Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

August 19, 2025

Administrator
ACCENTCARE FAIRVIEW HOME HEALTH - WEST, LLC
767 EUSTIS STREET, SUITE 150
SAINT PAUL, MN 55114

Re: Event ID: 1D0E87-H1

Dear Administrator:

A survey was completed at your agency on August 13, 2025, for the purpose of assessing compliance with Federal certification. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division, noted one or more deficiencies. Electronically attached is a copy of the Statement of Deficiencies (CMS-2567).

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective, and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed.

A provider or supplier is expected to take the steps necessary to achieve compliance within 60 days of the exit interview. If possible, please type your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original to the following address within ten calendar days of your receipt of this notice:

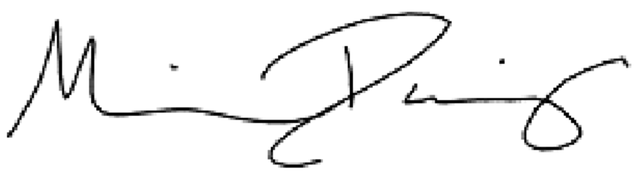
Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health

4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: Nikki.Harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

Failure to submit an acceptable written plan of correction of Federal deficiencies within ten calendar days may result in decertification and a loss of Federal reimbursement. Additionally, your continued certification is contingent upon corrective action.

Please feel free to call me with any questions.

Sincerely,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 247078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCENTCARE FAIRVIEW HOME HEALTH - WEST, LLC	767 EUSTIS STREET, SUITE 150 , SAINT PAUL, Minnesota, 55114

(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) COMPLETION DATE
E0000	Initial Comments A survey for compliance with CMS Appendix Z Emergency Preparedness Requirements, was conducted on 8/11/25 to 8/13/25 during a recertification survey. The facility is in compliance with the Appendix Z Emergency Preparedness Requirements.	E0000		
G0000	INITIAL COMMENTS On 8/11/25 to 8/13/25 a recertification and complaint survey was conducted. This resulted in a standard survey at Accentcare -Fairview West Home Health. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies. The cumulative effects of these findings resulted in the Home Health Agency's inability to ensure provision of quality of care. Unduplicated census previous 12 months: 4520 Total home visits conducted: 7 Parent Location visit: 767 Eustis Street, Suite 150 St. Paul, MN 55114 All other branch offices for this agency: 14500 Burnhaven Drive, Suite 193 Burnsville, MN 55306 7100 Northland Circle North, Suite 200 Brooklyn Park, MN 55428 29575 Sportsman Drive, Suite 6	G0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Laurie Bergren Hausch	TOD	8-28-25

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G0000	Continued from page 1 Chisago City, MN 55013 Branch offices visited during this survey that the records were retrieved: 7100 Northland Circle North, Suite 200 Brooklyn Park, MN 55428 29575 Sportsman Drive, Suite 6 Chisago City, MN 55013 List Hours of Operation: 8 AM - 5 PM List total number of records reviewed: 17 The following complaints were reviewed: H70789909C/MN00115846	G0000		
G0372	Encoding and transmitting OASIS CFR(s): 484.45(a) Standard: An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary. This STANDARD is NOT MET as evidenced by: Based on document review and interview, the facility failed to report all OASIS data collected in accordance with federal regulations. Total number of records submitted beyond the 30 days was one thousand one hundred seventeen, which equaled 5.10% of the submissions submitted. Findings include: On the HHA Error Summary by Agency report period of 6/1/24 to 7/16/25, the agency had an error code 0f -3330: record submitted late. The description included the submission was more than 30 days after completion on the new record.	G0372	**G0372 Encoding and transmitting OASIS** The agency Administrator is responsible for ensuring that the agency will be compliant with the home care provider will electronically report all OASIS data collected in accordance with federal regulations including encoding individual. client assessment within thirty days of completing the assessment and transmitted within thirty days of the Oasis completion. **Corrective Actions and Staff Training:** The Agency Administrator/designee will ensure office process includes review of OASIS completion and submission to meet the required timeline of 30 days for transmission. The Administrator/designee will conduct education with the Clinical Manager and all professional staff regarding the Standard and related policies, and require signed attestation of education: • Educate on G0372 standard CFR 484.45(a) • Encoding and transmitting OASIS. • Instruct Home Health Policy HH 2.1.4 " Care Planning and Coordination" **Monitoring Process / Audit Activity:** A minimum of 10% of OASIS assessments weekly for no less than 60 days will be audited to ensure 97% compliance with timely OASIS submission as required. The agency Administrator or designee will perform the above stated audit under the direction of the Administrator. The benchmark or target goal for the above-mentioned audits is 97% compliance.	9/17/2025 9/17/2025

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G0372	Continued from page 2 During an interview on 8/13/25 at 1:06 p.m., the administrator stated the late OASIS submissions were most likely because the company had two restructuring events; one in June of 2024 and one in March of 2025 which affected the OASIS lock process, roles of the staff. and resulted in significant changes in the OASIS process and procedures for all branches. The agency policy Care Planning and Coordination dated 6/10/25, identified the facility will electronically report all OASIS data collected in accordance with federal regulations including encoding individual client assessment within thirty days of completing the assessment and transmitted within thirty days of the Oasis completion.	G0372	**Ongoing Performance Improvement:** Following the above stated audit, this indicator will become a regular part of the quarterly audit process under the Quality Assurance Performance Improvement (QAPI) Program. Audit results will be tracked, trended, shared with agency leadership, and reported to the Quality Assurance Performance Improvement (QAPI) committee, the Professional Advisory Committee, and Governing Body. 8/28/25 Received 8/28/25 Reviewed and Accepted Nicole Harvey Digitally signed by Nicole Harvey Date: 2025.08.28 10:25:12 -05'00'	9/17/2025 and Ongoing

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August 19, 2025

Administrator
ACCENTCARE FAIRVIEW HOME HEALTH - WEST, LLC
767 EUSTIS STREET, SUITE 150
SAINT PAUL, MN 55114

Re: Enclosed State Licensing Orders
Event ID: 1D0E87-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on August 13, 2025, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these regulations that are issued in accordance with Minnesota Statutes, sections 144A.43 to 144A.482.

In accordance with Minnesota Statute section 144A.477, for home care providers that are licensed to provide home care services and are also certified for participation in Medicare as a home health agency under Code of Federal Regulations, title 42, part 484, with survey and enforcement by the Minnesota Department of Health as an agent for the United States Department of Health and Human Services, the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) are considered equivalent to the federal requirements. Because your facility is a certified home health agency, violations of the requirements under Minnesota Statute section 144A.477 subd. 2 (1) to (16) may lead to enforcement actions under Minnesota Statute section 144A.474. If your facility fails to comply with all the federal deficiencies issued as a result of this Department's survey completed on August 13, 2025, the findings supporting the federal violations shall be considered violations of the applicable licensure requirements. The notice of termination from the Medicare program by the Centers for Medicare and Medicaid Services (CMS) or the failure to attain compliance with the federal regulations within the time periods approved by CMS may constitute grounds for the revocation, suspension or nonrenewal of the license.

State licensing orders are delineated on the attached Minnesota Department of Health order form. The 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 that are in violation of the state statute after the statement, "This MN requirement is not met as evidenced by."

We urge you to review these orders carefully. If you have questions, please contact the supervisor listed below. When all orders are corrected, the order form should be signed and returned to this office at:

Nikki Harvey, Regional Operations Supervisor
St. Cloud A District Office
Health Regulation Division
Minnesota Department of Health
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: Nikki.Harvey@state.mn.us
Office: (320) 223-7318 Mobile: (320) 216-5631

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minnesota Statutes, section 144A.474, subd. 8 (c), by the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction orders in future surveys, upon a complaint investigation, and as otherwise needed.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. 144A.474, subd. 12, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine(s) assessed.

The written request for reconsideration and all supporting documents must be received by the Commissioner within 15 calendar days of the correction order receipt date.

The Commissioner shall respond in writing to the request within 60 days of the date the provider requests a reconsideration. Any documentation received after the 15 calendar days will not be considered. You are required to send your written request and all supporting documents to Health.Homecare@state.mn.us; or, if you prefer you can mail it to:

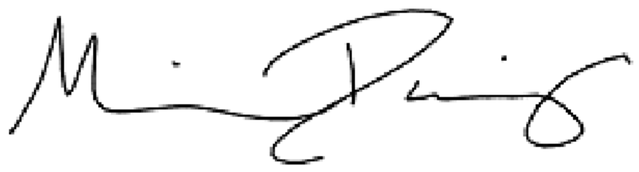
Home Care Correction Order Reconsideration Process

Minnesota Department of Health
Health Regulation Division
625 Robert St. N
St. Paul, MN 55164-0975
Telephone 651-201-4200
Health.CM-Cert@state.mn.us

Failure to correct state licensing correction orders may result in enforcement actions in accordance with the provisions of Minnesota Statutes, sections 144A.43 to 144A.482.

Please feel free to call me with any questions.

Sincerely,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/13/2025**

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00000	Initial Comments On 8/11/25 to 8/13/25 a recertification and abbreviated complaint survey was conducted. The following licensing orders are being issued as a result of the survey. **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.	00000		
00830	Notice of Services for Dementia/Alzheimer's CFR(s): 144A.4791, Subd. 2 Subd. 2.Notice of services for dementia, Alzheimer's disease, or related disorders. The home care provider that provides services to clients with dementia shall provide in written or electronic form, to clients and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements in section 325F.72, subdivision 2, clause (4). This LICENSURE REQUIREMENT is NOT MET as evidenced b Based on record review and interview, the licensee failed to provide in written or electronic form, a description of their dementia training program including the categories of employees trained, the frequency of training and the basic topics covered. This practice resulted in a level one violation (a	00830	**00830 Notice of Services for Dementia/Alzheimer's** The agency Administrator is responsible for ensuring that the agency will be compliant with the home care provider providing services to clients with dementia shall provide in written or electronic form, to clients and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. Start of Care documents were reviewed, and the agency confirmed that a notice to patient/family and/or other persons was not available upon request for the description of Dementia/Alzheimer's training.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jaime Bergendahl	TOD	8-28-25

Minnesota State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/13/2025**

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00830	Continued from page 1 violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at an isolated scope (when one or a limited number of clients are affected). Findings include: During record review on 8/13/25 at 9:30 a.m., the agency admission packet provided to patients and patient representatives upon admission lacked evidence of a consumer notification/disclosure on the facility dementia and dementia related disorder training program. When interviewed on 8/13/25 at 1:06 p.m., the clinical manager (CM)-A stated the agency did not currently have a dementia training notification/disclosure in place for those patients or patient representatives who requested it. The facility policy Patient Rights, Responsibilities, and Consent dated 5/12/25 identified per Minnesota statutes the home care provider that provides services to clients with dementia shall provide in written or electronic form, to clients and families or other persons who request it, a description of the training program and related training it provides, including categories of employees trained, the frequency of training, and the basic topics covered. 8/28/25 Received 8/28/25 Reviewed and Accepted Nicole Harvey Digitally signed by Nicole Harvey Date: 2025.08.28 10:26:10 -05'00'	00830	**Corrective Actions and Staff Training:** The Agency Administrator/designee will ensure documentation and/or other people. The Administrator/designee will conduct education with the Clinical Manager and all professional staff regarding the Standard and related policies, and require signed attestation of education: • Educate on MN State standard 00830, CFR 144A.4791, Subd,2, Notice of services for dementia. • Instruct Home Health Policy HH 2.0.1 titled "Patient Rights and Responsibilities and Consent". • A copy of dementia training notification/disclosure is in place for those patients or patient representatives who request it. **Monitoring Process / Audit Activity:** A minimum of 10 admission folders will be audited, at a minimum for no less than 60 days to ensure: A copy of dementia training notification/disclosure is in place for those patients or patient representatives who requested it. The agency Administrator or designee will perform the above stated audit under the direction of the Administrator. The benchmark or target goal for the above-mentioned audits is 100%. **Ongoing Performance Improvement:** Following the above stated audit, this indicator will become a regular part of the quarterly audit process under the Quality Assurance Performance Improvement (QAPI) Program. Audit results will be tracked, trended, shared with agency leadership, and reported to the Quality Assurance Performance Improvement (QAPI) committee, the Professional Advisory Committee, and Governing Body.	9/17/2025 9/17/2025 9/17/2025 and Ongoing