Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 18, 2025

Licensee
Golden Home Care Plus Inc
6 1/2 North Minnesota Street Box 924
New Ulm, MN 56073

RE: Project Number(s) SL03015025

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 14, 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,

Elizabeth Silkey

Elizabeth Silkey, Supervisor
State Evaluation Team
Email: elizabeth.silkey@state.mn.us
Telephone: (507) 344-2742 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
	H03015	A. BUILDING: _____ B. WING _____	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HOME CARE PLUS INC	6 1/2 N MINNESOTA ST BOX 924 NEW ULM, MN 56073

(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(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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: SL03015025 On November 12, 2025, through November 14, 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 10 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	0 810		

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0 810	Continued From page 1 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 record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed, that included statements of the specific measures to be taken to minimize the risk of abuse for one of one client (C2). 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 was admitted to home care services on April 15, 2021. C2's service plan dated March 11, 2022, indicated diagnoses of general anxiety disorder, type II diabetes, and major neurocognitive disorder. C2's service plan further indicated a registered nurse (RN) visit one time per week for medication set up. C2's record did not include an IAPP to identify	0 810		

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0 810	Continued From page 2 risks for abuse. During interview on November 13, 2025, director of nursing (DON) stated he had not completed an IAPP for C1 because he was not aware one needed to be completed for a client who only received medication set up services. DON further stated he would need to complete an IAPP for any client's receiving medication set up services. DON stated all client's receiving services could be at risk for abuse. A policy on the licensee's IAPP procedure was requested but not received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
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	0 860		

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0 860	Continued From page 3 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 licensee failed to ensure ongoing reassessment was conducted no more than 90 days after the last assessment was provided for two of three clients (C1, C2). 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: C1 C1 was admitted for home care services on September 15, 2005. C1's service plan dated December 18, 2007, indicated C1 received personal care attendant eight hours per day, registered nurse (RN) supervision two hours per month, RN services three hours per day, and licensed practical nurse (LPN) services nine hours per day. Services provided by RN and LPN included: provide non-sterile respiratory care, suctioning, monitor	0 860		

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0 860	Continued From page 4 for and treat seizures, passive range of motion (ROM) 4 times per day, administer g-tube (tube inserted through the wall of the abdomen directly into the stomach) meds and nutrition, apply vest for chest wall vibration. C1's record did not include ongoing assessments every 90 days or as needed for changes in condition. C2 C2 was admitted for home care services on April 15, 2021. C2's service plan dated March 17, 2022, indicated C2 received RN services one time per week for medication set up. C2's record did not include evidence of ongoing assessments every 90 days or as needed for changes in condition. During interview on November 14, 2025, at 12:51 p.m. director of nursing (DON) stated he did not have a specific assessment document he completed and did not document an assessment in full. DON further stated he did see the clients and make a chart note in the licensee's supervision log but would need to do some type of assessment documenting going forward. The licensee's policy Golden Home Care Plus Inc. Review of Comprehensive License and Statutes dated August 26, 2025, indicated clients would receive basic standards of home care services to include client evaluation and assessment. No further information was provided.	0 860		

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0 860	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 860		
0 865 SS=D	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan. (d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable. (e) Staff providing home care services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a signed current service plan was implemented within 14 days for one of two clients (C2).	0 865		

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0 865	Continued From page 6 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: C2 was admitted for home care services on April 15, 2021. C2's service plan dated March 17, 2022, indicated C2 received RN services one time per week for medication set up. There was no evidence of a signed service plan prior to this service plan in C2's record. During the entrance conference on November 12th, 2025, director of nursing (DON) stated he was aware a service plan needed to be completed within 14 days of a client admission. DON further stated office support staff were responsible for completing service plans timely. DON indicated he was not aware of a policy or procedure regarding completion, implementation, and revision of service plans or how often they needed to be updated. The licensee's policy Golden Home Care Plus Inc. Review of Comprehensive License and Statutes dated August 26, 2025, indicated the licensee would provide a written plan about the services provided to the client, but did not indicate a timeframe for providing the service plan or revisions to the service plan.	0 865		

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0 865	Continued From page 7 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 865		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training (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: (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; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in 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. (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	01190		

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01190	Continued From page 8 subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (registered nurse (RN-B) and licensed practical nurse (LPN-C) received training to include the required topic of policy and procedure review for each twelve months of employment as required. 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:	01190		

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01190	Continued From page 9 During the entrance conference on November 12, 2025, at 11:43 a.m., director of nursing (DON) stated the licensee was aware of the required contents of the employee record and annual required training. LPN-C was hired on January 1, 2022, and had a last annual training date of April 9, 2025. LPN-C's record did not have evidence of annual review of licensee's policies and procedures. RN-B was hired on January 1, 2022, and had a last annual training date of March 22, 2025. RN-B's record did not have evidence of annual review of licensee's policies and procedures. During interview on November 14th at 12:51 p.m., DON stated he did not have employees review licensee's policies and procedures annually and would need to put a binder together so employees could review it annually when completing other required annual training. The licensee's Training and Competency Evaluation policy dated December 8, 2021, indicated upon hire and annually all staff would have an introduction and review off all the licensee's policies and procedures related to the provision of home care services. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01190		