

Electronically Delivered

January 22, 2026

Licensee

Twins Care Nursing Service Inc.

9934 Maple Avenue South

Bloomington, MN 55431

RE: Project Number(s) SL25451011

Dear Licensee:

On January 7, 2026, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders from the survey completed on November 13, 2025. This follow-up survey verified that the agency is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,



Casey DeVries, Supervisor

State Evaluation Team

Email: casey.devries@state.mn.us

Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 3, 2025

Licensee

Twins Care Nursing Service Inc
9934 Maple Avenue South
Bloomington, MN 55431

RE: Project Number(s) SL25451011

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 13, 2025, 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.

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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475;

Level 3: a fine of \$1,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;

Level 4: a fine of \$3,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;

Level 5: a fine of \$5,000 per violation, in addition to any enforcement mechanism authorized in § 144A.475.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, the following fines are assessed pursuant to this survey:

St - 0 - 0265 - 144a.44, Subd. 1(a)(2) - Up-To-Date Plan/Accepted Standards Practice - \$1,000.00

The total amount you are assessed is **\$1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

INFORMAL CONFERENCE

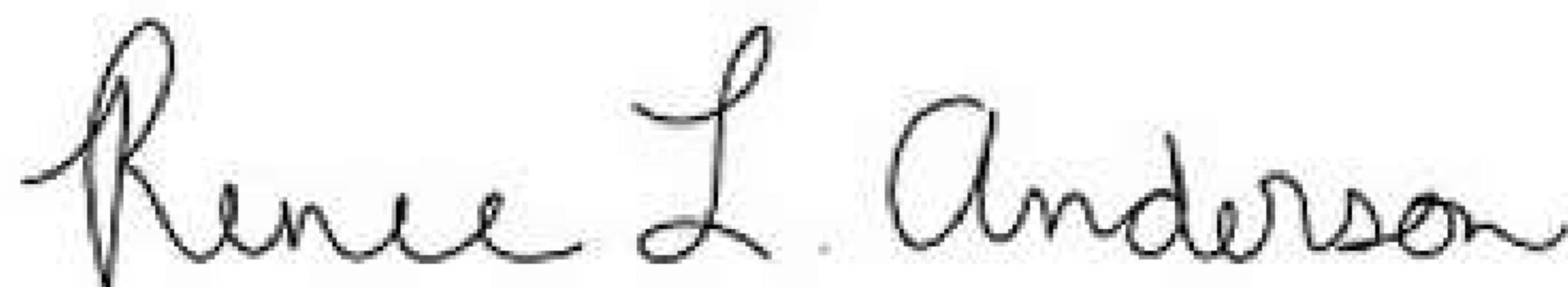
In accordance with Minn. Stat. § 144A.475, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Twins Care Nursing Service Inc. Please contact Renee L. Anderson at 651-201-5871 **on or before Monday, December 8, 2025**, to schedule the conference call.

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,

A handwritten signature in black ink that reads "Renee L. Anderson". The signature is written in a cursive, flowing style.

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2025
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NAME OF PROVIDER OR SUPPLIER TWINS CARE NURSING SERVICE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9934 MAPLE AVENUE SOUTH BLOOMINGTON, MN 55431
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(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
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL25451011-0</p> <p>On November 10, 2025, through November 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 2 clients receiving services under the provider's comprehensive license.</p> <p>An immediate correction order was identified on November 12, 2025, issued for SL25451011-0, tag identification 0265.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License 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 is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3.</p>	
0 265 SS=I	<p>144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>receive care and services according to a suitable and up-to-date plan, and subject to accepted</p>	0 265		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 265	<p>Continued From page 1</p> <p>health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for one of one client (C2) who utilized hospital style bed rails.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, or a violation that had the potential to cause more than minimal harm to the client) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C2's diagnoses included chronic respiratory failure and seizure disorder.</p> <p>On November 12, 2025, at 8:05 a.m., the surveyor observed C2 lying on a hospital style bed with the head of the bed elevated. There were bilateral half rails in the raised position on the upper half of C2's bed.</p> <p>C2's Care Plan dated August 20, 2025, indicated C2 received services including assistance with transferring, positioning, mobility and activities of daily living.</p> <p>C2's Side-Rail Use Assessment Form dated August 20, 2025, indicated C2 had bilateral half</p>	0 265	<p>immediate correction order identified on November 12, 2025, issued for SL25451011-0, tag identification 0265. The licensee took appropriate action to address the immediate order. The scope and severity of the order remains the same.</p>	
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Minnesota Department of Health

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0 265	<p>Continued From page 2</p> <p>bed rails to assist with positioning. The assessment lacked the following bed rail assessment requirements:</p> <ul style="list-style-type: none"> -measurements of Food and Drug Administration (FDA)-identified entrapment zones; -physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation. <p>On November 12, 2025, 11:31 a.m., owner/licensed practical nurse (O/LPN)-A stated C2 had a hospital bed with bilateral half rails at the head of C2's bed. O/LPN-A stated registered nurse (RN)-C's husband had made wooden blocks measuring 4 ¾ inches by 2 3/8 inches to assess the entrapment zones when the bed rails were first installed, but she was not sure what date that was. O/LPN-A further stated she was not able to find the initial assessment that indicated the entrapment zones of the bed rails were within the FDA guidelines. O/LPN-A stated they were not aware they needed to continue to physically assess the bed rails, and she did not know if RN-C had written instructions on how to use the blocks as part of the assessment.</p> <p>The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (within the rail) should not exceed 4 and 3/4 inches, zone 2 (under the rail, between rail supports or next to a single rail support) should not exceed 4 and 3/4 inches, zone 3 (between the rail and the mattress), should not exceed 4 and 3/4 inches, and zone 4 (under the rail, at the ends of the rail) should not exceed 2 and 3/8 inches or be greater than a 60 degree angle.</p> <p>The licensee's Bed Safety and Bed Rails policy,</p>	0 265		
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0 265	Continued From page 3 reviewed October 18, 2022, indicated "regardless of mattress type, width, length, and/or depth, the bed frame, bed rail and mattress will leave on gap wide enough to entrap a resident's head or body. Any gaps in the bed system are within the safety dimensions established by the FDA. (Food and Drug Administration). The policy further indicated all beds, and related equipment would be routinely inspected to identify risks and problems of potential entrapment risks. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 265		
0 416 SS=F	144A.471, Subdivision 1 (a) Licensure Under Other Law A home care licensee must not provide sleeping accommodations as a provision of home care services. For purposes of this subdivision, the provision of sleeping accommodations and assisted living services under section 144G.08, subdivision 9, requires assisted living facility licensure under chapter 144G. This subdivision does not apply to those settings exempt from assisted living facility licensure under section 144G.08, subdivision 7. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the home care licensee did not provide sleeping accommodations as a provision of home care services. This practice resulted in a level two violation (a violation that did not harm a client's health or	0 416		

Minnesota Department of Health

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0 416	<p>Continued From page 4</p> <p>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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 C1 was admitted to the licensee on June 1, 2018.</p> <p>C1's Service Plan dated January 1, 2024, indicated C1 received daily complex nursing care from the licensee with a payer source of Minnesota Senior Care Plus (MSC+) (a medical assistance program for members aged 65 years and older).</p> <p>A residential lease agreement, signed April 1, 2021, indicated C1 paid rent to licensee monthly.</p> <p>C2 C2 was admitted to the licensee on August 20, 2013.</p> <p>C2's Service plan signed May 22, 2025, indicated C2 received daily complex nursing care from the licensee with a payer source of medical assistance (MA).</p> <p>A residential lease agreement, signed April 1, 2021, indicated C2 paid rent to licensee monthly.</p> <p>On November 11, 2025, at 10:30 a.m., surveyor arrived at a building that was a single-family style home situated among other homes of similar appearance in age and condition. Upon ringing</p>	0 416		
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0 416	Continued From page 5 the doorbell, surveyor was met by owner/licensed practical nurse (O/LPN)-A. - at 11:00 a.m., during an entrance conference, O/LPN-A confirmed licensee was operating with a 144A home care license with health facility identification number 25451 at this location. O/LPN-A stated all clients who the licensee provided services to under the 144A home care license resided in the building, and the building was owned by the licensee. O/LPN-A stated the clients paid rent to the licensee monthly. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 416		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to engage in quality management	0 790		

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0 790	<p>Continued From page 6</p> <p>activities appropriate to the size of the home care provider and relevant to the type of services the licensee provided.</p> <p>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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>On November 10, 2025, at 11:00 a.m., during the entrance conference, a request was made to review documentation of the licensee's quality management activities. Owner/licensed practical nurse (O/LPN)-A verified the licensee's current census was two and stated registered nurse (RN)-C typically ran the quality management meetings.</p> <p>- at 1:23 p.m., O/LPN-A confirmed that quality management activities had not been completed and documented. O/LPN-A stated the licensee's employees had not discussed quality improvements and she thought it "had just gotten away from us since COVID."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 790		
01080 SS=D	<p>144A.4794, Subd. 3 Contents of Client Record</p> <p>Contents of a client record include the following</p>	01080		

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01080	<p>Continued From page 7</p> <p>for each client:</p> <p>(1) identifying information, including the client's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified;</p> <p>(3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) client's advance directives, if any;</p> <p>(6) the home care provider's current and previous assessments and service plans;</p> <p>(7) all records of communications pertinent to the client's home care services;</p> <p>(8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;</p> <p>(9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation that services have been provided as identified in the service plan;</p> <p>(11) documentation that the client has received and reviewed the home care bill of rights;</p> <p>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;</p> <p>(13) documentation of complaints received and resolution;</p>	01080		

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01080	<p>Continued From page 8</p> <p>(14) discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the client's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the client record included the required content for one of two clients (C1).</p> <p>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).</p> <p>The findings include:</p> <p>C1's care plan dated September 24, 2025, indicated C1 received services including medication administration.</p> <p>On November 12, 2025, at 7:30 a.m., the surveyor observed licensed practical nurse (LPN)-B assisting C1 with medication administration.</p> <p>C1's record included a comprehensive nursing assessment dated July 15, 2025, but lacked a subsequent assessment completed within</p>	01080		
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01080	<p>Continued From page 9</p> <p>90-days of the previous assessment.</p> <p>C1's record lacked the following required content: - relevant health records that included a 90-day nursing assessment.</p> <p>On November 12, 2025, at 12:30 p.m., C1 stated they remembered the nurse doing an assessment with them sometime in October.</p> <p>On November 12, 2025, at 2:10 p.m., owner/licensed practical nurse (O/LPN)-A, state the registered nurse had completed a 90-day nursing assessment in October. O/LPN-A further stated she must have "misplaced it", and that was "on me."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01080		
01190 SS=F	<p>144A.4796, Subd. 6 Required Annual Training</p> <p>(a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided;</p> <p>(2) review of the home care bill of rights in section 144A.44;</p> <p>(3) review of infection control techniques used in</p>	01190		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H25451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2025
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NAME OF PROVIDER OR SUPPLIER TWINS CARE NURSING SERVICE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9934 MAPLE AVENUE SOUTH BLOOMINGTON, MN 55431
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01190	<p>Continued From page 10</p> <p>the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>(b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff had</p>	01190		
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01190	<p>Continued From page 11</p> <p>completed all the required annual training for one of one employee (licensed practical nurse (LPN)-B).</p> <p>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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>LPN-B was hired January 1, 2007, and provided services to the licensee's clients.</p> <p>On November 12, 2025, at 7:30 a.m., the surveyor observed LPN-B assisting C1 with medication administration.</p> <p>LPN-B's employee record included an orientation to home care requirements checklist dated July 21, 2025, but lacked documentation the following annual training was completed: -review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.</p> <p>On November 11, 2025, at 3:00 p.m., owner/licensed practical nurse (O/LPN)-A stated they discussed new procedures and reviewed the provider policies regularly, but they did not document their review. O/LPN-A further stated they would change their process.</p>	01190		
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01190	<p>Continued From page 12</p> <p>On November 12, 2025, at 2:10 p.m., O/LPN-A provided the surveyor with a document titled yearly review of Twins Care policy & procedures related to client's care. The document was signed by four of the licensee's staff, including LPN-B, on November 11, 2025, (during the survey period). O/LPN-A stated she was working on getting the rest of the employees to review the policies and sign the document.</p> <p>The licensee's undated annual training requirements policy indicated annual training would include a review of the providers policies and procedures relating to the provision of home care services and how to implement those policies and procedures. The policy further indicated a record of the training would be maintained no less than three years.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01190		
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