Electronically Delivered

February 12, 2026

Licensee
Carebuilders at Home
250 Prairie Center Drive #211
Eden Prairie, MN 55344

RE: Project Number(s) SL34418004

Dear Licensee:

On February 9, 2026, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on November 14, 2025. This follow-up survey verified that the facility 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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

KKM

Electronically Delivered

December 2, 2025

Licensee
Carebuilders at Home
250 Prairie Center Drive #211
Eden Prairie, MN 55344

RE: Project Number(s) SL34418004

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.

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
St - 0 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - $1,000.00

The total amount you are assessed is $2,000.00. 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.

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H34418	A. BUILDING: _____ B. WING _____	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREBUILDERS AT HOME	250 PRAIRIE CENTER DR #211 EDEN PRAIRIE, MN 55344

(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 order(s) are 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: SL34418004-0 On November 12, 2025, through November 14, 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 24 clients receiving services under the provider's comprehensive license. On November 13, 2025, two immediate orders were issued for tag identifications 0265 and 0715. During the course of the survey, the licensee failed to communicate actions taken to address immediate correction orders for tag identifications 0265 and 0715.	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 ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	

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0 265	Continued From page 1	0 265		
0 265 SS=I	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services This MN Requirement is not met as evidenced by: Based on observation, 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 (C3) with bed rails. 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). The findings include: C3 was admitted on January 12, 2024, and began receiving comprehensive home care services. C3's diagnoses included Parkinson's disease and urinary tract infection. C3's record included a Bed Rail Policy and Client Education Acknowledgement form signed by C3's representative on February 10, 2025, indicating representative had received information about	0 265	During the course of the survey, the licensee failed to communicate actions taken to address the immediate correction order for tag identification 0265.	

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0 265	Continued From page 2 the risks and benefits of bed rails. C3's record lacked: -an individualized bed rail assessment upon installation of the bed rails or with each 90-day assessment; -documentation of installation and use according to manufacturer's guidelines; -documentation of physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and -documentation the licensee checked the United States Consumer Product Safety Commission (CPSC) for recalls. On November 12, 2025, at 2:30 p.m., clinical nurse supervisor (CNS)-B stated they were unaware that bed rail assessments were required. On November 13, 2025, at 9:15 a.m., the surveyor observed a standard bed in C3's home with a consumer bed rail on the upper mattress area near the headboard of the bed. The bed rail appeared to rest on the floor and had a supporting frame between the mattresses of the bed. The bed rail did not appear to be secured to any surface area of the bedframe. The bed rail did not have identification of brand or model numbers. On November 13, 2025, at 9:30 a.m., family member (FM)-I stated they did not know the name or manufacturer of the bed rail. FM-I stated they did not have a manufacturer's instructions for the bed rail. The FDA's A Guide to Bed Safety, revised April 2010, indicated the following information: "When	0 265		

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0 265	Continued From page 3 bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients." The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The licensee's Bed Rails, Assessment, Safety policy revised on November 12, 2025, indicated a registered nurse would complete a bed rail assessment with the installation of bed rails and at least every 90-days thereafter. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 265		
0 715 SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers (a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information. (b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits.	0 715		

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0 715	Continued From page 4 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure background studies were completed prior to staff providing services, for three of three employees (unlicensed personnel (ULP)-D, ULP-F, certified nursing assistant (CNA)-G). 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). The findings include: ULP-D ULP-D was hired on October 2, 2018, under the licensee's former basic homecare license and began providing comprehensive homecare services on January 10, 2019. The licensee's schedule dated November 2025, indicated ULP-D had worked on November 3, 4, 5, 6, 7, 8, 10, 11, 12, and 13, 2025. The licensee's NETStudy 2.0 roster dated November 12, 2025, did not include ULP-D on the NETStudy roster. On November 13, 2025, at 8:25 a.m., a NETStudy Person Summary indicated ULP-D was separated from licensee's former health facility identification number (HFID) on September 19, 2019. The Person Summary	0 715	During the course of the survey, the licensee failed to communicate actions taken to address the immediate correction order for tag identification 0715.	

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0 715	Continued From page 5 lacked a cleared background study and an affiliation with the licensee's current HFID. ULP-F ULP-F was hired on October 28, 2021, and began providing comprehensive home care services. The licensee's schedule dated November 2025, indicated ULP-F had worked on November 7, and 8, 2025. The licensee's NETStudy 2.0 roster dated November 12, 2025, indicated ULP-F's background study had expired on December 31, 2022. On November 13, 2025, at 8:39 p.m., a NETStudy Person Summary indicated ULP-F's background study was initiated October 28, 2021, for the licensee's HFID and the background study expired on December 31, 2022. CNA-G CNA-G was hired on September 9, 2020, and began providing comprehensive home care services. The licensee's schedule dated November 2025, indicated CNA-G had worked on November 3, 4, 5, 6, 7, 10, 11, 12, 2025. The licensee's NETStudy 2.0 roster dated November 12, 2025, indicated CNA-G's background study had expired on December 31, 2022. On November 13, 2025, at 8:43 a.m., a	0 715		

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0 715	Continued From page 6 NETStudy Person Summary indicted CNA-G had background studies initiated on August 31, 2020, and January 12, 2021, for licensee's HFID and the background studies expired on December 31, 2022. On November 13, 2025, at 12:23 p.m., owner (O)-H stated they were unaware background studies were not current for ULP-D, ULP-F and CNA-G. O-H stated they would run updated studies today. The MDH Emergency Background Studies End dated July 31, 2024, indicated emergency background studies are no longer valid as of December 31, 2022, and individuals with emergency studies must have a fully compliant, fingerprint-based background study. The licensee's undated employee handbook page indicated employees would have a background check prior to working with the licensee's clients. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 715		
0 810 SS=F	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 7 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 develop and implement an individual abuse prevention plan (IAPP) for two of three clients (C2, C3). 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 potential to affect a large portion or all of the clients). The findings include: C2 C2 was admitted on July 8, 2022, and began receiving comprehensive home care services. C2's diagnoses included hypothyroidism and depression. C2's Vulnerability Assessment and Individual Abuse Prevention Plan dated July 8, 2022, lacked a statement assessing C2's susceptibility to abuse by another individual, including other vulnerable adults or minors, and statements of the specific measures to be taken to minimize the	0 810		

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0 810	Continued From page 8 risk of abuse to C2. C3 C3 was admitted on January 12, 2024, and began receiving comprehensive homecare services. C3's diagnoses included Parkinson's disease, neuropathy, and history of urinary tract infections. C3's Vulnerability Assessment and Individual Abuse Prevention Plan dated January 11, 2024, lacked a statement assessing C3's susceptibility to abuse by another individual, including other vulnerable adults or minors, and statements of the specific measures to be taken to minimize the risk of abuse to C3. On November 12, 2025, at 4:39 p.m., chief operating officer (COO)-A stated they were unaware the vulnerability assessments were lacking required content. COO-A stated they would update the vulnerability assessments to include the missing content. The licensee's Minnesota Maltreatment of Minors MN 626.556, Death Reporting Maltreatment of Vulnerable Adults MN626.557 policy dated January 1, 2019, indicated [licensee] would develop an IAPP for each client that would include the client's susceptibility of abuse by another individual, the client's risk of abusing other vulnerable adults, and the actions, measures, or approaches [licensee] would take to minimize the risk of abuse to the client and other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	0 810		

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0 810	Continued From page 9 days	0 810		
0 860 SS=F	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 licensee failed to complete an assessment based on changing needs for one of three clients (C3) and failed to ensure 90-day assessments were completed on time for three of three clients (C1, C2, C3). This practice resulted in a level two violation (a violation that did not harm a client's health or	0 860		

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0 860	Continued From page 10 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 is 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). The findings include: C1 C1 was admitted on July 8, 2022, and began receiving comprehensive home care services. C1's record included a Client 90 Day Comprehensive Assessment completed on November 20, 2024, and a consecutive assessment completed on May 12, 2025, indicating 173 days had passed between assessments. C2 C2 was admitted on July 8, 2022, and began receiving comprehensive home care services. C2's record included a Client 90 Day Comprehensive Assessment completed on October 9, 2024, and a consecutive assessment completed on April 8, 2025, indicating 181 days had passed between assessments. C2's record included a Client 90 Day Comprehensive Assessment completed on April 8, 2025, and a consecutive assessment completed on September 23, 2025, indicating 168 days had passed between assessments. C3 C3 was re-admitted from a post-acute care	0 860		

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0 860	Continued From page 11 facility on February 10, 2025, and began receiving comprehensive home care services. C3's record included a Client 14 Day Comprehensive Assessment completed on February 26, 2025. A consecutive Client 90 Day Comprehensive Assessment was completed on May 29, 2025, indicating 92 days had passed between assessments. C3's record lacked a change in condition assessment when services were resumed on February 10, 2025. On November 13, 2025, at 9:00 a.m., C3's spouse (FM)-I stated C3 returned from the transitional care unit and was unable to walk or bear weight, requiring use of a mechanical lift for transfers and bedrails for safety. On November 13, 2025, at 4:30 p.m., director of nursing (DON)-B stated the nurses did not always complete an assessment form but would write a progress note on their visits. DON-B stated they did not know why a change of condition assessment was not completed for C3. The licensee's Comprehensive Assessment, Monitoring, and Reassessment policy dated January 1, 2019, indicated ongoing client monitoring and reassessment would be conducted as needed based on changes in the needs of the client and would not exceed 90 days from the date of the last assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H34418	A. BUILDING: _____ B. WING _____	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0 905	Continued From page 12	0 905		
0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must: (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medication management assessments were completed a minimum of annually and included the required content for two of two clients (C1, C2).	0 905		

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0 905	Continued From page 13 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 potential to affect a large portion or all the clients). The findings include: C1 C1 was admitted on July 8, 2022, and began receiving comprehensive home care services. C1's Care Plan dated September 2, 2025, indicated C1's services included medication set up. C2 C2 was admitted on July 8, 2022, and began receiving comprehensive home care services. C2's service plan signed on October 9, 2024, indicated C2's services included medication set up. C1 and C2's records lacked documentation of initial or annual medication management assessments to include the following required content: -identification and review of all medications the client is known to be taking, including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues; -identification of interventions needed in	0 905		

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0 905	Continued From page 14 management of medications to prevent diversion of medication by the client or others who may have access to the medications; and -instructions provided to the client or client's representatives on interventions to manage the client's medications and prevent diversions of medications. On November 13, 2025, at 3:52 p.m., director of nursing (DON)-B stated they reviewed medications on admission, but did not document the required content. DON-B stated they did not do medication management reassessments annually or with changes in condition. The licensee's Provision of Medication Management Services policy dated January 1, 2019, indicated the medication management assessment would include the following: -an identification and review of all medications the client is known own to be taking including indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues; and -identification of interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed	0 965		

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0 965	Continued From page 15 medications that the comprehensive home care provider is managing for the client. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prescriber's orders were complete and current for two of two 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 is 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). The findings include: C1 C1 was admitted on July 8, 2022, and began receiving comprehensive home care services. C1's Care Plan dated September 2, 2025, indicated C1's services included medication set up. C1's Medication Administration Record dated November 2025, included documentation of set up for the following medications: -amlodipine 5 milligrams (mg) by mouth (po) daily; -aspirin 81 mg po daily; -citalopram 10 mg po daily; -atorvastatin 40 mg po daily; -levothyroxine 75 micrograms (mcg) po daily;	0 965		

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0 965	Continued From page 16 -omeprazole 20 mg po daily; -Buspar 5 mg po twice daily; -donepezil 10 mg po daily; -mirtazapine 15 mg po daily. C1's signed prescriber orders dated November 12, 2024, included the following orders: -mirtazapine 7.5 mg po daily; -psyllium (Metamucil), take one capsule daily; and -sennosides-docusate sodium 8.6/50 mg po daily C1's record lacked prescriber orders to increase the daily dose of mirtazapine and discontinue the psyllium and sennosides-docusate sodium. C2 C2 was admitted on July 8, 2022, and began receiving comprehensive home care services. C2's service plan signed on October 9, 2024, indicated C2's services included medication set up. C2's Medication Administration Record dated November 2025, included documentation of set up for the following medications: -levothyroxine 75 mcg po daily; -Paxil 20mg po daily; -donepezil 5 mg po daily; -finasteride 5 mg po daily; -simvastatin 40 mg po daily; -Tamsulosin 0.4 mg po daily; and -Tylenol 500mg; take 2 tablets po twice daily. C2's record lacked signed prescriptions for all medications listed on C2's Medication Administration Record.	0 965		

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0 965	Continued From page 17 On November 13, 2025, at 4:00 p.m., director of nursing (DON)-B stated they were required to have signed physician orders on file. DON-B stated they would obtain current orders for C1 and C2. The licensee's Prescriber Orders policy dated January 1, 2019, indicated the registered nurse was responsible for assuring that current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the client's records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01145 SS=F	144A.4795, Subd. 7(b) Training/Competency Evals All Staff (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;	01145		

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01145	Continued From page 18 (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 technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the unlicensed personnel (ULP) completed training and competency evaluations in all the required areas for two of two employees (ULP-E, ULP-J). 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 is 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	01145		

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01145	Continued From page 19 portion or all of the clients). The findings include: ULP-E was hired on May 12, 2025, and began providing comprehensive home care services. ULP-J was hired on December 10, 2024, and began providing comprehensive home care services. ULP-E and ULP-J's employee records lacked training and competency evaluation completed by a registered nurse (RN) for the following required content: -appropriate and safe techniques in personal hygiene and grooming, including: -haircare and bathing; -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; -dressing and assisting with toileting; -understanding appropriate boundaries between staff and clients and the client's family; and -awareness of commonly used health technology equipment and assistive devices. On November 13, 2025, at 10:00 a.m., ULP-E was observed providing cares to C1. On November 13, 2025, at 3:20 p.m., director of nursing (DON)-B stated they were unaware required training and competencies were not documented for ULP-E and ULP-J. DON-B stated their skills validation forms would need to be updated. The licensee's Training Content and Competency Evaluations of Unlicensed Personnel policy dated	01145		

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01145	Continued From page 20 January 1, 2019, indicated training and competency evaluations for all unlicensed staff would include: -appropriate and safe techniques on personal hygiene and grooming to include: -hair care and bathing; -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; -dressing and assisting with toileting; -understanding appropriate boundaries between staff and clients and the client's family; and -awareness of commonly used health technology equipment and assistive devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01145		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints	01170		

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01170	Continued From page 21 including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation 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: (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 home care orientation included all required content including for two of	01170		

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01170	Continued From page 22 two employees (unlicensed personnel (ULP)-E, ULP-J). 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 is 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). The findings include: ULP-E was hired on May 12, 2025, and began providing comprehensive home care services. ULP-J was hired on December 10, 2024, and began providing comprehensive home care services. ULP-E and ULP-J's employee records lacked documentation of orientation including orientation to each specific client and services provided. On November 13, 2025, at 3:45 p.m. owner (O)-H stated all employees were provided with a standardized power point presentation as part of orientation. O-H stated that if the employee signed a Skills Training and Competency Checklist, they would have attended the power point presentation. On November 13, 2025, at 4;00 p.m., the surveyor was provided an electronic power point presentation, untitled and undated. O-H stated this was the orientation presentation required for all staff. The presentation lacked the following	01170		

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01170	Continued From page 23 required orientation content: -overview of home care statutes; and -introduction and review of all the providers policies and procedures related to the provision of home care services by the individual staff person. On November 13, 2025, at 4:00 p.m., O-H stated they were unaware required orientation content was missing from their orientation materials, and they would update the power point presentation. The licensee's Orientation and Annual Training policy dated January 1, 2019, indicated orientation would include the following topics: -an overview of the appropriate home care rules in sections 144A.43 through 144A.4798; and -an introduction and review of all the provider's policies and procedures related to the provision of home care services under [licensee's] comprehensive home care license. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
01185 SS=D	144A.4796, Subd. 5 Alzheimer's/Dementia Training Required For home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors working with those clients must receive training that includes a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who have Alzheimer's or related	01185		

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01185	Continued From page 24 disorders. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure required training related to Alzheimer's disease and related disorders was completed for one of two employees (unlicensed personnel (ULP)-E). 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: During the entrance conference on November 12, 2025, at 10:15 a.m., chief operating officer (COO)-A confirmed the licensee provided services to clients in their individual homes, including clients having Alzheimer's disease or related disorders. ULP-E was hired May 12, 2025, and began providing comprehensive home care services. ULP-E's employee record lacked Alzheimer's or related disorders training in the following topics: - a current explanation of Alzheimer's disease and related disorders; - effective approaches to use to problem-solve when working with a client's challenging behaviors; and	01185		

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01185	Continued From page 25 - how to communicate with clients who have Alzheimer's or related disorders. On November 13, 2025, at 10:15 a.m., ULP-E was observed providing direct care services to C1, who had a diagnosis of dementia. On November 13, 2025, at 4:30 p.m., director of nursing (DON)-B stated they did not know why ULP-E did not have documented training on dementia related topics. The licensee's Alzheimer's Disease Training and Notice policy dated January 1, 2029, indicated all direct care staff and supervisors withing with clients with Alzheimer's disease and related disorders would have training that included the following topics: -a current explanation of Alzheimer's disease and related disorders; -effective approaches to use to problem- solve when working with challenging client behaviors; and -how to best communicate with clients who have Alzheimer's disease or related disorders. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01185		