DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 20, 2026

Licensee
Pediatech Nursing
15612 Highway 7 Suite 160
Minnetonka, MN 55345

RE: Project Number(s) SL27859012

Dear Licensee:

On July 2, 2026, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders from the survey completed on May 21, 2026. This follow-up survey verified that the agency is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

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

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Electronically Delivered

June 24, 2026

Licensee
Pediatech Nursing
15612 Highway 7 Suite 160
Minnetonka, MN 55345

RE: Project Number(s) SL27859012

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 21, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144A.475;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144A.475.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, the following fines are assessed pursuant to this survey:

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

The total amount you are assessed is $1,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers.

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

If you have any questions, please contact me.

Sincerely,

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27859	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEDIATECH NURSING	15612 HIGHWAY 7 SUITE 160 MINNETONKA, MN 55345

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL27859012-0 On May 19, 2026, through May 21, 2026, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were thirty-seven (37) clients receiving services under the provider's Comprehensive license. On May 21, 2026, an immediate correction order was issued for tag identification 0715. During the course of the survey, the licensee took action to mitigate the imminent risk. 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).	
0 715 SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers	0 715		

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0 715	Continued From page 1 (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 observation, 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, licensed practical nurse (LPN)-B). 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 to the licensee's clients on October 26, 2016. RN-A's received a registered nurse license from the Minnesota Board of Nursing on September	0 715	During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.	

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0 715	Continued From page 2 16, 2016. RN-A's employee record included background study completed on October 20, 2016. A screenshot of the Department of Human Services (DHS) NetStudy 2.0 website dated May 21, 2026, at 9:26 a.m., indicated RN-A was separated from the licensee on August 1, 2022. RN-A's employee record lacked a current, completed background study. On May 19, 2026, at 11:00 a.m., human resources (HR)-E stated RN-A worked with the licensee's clients to complete initial assessments, reassessments, and was called whenever the licensee had a new admission. HR-E also stated RN-A is the licensee's interim director of clinical services. LPN-B LPN-B started employment to provide direct care to the licensee's clients on July 30, 2018. On May 20, 2026, at 9:55 a.m., the surveyor observed LPN-B administer C1's morning medications and provide direct cares. LPN-B received a practical nursing license from the Minnesota Board of Nursing on October 30, 2008. LPN-B's employee record included background study completed on July 30, 2018. A screenshot of the DHS NetStudy 2.0 website dated May 21, 2026, at 10:25 a.m., indicated LPN-B was separated from the licensee on August 1, 2022.	0 715		

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0 715	Continued From page 3 LPN-B's employee record lacked a current, completed background study. RN-A and LPN-B's employee record lacked background study clearance required by section 144.057. On May 21, 2026, at 10:30 a.m., HR-E acknowledged that RN-A and LPN-B's employee records were missing a current background study clearance, and they were listed as separated on August 1, 2022. HR-E stated the licensee's previous director of clinical services erroneously removed all staff who were licensed before 2018. Also, president (P)-D stated it was a misinterpretation of the regulatory changes that resulted in the separation of all staff licensed before 2018, and they would affiliate all the staff with roster again. The licensee's Human Resources policy revised January 4, 2025, indicated the licensee would not allow any individual to begin direct care services, management, operations, or control duties requiring a background study unless the individual has either a completed and cleared or otherwise Net study 2.0 background study affiliated with the licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 715		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for	0 810		

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0 810	Continued From page 4 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was updated to include current vulnerabilities and statements of the specific measures to be taken to minimize the risk of vulnerabilities for two of three clients (C1, C2). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: C1 C1 was admitted on September 17, 2024, with diagnoses that included, but were not limited to, bronchopulmonary dysplasia (BPD) originating in	0 810		

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0 810	Continued From page 5 the perinatal period, a chronic respiratory disease predominantly affecting premature infants. C1's IAPP dated September 17, 2024, indicated the client was not susceptible to physical abuse or sexual abuse greater than the average child. C2 C2 was admitted on February 13, 2026, with diagnoses that included, but were not limited to, chordal tethering of the mitral valve, a condition associated with cardiac impairment such as heart failure. C2's IAPP dated February 13, 2026, indicated the client was not susceptible to physical abuse, sexual abuse, or neglect greater than the average child. C1 and C2's IAPPs lacked current vulnerabilities and individualized interventions to minimize the risk of abuse to the clients. On May 21, 2026, at 1:00 p.m., registered nurse (RN)-A acknowledged that the IAPPs lacked identification of current vulnerabilities and statements of specific measures to be taken to minimize the risk of abuse. RN-A stated they would need to update the form currently being used. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 815 SS=F	144A.479, Subd. 7 Employee Records The home care provider must maintain current	0 815		

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0 815	Continued From page 6 records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record included documentation of annual performance reviews which identify areas of improvement needed and training for two of two employees	0 815		

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0 815	Continued From page 7 (registered nurse (RN)-A, licensed practical nurse (LPN)-B). 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 harm a client's health or safety, though 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 clients). The findings include: RN-A RN-A began employment providing direct care to the licensee ' s clients on October 26, 2016. LPN-B LPN-B began employment providing direct care to the licensee ' s clients on July 30, 2018. RN-A and LPN-B's employee records lacked evidence of annual performance evaluation. On May 21, 2026, at 1:00 p.m., human resources (HR)-E acknowledged that RN-A and LPN-B's employee records were missing annual performance evaluations. HR-E stated they were aware of the required annual evaluations but were behind due to staffing changes and the departure of the director of clinical services. The licensee's Performance Appraisals/Evaluation policy, undated, indicated that an annual Performance Appraisal/Evaluation form will be completed for each employee by their supervisor based on their job description.	0 815		

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0 815	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
01190 SS=D	144A.4796, Subd. 6 Required Annual Training (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. (b) In addition to the topics listed in paragraph (a), annual training may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this	01190		

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01190	Continued From page 9 subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (licensed practical nurse (LPN)-B) received a minimum of eight hours of annual training, including all required topics, for each twelve months of employment as required. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to harm a client's health or safety, though not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of clients are affected, one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: LPN-B was hired on July 30, 2018, and provided	01190		

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01190	Continued From page 10 direct care services to the licensee's clients. LPN-B's personnel file lacked evidence that LPN-B had completed the required eight hours of annual training for each twelve months of employment, including the required topics. On May 21, 2026, at 1:30 p.m., human resources (HR)-E acknowledged that LPN-B was missing required annual training. HR-E stated they were aware of the annual training requirements but were behind due to staffing changes and the departure of the director of clinical services. The licensee's Personnel Records policy, undated, indicated that the personnel record for field employees would include, but not be limited to, annual training documentation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		
01252 SS=D	144A.4798, Subd. 3 Infection Control Program A home care provider must establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control related to medication administration services for one of	01252		

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PEDIATECH NURSING	15612 HIGHWAY 7 SUITE 160 MINNETONKA, MN 55345

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01252	Continued From page 11 two employees (licensed practical nurse (LPN)-B) failed to follow infection control practices. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On May 20, 2026, at 9:15 a.m., LPN-B was observed preparing medication for C1. LPN-B measured the prescribed omeprazole liquid medication into a syringe and prepared a second syringe with water for flushing. C1 was lying on a blanket on the floor, and LPN-B sat on the floor next to C1. LPN-B placed the uncovered medication syringe and the uncovered water syringe on a blanket in the crib. LPN-B then picked C1 up from the floor and proceeded to administer the medication using the same uncovered syringe, followed by the uncovered water syringe to flush the medication through the Jejunostomy Tube (J-tube) (J-tube is inserted into the jejunum, the middle portion of the small intestine, to provide nutrition and medications when the stomach cannot be used). Additionally, LPN-B was not wearing gloves during the procedure. LPN-B stated she forgot to cover the syringes after preparing the medication and also stated she was unsure whether gloves were required when administering medication through a J-tube. On March 21, 2026, at 1:00 p.m., registered	01252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H27859	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01252	Continued From page 12 nurse (RN)-A stated that LPN-B was required to place syringes on a clean surface and ensure they were capped with a syringe cap. RN-A stated nurses were trained to cap syringes, use a tray, and wear gloves when administering medication via a J-tube. RN-A further stated that staff would be retrained. The licensee's Standard Precautions policy, undated, indicated that standard precautions were followed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. The policy further indicated that Personal Protective Equipment (PPE) for standard precautions includes clean, non-sterile gloves when touching or coming into contact with blood, body fluids, excretions, or mucous membranes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01252		