Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

February 23, 2026

Licensee
HomeWell Care Services MN203
7300 Metro Boulevard #206
Edina, MN 55439

RE: Denial of License Number 415778
Health Facility Identification Number (HFID) 40778
Initial Full Survey; Project Number(s) SL40778016

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on July 16, 2025, and follow-up survey on January 13, 2026, 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(s), MDH found you not in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A. As a result, your authority to continue to operate under a temporary license or be approved for a Comprehensive home care license, is being denied.

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, Casey DeVries, Supervisor, via email at: Casey.DeVries@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 February 26, 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 Casey DeVries, Supervisor, at Casey.DeVries@state.mn.us. Casey DeVries can also be reached by office phone at 651-201-5917.

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
	H40778	A. BUILDING: _____ B. WING _____	R 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWELL CARE SERVICES MN203	7300 METRO BLVD #206 EDINA, MN 55439

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{0 000}	Initial Comments *****ATTENTION***** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) have 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: SL40778016-1 On January 12, 2026, through January 13, 2026, the Minnesota Department of Health initiated a follow-up survey pursuant to a survey completed on July 16, 2025. At the time of the follow-up survey, there were five (5) clients receiving services under the provider's temporary comprehensive license. As a result of the follow-up survey, the following correction order is issued.	{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).	
0 645 SS=F	144A.475, Subd. 1 Conditions (a) The commissioner may refuse to grant a	0 645		

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0 645	Continued From page 1 temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider: (1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482; (2) permits, aids, or abets the commission of any illegal act in the provision of home care; (3) performs any act detrimental to the health, safety, and welfare of a client; (4) obtains the license by fraud or misrepresentation; (5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the home care provider's clients; (8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department; (9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter; (10) refuses to initiate a background study under section 144.057 or 245A.04; (11) fails to timely pay any fines assessed by the department; (12) violates any local, city, or township ordinance relating to home care services; (13) has repeated incidents of personnel	0 645		

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0 645	Continued From page 2 performing services beyond their competency level; or (14) has operated beyond the scope of the home care provider's license level. (b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide access to the client medical records, the licensee's personnel files, and other documents which impeded the survey. 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 the potential to affect a large portion or all of the clients). The findings include: On January 12, 2026, at 9:30 a.m., the surveyor called the licensee at the number the Minnesota Department of Health (MDH) had on file. On January 12, 2026, at 10:30 a.m., the surveyor arrived at the licensee's office but found the door locked. On January 12, 2026, at 11:18 a.m., the surveyor called the licensee at the number the MDH had on file and spoke to someone who stated they were an answering service for the licensee. The	0 645		

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0 645	Continued From page 3 person also stated they would urgently relay the information to licensee owner (O)-E. On January 12, 2026, at 12:20 p.m., the surveyor located another phone number for the licensee on their license application. The surveyor called the number and left a voice mail. On January 12, 2026, at 12:58 p.m., O-E called back and stated they were at their day job in the hospital. O-E stated the only other employee available worked from home. O-E also stated they needed to be informed a day earlier to make arrangements for someone to be available to participate in the survey at the licensee's office. On January 12, 2026, at 1:17 p.m., the surveyor received a call from case manager (CM)-B who stated they had received an email from O-E to make arrangements for the survey. CM-B also stated they informed O-E that they were a part-time employee and were only available to work part-time. CM-B also stated they had started their new full-time employment and did not have availability for the survey. On January 12, 2026, at 1:37 p.m., CM-B via phone stated the licensee had five (5) current clients, and two (2) pending clients to admit. On January 12, 2026, at 2:05 p.m., the surveyor called registered nurse (RN)-A and left a voice mail to call back. The surveyor also called RN-F and left a voice mail too. On January 12, 2026, at 2:20 p.m., the surveyor emailed O-E to request for current client list, discharged client list, employee list, and employee schedule.	0 645		

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0 645	Continued From page 4 On January 12, 2026, at 3:38 p.m., the surveyor received two text messages from CM-B indicating they had received a forwarded email from O-E, but they were not able to view it. In the second message, CM-B indicated they were not able to take any further calls or messages as their new place of work had strict phone policy. The surveyor made several attempts to conduct the survey, and to gather and review client and employee's information. However, because the surveyor was unable to access records, they could not verify the previously issued citations were corrected. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 645		
{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. This MN Requirement is not met as evidenced by:	{0 715}		

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{0 715}	Continued From page 5 Unable to be reviewed during this survey	{0 715}		
{0 790} SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{0 790}		
{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 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	{0 810}		

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{0 810}	Continued From page 6 or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{0 810}		
{0 825} SS=C	144A.4791, Subd. 1 HBOR Notification to Client (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand. (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices. "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement should include the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should	{0 825}		

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{0 825}	Continued From page 7 also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint. (c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{0 825}		
{0 835} SS=C	144A.4791, Subd. 3 Statement of Home Care Services Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{0 835}		

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{0 855}	Continued From page 8	{0 855}		
{0 855} SS=F	144A.4791, Subd. 7 Basic Individualized Client Review/Monitoring (a) When services being provided are basic home care services, an individualized initial review of the client's needs and preferences must be conducted at the client's residence with the client or client's representative. This initial review must be completed within 30 days after the date that home care services are first provided. (b) Client monitoring and review must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the date of the last review. The monitoring and review 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: Unable to be reviewed during this survey	{0 855}		
{0 870} SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's	{0 870}		

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{0 870}	Continued From page 9 representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{0 870}		
{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	{01145}		

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{01145}	Continued From page 10 (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{01145}		
{01150} SS=F	144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff (c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include: (1) observation, reporting, and documenting of client status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other	{01150}		

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{01150}	Continued From page 11 observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the client; (4) recognizing physical, emotional, cognitive, and developmental needs of the client; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{01150}		
{01165} SS=F	144A.4796, Subd. 1 Orientation of Staff and Supervisors All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff person and is not transferable to another home care provider. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{01165}		
{01185} SS=F	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	{01185}		

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(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
{01185}	Continued From page 12 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 disorders. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{01185}		
{01245} SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Unable to be reviewed during this survey	{01245}		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

October 29, 2025

Licensee
Homewell Care Services MN203
7300 Metro Boulevard #206
Edina, MN 55439

RE: Temporary Conditional License Number 415778
Health Facility Identification Number (HFID) 40778
Project Number(s) SL40778016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 16, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result, pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is issuing a 90-day conditional temporary license due to expire on **January 27, 2026**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health 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.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(6), when a fine is assessed against a agency for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $1,000.00. **MDH is not imposing these fines against your license at this time.**

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

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144A.474, Subd. 8(c), the temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes Chapter 144A.**

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 the Department of Health 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

CONDITIONAL LICENSE ISSUED:

MDH will issue Homewell Care Services MN203 a conditional temporary comprehensive home care license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144A.474, Subd. 2(e). Based on the results of the follow-up survey, MDH will determine if Homewell Care Services MN203 is in substantial compliance.

The following conditions apply on the conditional temporary comprehensive license:

a. **No new admissions:** Homewell Care Services MN203 will not admit any new clients under its conditional home care license until MDH removes the "no new admissions" condition. Homewell Care Services MN203 must provide the Department:

    i. A list of the names and birthdates of any individuals Homewell Care Services MN203 is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current clients including:
        1. Name and birthdate of each client
        2. Current payment source for services
        3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        4. If the client is not able to make informed decisions, the name of their representative and how to contact the representative

b. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Homewell Care Services MN203 to correct the violations cited during the survey as well as to determine the overall practice of Homewell Care Services MN203 in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

c. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

d. **Corrective Action Plan:** Homewell Care Services MN203 will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens
    v. Current status of correction work
    vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD:
MDH will determine if Homewell Care Services MN203 is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Homewell Care Services MN203 is in substantial compliance on the follow up survey, MDH will remove the conditions from Homewell Care Services MN203's temporary comprehensive home care license, and Homewell Care Services MN203 will correct violations identified during the survey to come into substantial compliance. If MDH determines Homewell Care Services MN203 is not in substantial compliance, MDH may take additional enforcement action against Homewell Care Services MN203, including placement of additional conditions, issuing an extension to the conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144A.475 up to and including immediate temporary suspension and revocation.

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144A.473, Subd. 3 (b)-(d), If the temporary licensee whose basic or comprehensive license has been denied or extended with conditions disagrees with the conclusions of the commissioner, then the temporary licensee may request a reconsideration no later than 15 calendar days after the temporary licensee receives notice of the action. **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

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 questions, please contact Casey DeVries directly at: 651-201-5917.

Sincerely,

Rick Michals

Rick Michals, J.D.
Interim Assistant Division Director

Minnesota Department of Health
Health Regulation Division

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40778	A. BUILDING: _____ B. WING _____	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWELL CARE SERVICES MN203	7300 METRO BLVD #206 EDINA, MN 55439

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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: SL40778016-0 On July 14, 2025, through July 16, 2025, the Minnesota Department of Health conducted an initial full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were six clients all of whom received services under the provider's temporary comprehensive license. An immediate correction order was identified on July 14, 2025, issued for SL40778016-0, tag identification 0715. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	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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0 715	Continued From page 1	0 715		
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. 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 two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-C). This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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: RN-A RN-A started employment to provide direct care	0 715		

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0 715	Continued From page 2 to the licensee's clients on January 20, 2025. A license verification search of the Minnesota Board of Nursing website indicated RN-A's license was issued on March 18, 1992. On July 14, 2025, at 10:40 a.m., case manager (CM)-B stated RN-A worked with their clients to complete initial assessments and reassessments as needed. CM-B also stated RN-A was called whenever they had a new admission. RN-A's employee record included a Consumer Report dated January 20, 2025, which indicated RN-A had been cleared on the following: sex offender search and global watchlist search. ULP-C ULP-C started employment to provide direct care to the licensee's clients on September 26, 2024. The licensee's staffing schedule dated between July 14, 2025, and July 19, 2025, indicated ULP-C was scheduled to work with C2 on July 15, 2025, and July 17, 2025. ULP-C's employee record included a Consumer Report dated September 26, 2024, which indicated ULP-C had been cleared on the following: sex offender search and global watchlist search. RN-A and ULP-C's employee record lacked a background study clearance required by section 144.057. On July 14, 2025, at 1:48 p.m., the surveyor observed NETStudy 2.0 (a web-based system used to submit background study requests to the	0 715		

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0 715	Continued From page 3 Department of Human Services (DHS)) which indicated there were no individuals affiliated to the licensee's health facility identification number (HFID). On July 14, 2025, at 1:50 p.m., CM-B stated the licensee only used the consumer report as their stand-alone background study for all of their employees and they did not run a background study for any of their seven employees using the Minnesota Department of Human Services (DHS) NETStudy 2.0 system. The licensee served six clients, and their employee roster included one registered nurse (RN-A) and six ULP at the time of the survey. The licensee's Recruitment and Hiring Policy dated 24, 2025, indicated criminal background check will be submitted to Minnesota Department of Human Services (DHS) following the step-by-step procedure established by DHS i. the administrator or designee is responsible for initiating the criminal background study for new employees; ii. NetStudy 2.0 (or current version) will be used for the background check; iii. the employee will be directed to locations established by DHS to obtain fingerprint scans; iv. employees will be instructed that photographic identification will be required. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 715		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home	0 790		

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0 790	Continued From page 4 care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provides. This had the potential to affect all clients and staff. 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: On July 14, 2025, at 12:30 p.m., the surveyor inquired about quality management activity minutes. Care manager (CM)-B provided the surveyor with the licensee's policy titled Quality	0 790		

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0 790	Continued From page 5 Improvement (QI) and stated it was the licensee's quality management plan. On July 14, 2025, at 3:20 p.m., CM-B stated they had not had any quality management meetings since they opened. CM-B also stated they were not aware it was a requirement. The licensee's Quality Assessment and Performance Improvement policy dated February 24, 2025, indicated the licensee had established a quality improvement program based on the organization's size and appropriate to the type of services provided to assure that effective, comprehensive and appropriate plans are operational for all clients within the organization. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
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 person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse.	0 810		

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0 810	Continued From page 6 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 two clients (C2, C4). 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's diagnoses included heart condition, stroke, risk of aspiration, and congestive heart failure. C4's diagnoses included cervical spine fracture, and forgetful. C2 and C4's IAPP record lacked an individualized review or assessment of C2 and C4's susceptibility to abuse by another individual, including other vulnerable adults or minors; C2 and C4'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 C2 and C4 and other vulnerable adults or minors. On July 15, 2025, at 10:30 a.m., care manager (CM)-B stated they were not aware of the	0 810		

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0 810	Continued From page 7 requirement to include the missing individualized assessment of C2 and C4's IAPP. The licensee's Vulnerable Adult/Child Protection policy dated February 24, 2025, indicated employees are required to individually assess clients to determine vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse to that client. In addition, all employees providing home care are mandated to report abuse and/or neglect (including suspected abuse or neglect) of the vulnerable adult/child according to this policy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 825 SS=C	144A.4791, Subd. 1 HBOR Notification to Client (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand. (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices. "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of	0 825		

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0 825	Continued From page 8 Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement should include the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint. (c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure written acknowledgment of receipt of the home care bill of rights (BOR) was obtained for two of two clients (C2, C4). This practice resulted in a level one violation (a 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 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	0 825		

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0 825	Continued From page 9 clients). The findings include: C2 had an admission date of August 30, 2023. C4 had an admission date of April 22, 2025. C2 and C4's record lacked a written acknowledgement of the client's receipt of the home care bill of rights. On July 15, 2025, at 2:55 p.m., care manager (CM)-B stated, the residents received the BOR in their admission packet, however the licensee did not keep an acknowledgment of the receipt. CM-B also provided the surveyor with a copy of their BOR; although upon review had only 17 bullets, some of which differed in language and content from the one available on the Minnesota Department of Health website which had 23 bullets. The licensee's undated Home Care Bill of Rights policy indicated each client would be provided a written notice of the Home Care Bill of Rights, and the licensee would obtain a written acknowledgement of the client's receipt for the Bill of Rights or would document why an acknowledgement could not be obtained. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 825		
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services	0 835		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40778	A. BUILDING: _____ B. WING _____	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWELL CARE SERVICES MN203	7300 METRO BLVD #206 EDINA, MN 55439

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0 835	Continued From page 10 Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a complete Statement of Home Care Services to include the required content for two of two clients (C2, C4). This practice resulted in a level one violation (a 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 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 had an admission date of August 30, 2023. C2's care plan dated August 23, 2023, indicated C2 received oxygen via nasal cannula, bathing, stand by assistance with transfer and ambulation, grooming, and toileting.	0 835		

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0 835	Continued From page 11 C4 C4 had an admission date of April 22, 2025. C4's Care Giver Task Log dated April 10, 2024, indicated C4 received meal preparation, dressing, bathing, medication reminders, and stand by assist with walking. C2 and C4's record lacked a Statement of Home Care Services to include the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. On July 16, 2025, at 2:00 p.m., care manager (CM)-B stated they did not provide a Statement of Home Care Services to C2 and C4 as they were not aware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 835		
0 855 SS=F	144A.4791, Subd. 7 Basic Individualized Client Review/Monitoring (a) When services being provided are basic home care services, an individualized initial review of the client's needs and preferences must be conducted at the client's residence with the client or client's representative. This initial review must be completed within 30 days after the date that home care services are first provided. (b) Client monitoring and review must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days	0 855		

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0 855	Continued From page 12 from the date of the last review. The monitoring and review 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 client review and monitoring was completed at least every 90 days for one of one client who received home care services (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 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: On July 14, 2025, at 10:56 a.m., during the entrance conference, care manager (CM)-B stated that they completed assessments and reviews for clients once every year. C2 had an admission date of August 30, 2023. C2's care plan dated August 23, 2023, indicated C2 received oxygen via nasal cannula, bathing, stand by assistance with transfer and ambulation, grooming, and toileting. C2's 90-day reassessment titled Client Supervisory Visit Form was last completed on	0 855		

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0 855	Continued From page 13 December 9, 2023. On July 15, 2024, at 2:47 p.m., CM-B asked the surveyor for verification that clients receiving basic services still needed reviews or assessments to be completed on a 90-day basis. The surveyor directed CM-B to the related statute (144A.9791 Sub7b.). CM-B stated they were not aware of the requirement. The licensee's Assessment - Comprehensive Services policy dated February 24, 2025, indicated ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client but cannot exceed 90 days from the last date of assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 855		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care	0 870		

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0 870	Continued From page 14 provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure the service plan included all the required content including specific services to be provided and fees for those services 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 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 had an admission date of August 30, 2023. C2's care plan dated August 23, 2023, indicated	0 870		

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0 870	Continued From page 15 C2 received oxygen via nasal cannula, bathing, stand by assistance with transfer and ambulation, grooming, and toileting. C2's Client Service Agreement dated August 30, 2023, lacked the following content: - a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; - the identification of the staff or categories of staff who will provide the services; - the schedule and methods of monitoring reviews or assessments of the client; - the schedule and methods of monitoring staff providing home care services; and - a contingency plan that includes: i. the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; ii. information and a method for a client or client's representative to contact the home care provider; iii. the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. On July 15, 2025, at 3:10 p.m., care manager (CM)-B stated the licensee used forms provided by their franchise, and they thought the forms had all the required content. CM-B further stated all the licensee's clients used the same service plan and would be missing the content above. The licensee's Service Plan policy dated February 24, 2025, indicated an individualized service plan is implemented for all clients.	0 870		

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0 870	Continued From page 16 [licensee] will provide all services required by the current service plan. The policy also indicated all the missing content above would be included in the client service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
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; (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,	01145		

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01145	Continued From page 17 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 interview and record review, the licensee failed to ensure employees completed the required training and competency evaluations for two of two employees (unlicensed personnel (ULP)-C, ULP-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was 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 residents). The findings include: ULP-C started employment with the licensee on September 26, 2024. ULP-D started employment with the licensee on April 17, 2025.	01145		

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01145	Continued From page 18 ULP-C and ULP-D's records lacked required training and competency evaluations in the following topics: - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the home care provider; - medication, exercise, and treatment reminders; - understanding appropriate boundaries between staff and clients and the client's family; and - awareness of commonly used health technology equipment and assistive devices. On July 15, 2025, at 3:10 p.m., care manager (CM)-B stated the licensee used training forms provided by their franchise. CM-B also stated they thought the forms had all the required content. CM-B further stated all the licensee employees' training would be missing the content above. The licensee's Staff Competency policy dated February 24, 2025, indicated all clients will receive quality service delivered by staff who are educated and competent in the delivery of home care services. [licensee] is committed to meeting or exceeding current practice standards. The policy also included all the topics missing above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01145		
01150 SS=F	144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff	01150		

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01150	Continued From page 19 (c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include: (1) observation, reporting, and documenting of client status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the client; (4) recognizing physical, emotional, cognitive, and developmental needs of the client; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees completed the required training and competency evaluations for two of two employees (unlicensed personnel (ULP)-C, ULP-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was 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 residents). The findings include: ULP-C started employment with the licensee on	01150		

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01150	Continued From page 20 September 26, 2024. ULP-D started employment with the licensee on April 17, 2025. ULP-C and ULP-D's records lacked required training and competency evaluations in the following topics: - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the client; - recognizing physical, emotional, cognitive, and developmental needs of the client; and - range of motioning and positioning. On July 15, 2025, at 3:10 p.m., care manager (CM)-B stated the licensee used training forms provided by their franchise. CM-B also stated they thought the forms had all the required content. CM-B further stated all the licensee employees' training would be missing the content above. The licensee's Staff Competency policy dated February 24, 2025, indicated all clients will receive quality service delivered by staff who are educated and competent in the delivery of home care services. [licensee] is committed to meeting or exceeding current practice standards. The policy also included all the topics missing above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01150		

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01165	Continued From page 21	01165		
01165 SS=F	144A.4796, Subd. 1 Orientation of Staff and Supervisors All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff person and is not transferable to another home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to home care licensing requirements and regulations was provided for all the licensee's employees. 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: The licensee was licensed effective February 28, 2024, through February 27, 2025, as a temporary comprehensive home care. RN-A's record lacked the following required orientation topics: - review of Home Care statutes;	01165		

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01165	Continued From page 22 - review of provider's policies and procedures; - handling emergencies and using emergency services; - reporting maltreatment of vulnerable adults or minors; - handing of client complaints, reporting of complaints, where to report; - home care bill of rights; - consumer advocacy services; and - review of types of Home Care services the employee will provide and provider's scope of license. On July 15, 2025, at 12:30 p.m., care manager (CM)-B stated the licensee used orientation training forms provided by their franchise. CM-B also stated they thought the forms had all the required content. CM-B further stated all the licensee employees' orientation training would be missing the content above. The licensee's Staff Orientation and Education policy dated February 24, 2025, indicated all staff providing home health care through [licensee] will be prepared to provide safe, effective services to all clients through a thorough orientation and education program pertinent to the needs of the clientele. The policy also included all the missing topics above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01165		
01185 SS=F	144A.4796, Subd. 5 Alzheimer's/Dementia Training Required For home care providers that provide services for	01185		

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01185	Continued From page 23 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 disorders. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure required training related to Alzheimer's disease and related disorders was completed for two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-D). 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: During the entrance conference on July 14, 2025, at 10:15 a.m., care manager (CM)-B confirmed the licensee provided services to clients in their individual homes, including clients having Alzheimer's disease or related disorders. RN-A started employment with the licensee on January 20, 2025.	01185		

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(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
01185	Continued From page 24 ULP-D started employment with the licensee on April 17, 2025. ULP-D's Caregiver Daily Task Log dated April 30, 2025, indicated ULP-D was providing home care services to C3 who had a diagnosis for Lewy body dementia. RN-A and ULP-D's records lacked the 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 - how to communicate with clients who have Alzheimer's or related disorders. On July 15, 2025, at 3:20 p.m., CM-B stated the licensee used training forms provided by their franchise. CM-B also stated they thought the forms had all the required content. CM-B further stated all the licensee employees' working with Alzheimer's disease and related disorders would be missing the training content above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01185		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40778	A. BUILDING: _____ B. WING _____	07/16/2025

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01245	Continued From page 25 and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and the Minnesota department of Health to include facility risk assessment. The licensee also failed to complete a TB screening, and TB Training for one of two employees (unlicensed personnel (ULP)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was 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 residents). The findings include: The licensee lacked a facility risk assessment. ULP-C started employment with the licensee on April 17, 2025, to provide comprehensive home	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01245	Continued From page 26 care services. ULP-C's record included a TB history and symptom screen dated September 20, 2024. ULP-C's record lacked the following required content: - baseline screening; and - TB Training at hire. On July 14, 2025, at 3:10 p.m., care manager (CM)-B stated they had completed TB screening for ULP-C, and thought it was in ULP-C's employee file. CM-B also stated ULP-C's TB screening paperwork had probably been misplaced in the office. The Centers for Disease Control and Prevention's TB Screening and Testing of Health Care Personnel dated August 30, 2022, indicated all U.S. health care personnel should be screened for TB upon hire to include: - a baseline individual TB risk assessment; - TB symptom evaluation; - a TB test (TB gold or a TB skin test); and - additional evaluation for TB as needed. The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated June 30, 2023, indicated, "Baseline TB screening is required for all health care workers (HCWs) and consists of three components: 1. Assessing for current symptoms of active TB disease; 2. Assessing TB history; and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA (blood test)."	01245		

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01245	Continued From page 27 The licensee's Tuberculosis Screening/Prevention policy dated February 24, 2025, indicated the licensee would observe the recommended precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH). The precautions include the following elements: · risk assessment · TB screening · staff education No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		