Electronically Delivered

April 2, 2026

Licensee
Amada Senior Care Twin Cities
1405 Lilac Drive North, Suite 121
Golden Valley, MN 55422

RE: Project Number(s) SL32101007

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 12, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey at your agency**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s)

identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Lynn Nelson, Supervisor
State Evaluation Team
Email: Lynn.Nelson@state.mn.us
Telephone: 651-201-4392 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H32101	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMADA SENIOR CARE TWIN CITIES	1405 LILAC DRIVE NORTH, SUITE 121 GOLDEN VALLEY, MN 55422

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments SL32101007 On March 10, 2026 through March 12, 2026, the Minnesota Department of Health conducted a survey investigation at the above provider, and the following correction orders are issued. At the time of the survey, there were 39 clients receiving services under the provider's Comprehensive license.	0 000		
0 810 SS=D	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed with all required content for 1 of 5 clients (C4) reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to	0 810		

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0 810	Continued From page 1 cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings include: C4 was admitted to the licensee on February 13, 2021. C4 had a primary diagnosis of dementia. C4's client intake form with proposed start date of February 14, 2021, included an IAPP form which was blank. No additional IAPP was noted in C4's electronic medical record (EMR). During interview on March 11, 2026 at 2:30 p.m., director of operations (DOO) confirmed C4 was started on home care services on February 13, 2021 and her IAPP was not completed. DOO stated they IAPP was completed as part of intake paperwork and was to be reviewed during the initial nurse assessment. DOO confirmed the IAPP was not completed at a later date and no IAPP was in the client's medical record. Licensee provided undated document titled Individual Abuse Prevention Plan included an IAPP would be developed for each new person as part of the initial service plan. Document included an interdisciplinary team would review the plan at least annually. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		

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0 855	Continued From page 2	0 855		
0 855 SS=D	144A.4791, Subd. 7 Basic Individualized Client Review/Monitoring (a) When services being provided are basic home care services, an individualized initial review of the client's needs and preferences must be conducted at the client's residence with the client or client's representative. This initial review must be completed within 30 days after the date that home care services are first provided. (b) Client monitoring and review must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the date of the last review. The monitoring and review may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure client review and monitoring was completed within 30 days of initiation of services for 2 of 5 clients (C3, C5) and every 90 days for 1 of 5 clients (C4) who received basic home care services. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings Include:	0 855		

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0 855	Continued From page 3 C3 was admitted to the licensee on 10/8/25, with the primary diagnosis of fall risk. C3's client intake form had a proposed start date of October 7, 2025. C3's intake form included he would be receiving basic home care services. C3's electronic medical record (EMR) included a 90 day assessment dated on January 31, 2026 as the first assessment. No initial assessment was in C3's EMR. During interview on March 11, 2026 at 2:30 p.m., director of operations (DOO) confirmed C3's first day of receiving services was October 8, 2025 and C3 did not receive an assessment until January 31, 2026. C5 was admitted to the licensee on 8/20/24, with the primary diagnosis of dementia. C5 client intake form had a proposed start date of August 20, 2024. C5's intake included he had basic care needs. C5's EMR included a 90-day assessment dated November 19, 2024 as the first assessment. No initial assessment was in C5's EMR. During interview on March 11, 2026 at 2:30 p.m., DOO confirmed C5's first day of receiving services was August 20, 2024 and C5 did not receive an assessment until November 20th, 2025. C4 was admitted to the licensee on February 13, 2021 with a primary diagnosis of dementia. C4's client intake form with proposed start date of February 14, 2021. C4's intake form included he	0 855		

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0 855	Continued From page 4 would be receiving basic home care services. C4's EMR included an initial assessment on February 25, 2021. C4's next assessment was completed December 24, 2021 followed by May 17, 2023. No additional assessments were in C4's EMR during that period of time. During interview on March 11, 2026 at 2:30 p.m., director of operations (DOO) confirmed C4 was started on home care services on February 13, 2021. DOO confirmed that was a gap in proper assessments between Feb 2021 and May 17th, 2023. Licensee provided assessment and monitoring policy dated January 5, 2021, included clients receiving basic home care services would have an initial assessment within 30 days after initiation of care and ongoing assessments not to exceed 90 days. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 855		
01252 SS=D	144A.4798, Subd. 3 Infection Control Program A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the licensee failed to immplement their infection control program related to hand hygiene for 1 of 3 staff [unlicensed personnel (ULP)-2] observed for client care.	01252		

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01252	Continued From page 5 This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings Include: On March 11, 2026 at 11:50 a.m., ULP-2 was observed entering the unit for her shift with her purse. ULP-2 sat down next to C1, placed her purse at her feet and assisted with feeding C1 her meal. ULP-2 was not observed completing hand hygiene after touching personal items and prior to assisting with feeding. At 12:02 p.m., ULP-2 was observed reaching in her purse and picking up her phone. After a few minutes, ULP-2 returned the phone to her bag and placed a headphone in her ear. ULP-2 continued to assist feeding C1 without completing hand hygiene. During interview on March 11, 2026 at 12:10 p.m., ULP-2 stated she completed hand hygiene upon entering the building, before coming onto the until. ULP-2 confirmed she did answer the phone and put it back into her purse while assisting C1 with her lunch and had not completed hand hygiene. During interview on March 11, 2026 at 2:30 p.m., director of operations (DOO) stated all staff are educated during training on proper hand hygiene. DOO confirmed ULP-2 should have completed hand hygiene after touching a personal item while assisting with feeding a client.	01252		

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01252	Continued From page 6 Licensee policy for infection control dated January 5, 2021, included hand washing should be completed before and after direct client contact and that all staff would receive education upon hire. TIME PERIOD FOR CORRECTION: Seven (7) days	01252		