon surrender of this Certificate properly endorsed.

Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 31st day of December 2018

Mattea Schmitz

TREASURER/SECRETARY

Mattea Schmitz

PRESIDENT

No
Corporate
Seal

EXPLANATION OF ABBREVIATIONS

The following abbreviations, when used in the inscription of ownership on the face of this certificate, shall be construed as if they were written out in full according to applicable laws or regulations. Abbreviations, in addition to those appearing below, may be used.

JT TEN	As joint tenants with right of survivorship and not as tenants in common	TEN ENT	As tenants by the entireties
TEN COM	As tenants in common	UNIF GIFT MIN ACT	Uniform Gifts to Minors Act
		CUST	Custodian for
		UNIF TRANS MIN ACT	Uniform Transfers to Minors Act

For Value Received, _____ hereby sell, assign and transfer unto

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

_____ Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint

_____ Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.

Dated _____ In presence of _____



The Common Stock represented by this Certificate has not been registered under the Securities Act of 1933, as amended, or any state Blue Sky law. Such Common Stock has been acquired by the registered holder hereof for his or her own account for investment purposes and may not be sold, transferred or otherwise disposed of for value, except pursuant to registration under all applicable securities laws or the receipt by the Company of an opinion of counsel, satisfactory in form and substance to the Company, that registration is not required under such securities laws.

PASTE CANCELLED CERTIFICATE IN THIS SPACE

Certificate Number 3 *For* 500 *Shares*

COMMON GROUND RECOVERY HOUSING INC.

Dated December 31, 2018

Issued to Jacob McGuire

IF NOT AN ORIGINAL ISSUE SHOW DETAILS OF TRANSFER BELOW

Transferred from	Original Certificate		No. of Origl Shares	No of Sh's Transf'd
	No	Date		
Cheryl Jean Squires	2	07/19/17	1,000	500

IF THIS CERTIFICATE IS SURRENDERED FOR TRANSFER SHOW DETAILS

New Certificate Issued To	No. of New Certificate	No. of Shares Transferred

Received this Certificate: _____

Surrendered this Certificate: _____

DUNLAP & SEEGER

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

Christopher D. Nelson
Attorney at Law
cnelson@dunlaplaw.com

December 31, 2014

Mattea Schmitz
David M. Miller and Jeanne M. Miller
Miller Chemical Health Services, Inc., d/b/a Common Ground
1027 7th Street NW, Ste. 207
Rochester, MN 55901

Re: Miller Chemical Health Services, Inc.
Our File No. 12-1679

Dear Ms. Schmitz and Mr. and Ms. Miller:

Enclosed is a folder containing the following documents with reference to the sale of shares to Mattea Schmitz:

1. Joint Action in Lieu of Special Meeting of the Shareholders and Board of Directors of Miller Chemical Health Services, Inc. to be effective January 1, 2015.
2. Resignations to be signed by the Millers.
3. Assignment Separate from Certificate to be signed by the Millers transferring 600 shares to Mattea. The Assignment should be signed in the presence of a witness.
4. Revised Schedule A (Record of Stock Ownership after these transfers are complete).
5. Consent and Agreement to be signed by Mattea.
6. Copy of Amended Stock Purchase Agreement with attached Exhibit A (Promissory Note), Exhibit B (Stock Pledge Agreement) and Exhibit C (Assignment of Life Insurance). Please sign and complete where indicated. The assignment of life insurance will need to be signed in the presence of two witnesses and a notary. **The original Promissory Note will be retained by the Millers. Please send us a copy for your record book.**

DUNLAP & SEEGER

A PROFESSIONAL ASSOCIATION

7. Stock Certificate No. 3 dated January 1, 2015 issued to Mattea for 600 shares of stock. **This original certificate will be retained by the Millers until the note is paid off. Please send us a copy for your record book.**

Please have the documents signed where indicated and return the same to us for completion and placement in your corporate record book. A self-addressed envelope is enclosed for your convenience.

Should you have questions, please do not hesitate to contact us.

Yours very truly,



Wendy M. Wilson
Paralegal

WW
Enclosures

DUNLAP & SEEGER

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

Miller Chemical Health Services, Inc.

Original Documents for Signature

**Please Return These Original Documents to
Christopher D. Nelson
Attention Wendy Wilson
At Dunlap & Seeger, P.A.
For Completion**

**JOINT ACTION IN LIEU OF SPECIAL MEETING
OF THE SHAREHOLDERS AND BOARD OF DIRECTORS OF
MILLER CHEMICAL HEALTH SERVICES, INC.**

The undersigned, being the Shareholders and members of the Board of Directors of Miller Chemical Health Services, Inc., do hereby certify that the following is a written record of action as permitted by Minnesota Statutes, effective January 1, 2015.

David M. Miller and Jeanne M. Miller, as joint tenants, Transfer on Death (T.O.D.) to David M. Miller and Jeanne M. Miller, Trustees of the David M. Miller and Jeanne M. Miller Revocable Trust under Agreement dated May 7, 2014 have sold their 600 shares of stock in Miller Chemical Health Services, Inc. to Mattea Schmitz, and have submitted their resignations as both officers and directors of the corporation.

Based on the foregoing, the following Resolutions were adopted:

BE IT RESOLVED, that the Resignations of David M. Miller and Jeanne M. Miller, as both officers and directors of the corporation be and hereby are accepted.

BE IT FURTHER RESOLVED, that Mattea Schmitz, in consideration of said stock transfer hereby agrees to be bound by and consents to the By-Laws of Miller Chemical Health Services, Inc.

BE IT FURTHER RESOLVED, that the following individual hereby is elected as Director of the Corporation to serve until successors have been elected and qualified:

Mattea Schmitz

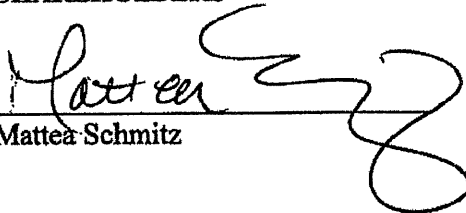
BE IT FURTHER RESOLVED, that the following individuals be and hereby are elected to the office set opposite their name to hold said office until the next annual meeting or until his or her successor shall have been elected and qualified:

<u>Office</u>	<u>Name</u>
Chief Executive Officer:	Mattea Schmitz
Vice President:	-
Secretary:	Mattea Schmitz
Chief Financial Officer:	Mattea Schmitz

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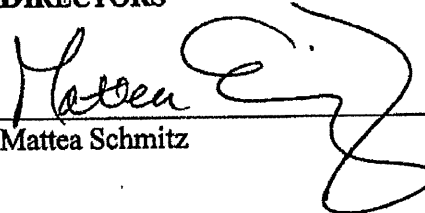
IN WITNESS WHEREOF, the undersigned by signing below give their approval and ratification to the Joint Action in Lieu of Special Meeting of the Shareholders and Directors of Miller Chemical Health Services, Inc. effective January 1, 2015.

SHAREHOLDERS



Mattea Schmitz

DIRECTORS




Mattea Schmitz

RESIGNATION

To Whom It May Concern:

I hereby resign, effective immediately, as both an officer and director of Miller Chemical Health Services, Inc.

Dated: January 1, 2015.



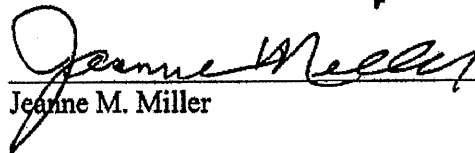
David M. Miller

RESIGNATION

To Whom It May Concern:

I hereby resign, effective immediately, as both an officer and director of Miller Chemical Health Services, Inc.

Dated: January 1, 2015.

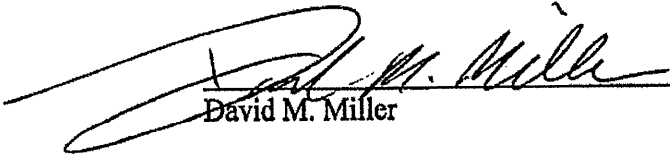


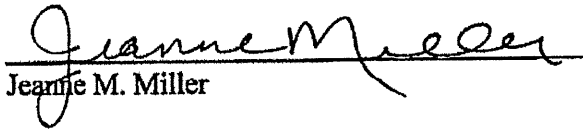
Jeanne M. Miller

ASSIGNMENT SEPARATE FROM CERTIFICATE

FOR VALUE RECEIVED We, David M. Miller and Jeanne M. Miller, as joint tenants, hereby sell, assign and transfer unto **Mattea Schmitz** 600 Shares of the Capital Stock of **Miller Chemical Health Services, Inc.**, a Minnesota corporation, standing in our names on the books of said corporation represented by Certificate No. 2 herewith and do hereby irrevocably constitute and appoint **Christopher D. Nelson** attorney to transfer the said stock on the books of the within named Corporation with full power of substitution in the premises.

Dated: January 1, 2015.


David M. Miller


Jeanne M. Miller

IN THE PRESENCE OF



Revised Schedule A

Record of Stock Ownership
(as of January 1, 2015)

Cert #	Date	Issued to:	Shares	Total Shares
3	1/1/2015	Mattea Schmitz	600	600
		Total Outstanding Shares	600	600

Consent and Agreement

To Whom It May Concern:

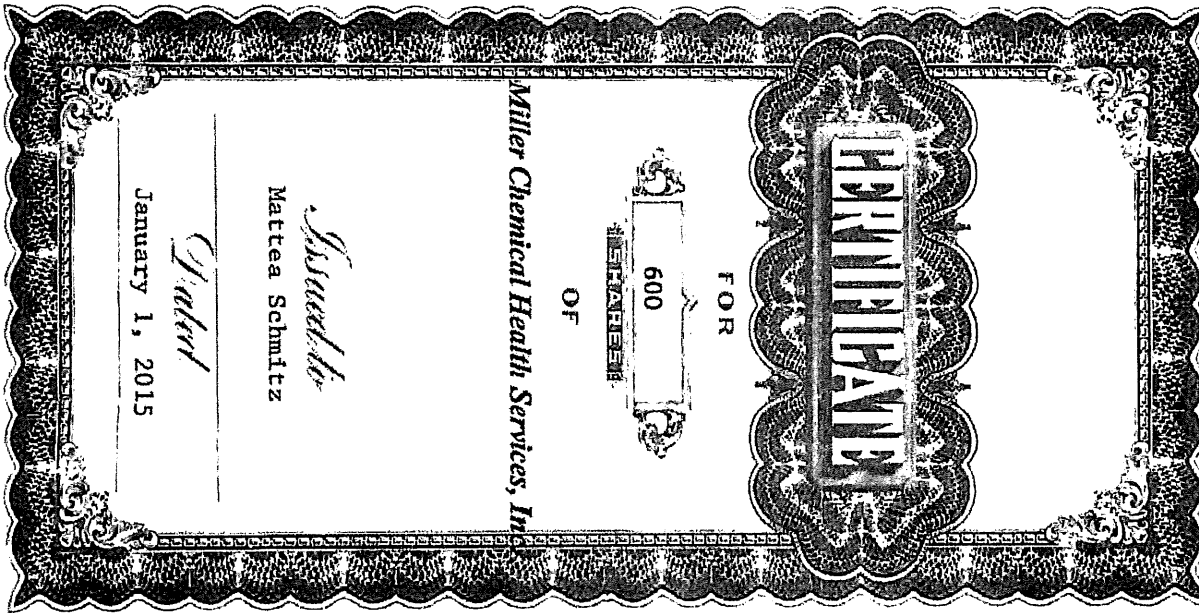
IN CONSIDERATION of the stock transfer to Mattea Schmitz, I hereby agree to be bound by and consent to the By-Laws of Miller Chemical Health Services, Inc.

Dated January 1, 2015.


Mattea Schmitz

The shares of stock represented by this certificate are pledged under, and subject to, that certain Stock Pledge Agreement, dated January 1, 2015, by and among Schmitz and the Millers, as security for the performance by Schmitz of her obligations under a Purchase Promissory Note to the Millers and cannot be sold, assigned, transferred, pledged or disposed of except as provided in said Stock Pledge Agreement.

The Common Stock represented by this Certificate has not been registered under the Securities Act of 1933, as amended, or any state Blue Sky law. Such Common Stock has been acquired by the registered holder hereof for his or her own account for investment purposes and may not be sold, transferred or otherwise disposed of for value, except pursuant to registration under all applicable securities laws or the receipt by the Company of an opinion of counsel, satisfactory in form and substance to the Company, that registration is not required under such securities laws.



PLEASE PRINT SOC. SEC. NO. IN FULL IN THE SPACE PROVIDED FOR THE NUMBER OF SHARES

For Value Received,
 _____ hereby sell, assign and transfer unto _____
 Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint _____
 Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.
 Dated _____ In witness whereof

EXPLANATION OF ABBREVIATIONS

The following abbreviations, when used in the inscription of ownership on the face of this certificate, shall be construed as if they were written out in full according to applicable laws or regulations. Abbreviations, in addition to those appearing below, may be used.

JT TEN As joint tenants with right of survivorship and not as tenants in common
 TEN COM As tenants in common
 CUST Custodian for
 UNIF GIFT MIN ACT Uniform Gifts to Minors Act
 UNIF PRANS MIN ACT Uniform Transfers to Minors Act
 TEN ENT As tenants by the entireties

Certificate No. 1 For 500 Shares Issued to Jacob C. McGuire
Dated November 8, 2018 Receipt acknowledged

Transferred from
No. Original Certificate No. Original Shares No. Of Shares Transferred
1

NUMBER

INCORPORATED UNDER THE LAWS OF

The State of Minnesota

SHARES

500



Valley View Recovery Center Inc.

2,500 Shares Common Stock, No Par Value

His Excellency

Jacob C. McGuire

is the owner of

Five Hundred

fully paid

and non-assessable Shares of the Capital Stock of the above named Corporation
transferable only on the books of the Corporation by the holder hereof in person or
by duly authorized attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers
and its Corporate Seal to be hereunto affixed this 8th day of November 2018

Jacob C. McGuire

TREASURER/SECRETARY

Jacob C. McGuire

PRESIDENT

No
Corporate
Seal

EXPLANATION OF ABBREVIATIONS

The following abbreviations, when used in the inscription of ownership on the face of this certificate, shall be construed as if they were written out in full according to applicable laws or regulations. Abbreviations, in addition to those appearing below, may be used.

JT TEN	As joint tenants with right of survivorship and not as tenants in common	TEN ENT	As tenants by the entireties
TEN COM	As tenants in common	UNIF GIFT MIN ACT	Uniform Gifts to Minors Act
		CUST	Custodian for
		UNIF TRANS MIN ACT	Uniform Transfers to Minors Act

For Value Received, _____ *heroby sell, assign and transfer unto*

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

_____ *Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint*

_____ *Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.*

Dated _____
In presence of



The Common Stock represented by this Certificate has not been registered under the Securities Act of 1933, as amended, or any state Blue Sky law. Such Common Stock has been acquired by the registered holder hereof for his or her own account for investment purposes and may not be sold, transferred or otherwise disposed of for value, except pursuant to registration under all applicable securities laws or the receipt by the Company of an opinion of counsel, satisfactory in form and substance to the Company, that registration is not required under such securities laws.

THIS DOCUMENT IS A FORM AND IS NOT VALID UNLESS IT IS USED IN CONNECTION WITH THE SERVICE PROVIDED BY THE COMPANY.

Certificate No. 4 For 500 Shares Issued to Mattea Schmitz
Dated December 31, 2018 Receipt acknowledged

Transferred from
No. Original Certificate No. Original Shares No. Of Shares Transferred
See Transfer Sheets

NUMBER 4
INCORPORATED UNDER THE LAWS OF
The State of Minnesota
SHARES 500



Common Ground Recovery Housing Inc.

2,500 Shares Common Stock, No Par Value

This Certificate that Mattea Schmitz

Five Hundred

is the owner of

fully paid

and non-assessable Shares of the Capital Stock of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney when surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 31st day of December A. D. 2018

Mattea Schmitz

~~Treasurer~~ SECRETARY

Mattea Schmitz

PRESIDENT

No
Corporate
Seal

EXPLANATION OF ABBREVIATIONS

The following abbreviations, when used in the inscription of ownership on the face of this certificate, shall be construed as if they were written out in full according to applicable laws or regulations. Abbreviations, in addition to those appearing below, may be used.

JT TEN	As joint tenants with right of survivorship and not as tenants in common	TEN ENT	As tenants by the entireties
TEN COM	As tenants in common	UNIF GIFT MIN ACT	Uniform Gifts to Minors Act
		CUST	Custodian for
		UNIF TRANS MIN ACT	Uniform Transfers to Minors Act

For Value Received, _____ *herely sell, assign and transfer unto*
PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

_____ *Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint*

_____ *Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.*

Dated _____

In presence of



The Common Stock represented by this Certificate has not been registered under the Securities Act of 1933, as amended, or any state Blue Sky law. Such Common Stock has been acquired by the registered holder hereof for his or her own account for investment purposes and may not be sold, transferred or otherwise disposed of for value, except pursuant to registration under all applicable securities laws or the receipt by the Company of an opinion of counsel, satisfactory in form and substance to the Company, that registration is not required under such securities laws.

PASTE CANCELLED CERTIFICATE IN THIS SPACE

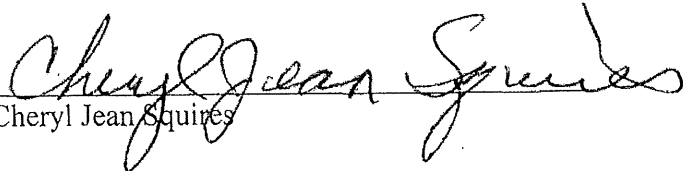
<i>IF NOT AN ORIGINAL ISSUE SHOW DETAILS OF TRANSFER BELOW</i>				
<i>Certificate Number</i>	<u>4</u>	<i>For</i>	<u>500</u>	<i>Shares</i>
COMMON GROUND RECOVERY HOUSING INC.				
<i>Dated</i> December 31, 2018				
<i>Issued to</i> Mattea Schmitz				

<i>IF THIS CERTIFICATE IS SURRENDERED FOR TRANSFER SHOW DETAILS</i>			
<i>Received this Certificate:</i>			
<i>Surrendered this Certificate:</i>			

ASSIGNMENT SEPARATE FROM CERTIFICATE

FOR VALUE RECEIVED I, Cheryl Jean Squires, hereby assign and transfer unto Mattea Schmitz 500 of my Shares of the Common Stock of Common Ground Recovery Housing Inc., a Minnesota corporation, standing in my name on the books of said corporation represented by Certificate No. 2 herewith and do hereby irrevocably constitute and appoint Hilary R. Stonelake-Curtis attorney to transfer the said stock on the books of the within named Corporation with full power of substitution in the premises.

Dated: December 31, 2018.


Cheryl Jean Squires

IN THE PRESENCE OF

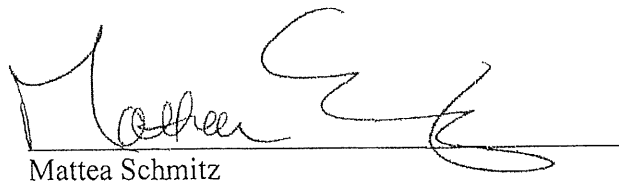
Jacob M^cGuire

CONSENT AND AGREEMENT

TO WHOM IT MAY CONCERN:

IN CONSIDERATION of the stock transfer set forth above, I, Mattea Schmitz, agree to be bound by and consent to the Bylaws of Common Ground Recovery Housing Inc.

Dated: December 31, 2018.


Mattea Schmitz

ASSIGNMENT SEPARATE FROM CERTIFICATE

FOR VALUE RECEIVED, I, Cheryl Jean Squires, hereby assign and transfer unto Jacob McGuire 500 of my Shares of the Common Stock of Common Ground Recovery Housing Inc., a Minnesota corporation, standing in my name on the books of said corporation represented by Certificate No. 2 herewith and do hereby irrevocably constitute and appoint Hilary R. Stonelake-Curtis attorney to transfer the said stock on the books of the within named Corporation with full power of substitution in the premises.

Dated: December 31, 2018.


Cheryl Jean Squires

IN THE PRESENCE OF

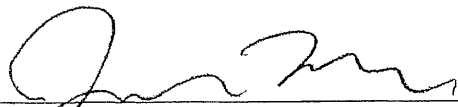
Matter Schmitz

CONSENT AND AGREEMENT


TO WHOM IT MAY CONCERN:

IN CONSIDERATION of the stock transfer set forth above, I, Jacob McGuire, agree to be bound by and consent to the Bylaws of Common Ground Recovery Housing Inc.

Dated: December 31, 2018.


Jacob McGuire

Certificate No. 2 For 1,000 Shares issued to Ceryl Jean Squires *Ceryl J. Squires* Transferred from Mattia Schmitz 7/19/17
 Dated July, 2017, Receipt acknowledged 1 No. Original Shares 1,000 No. Of Shares Transferred 1,000


 INCORPORATED UNDER THE LAWS OF
 The State of Minnesota
 NUMBER 2 SHARES 1,000

Common Ground Recovery Housing Inc.

2,500 Shares Common Stock, No Par Value

CANCELLED

Ceryl Jean Squires is the owner of

One Thousand (1,000) fully paid

and non-assessable Shares of the Capital Stock of the above named Corporation

transferable only on the books of the Corporation by the holder hereof in person or

by duly authorized Attorney upon surrender of this Certificate, per hereby endorsed.

In Witness Whereof, this said Corporation has caused this Certificate to be signed by its duly authorized officers

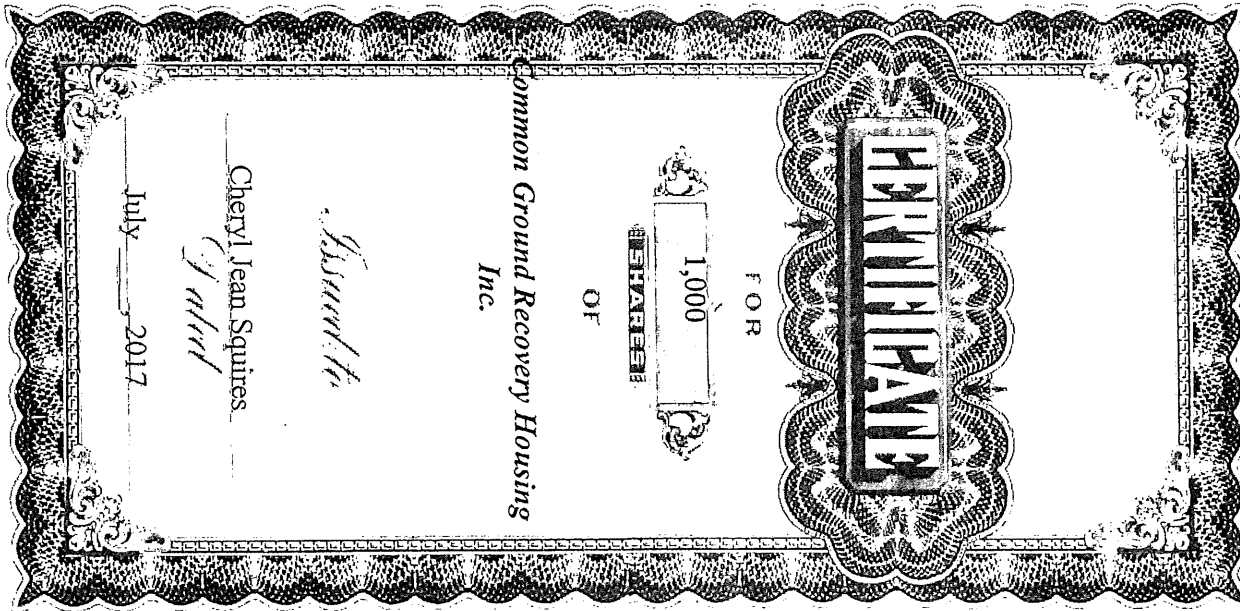
and its Corporate Seal to be hereunto affixed this 19th day of July A. D. 2017

Ceryl J. Squires
 Ceryl Jean Squires
 TREASURER/SECRETARY

Ceryl Jean Squires
 Ceryl Jean Squires
 PRESIDENT

No
Corporate
Seal

The Common Stock represented by this Certificate has not been registered under the Securities Act of 1933, as amended, or any state Blue Sky law. Such Common Stock has been acquired by the registered holder hereof for his or her own account for investment purposes and may not be sold, transferred or otherwise disposed of for value, except pursuant to registration under all applicable securities laws or the receipt by the Company of an opinion of counsel, satisfactory in form and substance to the Company, that registration is not required under such securities laws.



EXPLANATION OF ABBREVIATIONS

The following abbreviations, when used in the inscription of ownership on the face of this certificate, shall be construed as if they were written out in full according to applicable laws or regulations. Abbreviations, in addition to those appearing below, may be used.

JT TEN	As joint tenants with right of survivorship and
TEN COM	not as tenants in common
TEN COM	As tenants in common
TEN ENT	As tenants by the entireties
UNIF GIFT MIN ACT	Uniform Gifts to Minors Act
UNIF TRANS MIN ACT	Uniform Transfers to Minors Act
CUST	Custodian for

_____ hereby sell, assign and transfer unto _____
for value received.

_____ has represented by the within _____
Authority, and he hereby irrevocably constitute and appoint

_____ Attorney _____
to transfer the said shares on the books of the within named Corporation with
full power of substitution in the premises.

_____ in presence of _____
Witness

PASTE CANCELLED CERTIFICATE IN THIS SPACE

<i>IF NOT AN ORIGINAL ISSUE SHOW DETAILS OF TRANSFER BELOW</i>					
Certificate Number	For	Original Certificate		No. of Original Shares	No of Sh'rs Transfd
		No	Date		
<u>2</u>	<u>1,000</u> Shares	1	04/15/15	1,000	1,000
COMMON GROUND RECOVERY HOUSING INC.					
<i>Dated July 19, 2017</i>					
<i>Issued to Cheryl Jean Squires</i>					

<i>IF THIS CERTIFICATE IS SURRENDERED FOR TRANSFER SHOW DETAILS</i>			
New Certificate Issued To	No. of New Certificate	No. of Shares Transferred	No. of Shares Transferred
Mattea Schmitz	4	500	500
Received this Certificate: _____			
Surrendered this Certificate: <i>December 31, 2018</i>			

**CITY OF CANNON FALLS
GOODHUE COUNTY MINNESOTA**

RESOLUTION NUMBER 2485

CONDITIONAL USE PERMIT FOR VALLEY VIEW RECOVERY CENTER INC.

WHEREAS, Valley View Recovery Center Inc. has made application for a Conditional Use Permit (“CUP”) to open and operate a residential treatment center at 31591 64th Avenue (PID 52.770.0020) as regulated by the Zoning Ordinance; and

WHEREAS, the Planning Commission conducted a hearing on June 8, 2020 to accept testimony relating to the application; and

WHEREAS, the Planning Commission finds that the granting of a Conditional Use Permit is reasonable and in conformance with the City of Cannon Falls Comprehensive Plan.

WHEREAS, the Cannon Falls Planning Commission hereby recommends to the Cannon Falls City Council that the application for CUP for a residential treatment center be approved.

NOW THEREFORE LET IT BE RESOLVED BY THE CITY OF CANNON FALLS, GOODHUE COUNTY, MINNESOTA, that based on the findings of the Planning Commission which are hereby adopted by the City Council that the Conditional Use Permit be approved subject to compliance with all applicable requirements of the City of Cannon Falls Zoning Code Chapter 152 and State of Minnesota Building Code requirements.

ADOPTED by the City Council of Cannon Falls this 16th day of June, 2020.

CITY OF CANNON FALLS

John O. Althoff, Mayor

ATTEST _____
Neil L. Jensen, City Administrator