DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 12, 2025

Licensee
Home Instead 856
130 East Lincoln Avenue
Fergus Falls, MN 56537

RE: Project Number(s) SL38300017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 25, 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.

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,

Stacy Line

Stacy Line, BSN, RN, Regional Operations Supervisor
Health Regulation Division
Email: stacy.line@state.mn.us
Telephone: 218-332-5159 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H38300	A. BUILDING: _____ B. WING _____	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INSTEAD 856	130 EAST LINCOLN AVENUE FERGUS FALLS, MN 56537

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0 000	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey investigation. Determination of whether violations are 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. INITIAL COMMENTS: Project #: SL38300017-0 On November 24, 2025, through November 25, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 56 clients receiving services under the provider's Comprehensive license. Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been 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 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	0 000		

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0 000	Continued From page 1 Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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. 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 ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	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.	0 810		

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0 810	Continued From page 2 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include all required content for three of four clients (C2, C3, C4) records reviewed, and had the potential to affect all clients receiving basic services only. 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). The findings include: C2's Assessment & Care Plan dated November 11, 2025, identified C2 required stand by assistance as C2 ambulated with walker or wheelchair. C2 required assistance with transfers, bathing/dressing/grooming as needed. Provide safety supervision and companionship and transportation for appointments as needed. C2's record lacked an individual abuse prevention plan or details on specific measures to be taken to minimize the risk of abuse, the person's susceptibility to abuse by other vulnerable adults, and the person's risk of abusing other vulnerable adults. C3's Assessment & Care Plan dated July 8, 2025, identified C3 required assistance with personal care and light housekeeping.	0 810		

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0 810	Continued From page 3 C3's record lacked an individual abuse prevention plan or details on specific measures to be taken to minimize the risk of abuse, the person's susceptibility to abuse by other vulnerable adults, and the person's risk of abusing other vulnerable adults. C4's Assessment & Care Plan dated October 25, 2025, identified C4 required assistance with light housekeeping, laundry and stand by assistance with showers. C4's record lacked an individual abuse prevention plan or details on specific measures to be taken to minimize the risk of abuse, the person's susceptibility to abuse by other vulnerable adults, and the person's risk of abusing other vulnerable adults. On November 24, 2025, at 3:45 p.m. Administrator indicated was not aware it was necessary to complete an IAPP for clients who only received basic services. Administrator confirmed the above clients had not received an IAPP and stated they would begin completing the IAPP for all clients because it was important to prevent abuse. The licensee policy titled Comprehensive Client Assessment Policy dated January 14, 2022, identified a Vulnerability and Safety Assessment would be completed to determine risk of being abused and risk of abusing others. Abuse Prevention plan was developed in compliance with the Vulnerable Adult Law. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		

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0 860	Continued From page 4	0 860		
0 860 SS=D	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment 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 record review, the registered nurse (RN) failed to conduct a 14 day reassessment for one of one client (C1) with records 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 cause serious injury, impairment, or death), and was issued at a an isolated scope (when one or a limited number of clients are affected or one or a	0 860		

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0 860	Continued From page 5 limited number of staff are involved, or the situation has occurred only occasionally). The findings include: C1's Assessments & Care Plan identified C1's initial contact was completed August 17, 2023, and start of care date was August 21, 2023. C1 had diagnoses which included: dementia, depression, anxiety, irritable bowel syndrome (IBS) and gastroesophageal reflux disease (GERD). C1's record included multiple registered nurse (RN) assessments, and multiple visit notes, but lacked documentation of a reassessment completed within fourteen days after initiation of services. On November 24, 2025, at approximately 3:00 p.m., Administrator indicated their usual practice was to complete a reassessment within 14 days after services began. Administrator indicated he would have information technology (IT) team attempt to locate the reassessment, which he verified was not found in C1's record at that time. The licensee policy titled Comprehensive Client Assessment dated January 14, 2022, identified client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
01145 SS=E	144A.4795, Subd. 7(b) Training/Competency Evals All Staff	01145		

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01145	Continued From page 6 (b) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the client's condition to the supervisor designated by the home care provider; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and (15) awareness of commonly used health	01145		

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01145	Continued From page 7 technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure all areas of training and competency evaluations were completed as required for one of one unlicensed personnel (ULP) staff (ULP-B) with records reviewed. This had the potential to affect all clients receiving cares from ULP. 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 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). Findings Include: ULP-B's personnel record identified ULP-B's start date was September 24, 2025. ULP-B's Personal Care Skills Assessment dated September 16, 2025, identified acceptable completion of required skills for activities of daily living completed. ULP-B's Personal Care Skills Assessment lacked documentation that training and competency evaluation for range of motion (ROM) was completed as required. On November 24, 2025, at 12:15 p.m., co-administrator confirmed ROM skills were not completed during all ULP competency training, but stated they would add that. Co-administrator	01145		

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01145	Continued From page 8 indicated it would be important for staff to know for residents safety and to prevent injury. The licensee's policy titled Training And Competency Evaluation Policy, undated, identified agency staff would be orientated and trained to meet agency standards and state guidelines. The policy identified various areas that would be included. In addition to the areas identified, training and competency for unlicensed personnel providing comprehensive home care services would include: range of motion and positioning. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01145		