Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

January 21, 2026

Licensee
Afi Care LLC
13649 Birchwood Avenue
Rosemount, MN 55068

RE: Denial of License Number 418042
Health Facility Identification Number (HFID) 41537
Initial Full Survey; Project Number SL41537016

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on December 23, 2025, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above-mentioned provider. Based on the survey, MDH found that you have not provided basic home care services during the temporary license year.

Pursuant to Minn. Stat. § 144A.473, Subd. 2 (c), if the temporary licensee does not provide home care services during the temporary license period, then the temporary license expires at the end of the license period and the applicant must reapply for a temporary home care license. The temporary basic license for Afi Care LLC with license number 418042 expired on September 25, 2025, without basic home care services being provided under the license. As a result, services may no longer be provided under this license.

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 . . ."

REQUEST FOR RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144A.473, Subd. 3 (b) and/or (c), you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by MDH and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

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

Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF CLIENTS
You must comply with the requirements of notification and transfer of clients and provide the information described in Minn. Stat. § 144A.475, Subd. 5 (1), (2), (3), (4) and (5). Please provide the information to this department's contact, Jodi Johnson, Supervisor, via email at: Jodi.Johnson@state.mn.us, the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care **no later than January 24, 2026.** Pursuant to Minn. Stat § 144A.473, Subd. 3 (e) (4), a temporary licensee whose license is denied is permitted to continue operating as a home care provider during the period of time when a transfer of home care clients from the temporary licensee to a new home care provider is in process.

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

If you have any additional questions, please do not hesitate to contact Jodi Johnson, Supervisor, at Jodi.Johnson@state.mn.us. Jodi Johnson can also be reached by office phone at 507-344-2730.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41537	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AFI CARE LLC	13649 BIRCHWOOD AVE ROSEMOUNT, MN 55068

(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 *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: Project # SL41537016-0 On December 22, 2025, through December 23, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. The licensee's temporary Basic Home Care license expired on September 25, 2025. At the time of the survey, there were four clients receiving only Home and Community based services. There were zero clients receiving Basic homecare services.	0 000	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 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 USED PURSUANT TO 144A.474 SUBD. 11 (b) (1) (2).	
0 440 SS=F	144A.471, Subd. 6 Basic Home Care License Provider	0 440		

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0 440	Continued From page 1 Subd. 6.Basic home care license provider. Home care services that can be provided with a basic home care license are assistive tasks provided by licensed or unlicensed personnel that include: (1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing; (2) providing standby assistance; (3) providing verbal or visual reminders to the client to take regularly scheduled medication, which includes bringing the client previously set-up medication, medication in original containers, or liquid or food to accompany the medication; (4) providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises; (5) preparing modified diets ordered by a licensed health professional; and (6) assisting with laundry, housekeeping, meal preparation, shopping, or other household chores and services if the provider is also providing at least one of the activities in clauses (1) to (5). This MN Requirement is not met as evidenced by: Based on interview and record review, the temporary Basic Home Care licensee failed to provide evidence that basic home care services were being provided to clients during the temporary license period. This practice resulted in a level two violation (a violation that did not harm a client's health or	0 440		

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0 440	Continued From page 2 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 potential to affect a large portion or all of the clients). The findings include: The licensee held a temporary Basic Home Care license issued by the Minnesota Department of Health effective September 26, 2024, through September 25, 2025. On January 31, 2025, owner (O)-A submitted a signed Notice from Temporary Licensee of Providing Licensed Home Care Services to the Minnesota Department of Health indicating home care services started on January 29, 2025, and they were providing the following services for an unidentified client: assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing. On December 22, 2025, at 8:30 a.m., the surveyor called O-A. O-A stated the licensee currently served four clients, two receiving services. O-A provided a document labeled Transaction detail that indicated billed services from November 1, 2025, through December 12, 2025, and billed only with International Classification of disease (ICD-9) codes S5130 (homemaker service) and S5135 (companion care). On December 22, 2025, at 3:59 p.m., O-A sent an email that indicated that he did not provide any other services beyond Homemaking, and Night Supervision.	0 440		

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0 440	Continued From page 3 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 440		
0 000	Integrated License (HCBS) Initial Comments SL41537016-0 On December 22, 2025, through December 23, 2025, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were four clients that were only receiving services under the Integrated licensure; Home and Community Based Service Designation. As a result of the survey, the licensee was determined not to be in compliance with 144A.484 Integrated Licensure; Home and Community Based Service Designation.	0 000		