Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

July 7, 2026

Administrator
ESSENTIA HEALTH MOOSE LAKE HOME CARE
30 ARROWHEAD LANE
MOOSE LAKE, MN 55767

Re: Event ID: 231C4F-H1

Dear Administrator:

A partial extended survey was completed at your agency on June 24, 2026, for the purpose of assessing compliance with Federal certification.
At the time of survey, the survey team from the Minnesota Department of Health - Health Regulation Division, noted one or more deficiencies. Electronically attached is a copy of the Statement of Deficiencies (CMS-2567).

An acceptable plan of correction must contain the following elements:

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

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

Alex Warren, Regional Operations Supervisor
Duluth District Office
Health Regulation Division
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55082
Email: Alex.Warren@state.mn.us
Cell: 651-279-5375 Office: 218-302-6186

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

Please feel free to call me with any questions.

Sincerely,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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Administrator
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30 ARROWHEAD LANE
MOOSE LAKE, MN 55767

Re: Event ID:231C4F-H1

Dear Administrator:

A survey of the Home Care Provider named above was completed on June 24, 2026, for the purpose of assessing compliance with State licensing regulations. At the time of survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the requirements under Minnesota Statutes Sections 144A.43 to 144A.482.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Sarah Lane

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **06/24/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESSENTIA HEALTH MOOSE LAKE HOME CARE	**30 ARROWHEAD LANE , MOOSE LAKE, Minnesota, 55767**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
00000	Initial Comments On 6/22/26 to 6/24/26 a recertification survey was conducted. No licensing orders were issued during this survey.	00000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248051	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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E0000	Initial Comments A survey for compliance with CMS Appendix Z Emergency Preparedness Requirements, was conducted on 6/22/26 to 6/24/26, during a recertification survey. The facility is in compliance with the Appendix Z Emergency Preparedness Requirements.	E0000		
G0000	INITIAL COMMENTS On 6/22/26 to 6/24/26 a recertification survey was conducted. This resulted in a partial extended survey at Essentia Home Health-Moose Lake. The agency was found to have not met the requirements at 42 CFR. Part 484 for Home Health Agencies. Unduplicated census previous 12 months: 274 Total home visits conducted: 3 List Parent Location visit. 30 Arrowhead Lane Moose Lake, MN 55767 List all other branch offices for this agency. 4614 Mike Colalillo Drive, Duluth, MN 55808 List Hours of Operation: 8:00 a.m. to 4:30 p.m. List total number of records reviewed: 7	G0000		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kay Tocek	RN Director	7/17/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 248051	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/24/2026

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G0000	Continued from page 1 ....fg...kler.ps.rea..j...erw s.p...e....poj..... .... 9.36.....	G0000		
G0514	RN performs assessment CFR(s): 484.55(a)(1) A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician or allowed practitioner - ordered start of care date. This ELEMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to admit a patient within 48 hours of received referral or obtain a provider order to delay start of care (SOC) for 3 of 7 (P1, P2, P5) patients reviewed for admissions. Findings include: P1's plan of care (POC) dated 6/8/26 to 8/6/26 indicated a SOC of 6/8/26. P1's electronic medical record (EMR) indicated a referral for services was received on 6/1/26. An order to delay admission until 6/8/26, was sent to the provider on 6/15/26 at 4:32 p.m., and received back on 6/15/26 at 5:51 p.m. P2's POC dated 5/7/26 to 7/5/26 indicated a SOC of 5/7/26. P2's EMR indicated a referral for services was received on	G0514	G0514 Following a review of patients with delayed Start of Care (SOC), it was identified that physician orders could not be entered until after the certification period was opened due to limitations within the electronic medical record (EMR). As a result, orders for delayed SOCs were not able to be entered within 48 hours of referral. Immediate action taken was EMR was updated to allow sending orders prior to the SOC if it was going to be past the 48 hours. Information Services reviewed the workflow and implemented a system change that now allows physician orders to be entered prior to opening the certification period. Effective immediately, all Start of Care (SOC) and Resumption of Care (ROC) episodes will have physician-ordered SOC/ROC entered within 48 hours of referral. A job aid had been developed to provide step-by-step instructions for entering physician orders prior to the certification period opening. This resource will be distributed to all Home Health staff to ensure consistent adherence to the revised process on 6/20/26. The agency policy, "Home Care – Provider's Orders," was reviewed to determine whether revisions were necessary related to Starts of Care occurring more than 48 hours after referral. No policy changes were required, as the existing policy remains appropriate when the updated workflow is followed.	

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G0514	Continued from page 2 6/24/26. An order to delay admission until 5/7/26, was sent to the provider on 5/7/26 at 4:53 p.m., and received back on 5/8/26 at 7:43 a.m. P5's POC dated 6/16/26 to 8/14/26 indicated a SOC of 6/16/26. P5's EMR indicated a referral for services was received on 6/11/26. AN order to delay admission until 6/16/26, was sent to the provider on 6/18/26 at 7:51 a.m., and received back on 6/22/26 at 7:58 a.m. P7's POC dated 1/19/26 to 3/19/26 indicated a SOC of 1/19/26. P7's EMR indicated a referral for services was received on 1/7/26. AN order to delay admission until 1/19/26, was sent to the provider on 2/5/26 at 7:58 p.m., and received back on 2/6/26 at 8:16 a.m. During an interview on 6/22/26 at 1:57 p.m., registered nurse (RN)-A stated the nurses did all of their own schedules. Most of the admissions were done Monday through Thursday, with Friday's used to finish everything up from the week, and before the weekend. RN-A was unsure how long staff had to get the admissions done from the time the referral was sent. During an interview on 6/24/26 at 12:53 p.m., the clinical manager (CM) stated all admission would be done within 48 hours or receiving the referral or an order to delay the admission would be obtained in that 48 hrs. The CM reviewed the EMR's and acknowledged P1, P2, P5, and P7 were all admitted after the 48-hour deadline and no providers were notified of the delayed admissions until the day of admission or after. The facility policy related to admissions was not provided.	G0514	To ensure ongoing compliance, audits will be conducted on 100% of start of care and resumption of care to verify the proper order will be placed prior to the 48 hour post referral has been completed. . If noncompliance is observed, just in time education with staff will be conducted. Audits will be reviewed by QAPI monthly and adjustments made to auditing schedule if deemed necessary. G0580 The P3 chart was reviewed, and the missed visit was documented after it was determined that the patient had refused the second scheduled visit for the week. A review of agency policies related to documentation of visit sets and notification of refused visits determined that no policy revisions were necessary. However, a job aid was developed to reinforce compliance with existing physician orders and documentation requirements. The job aid outlines best practices for ensuring visit set accuracy and the appropriate process for documenting and notifying the care team when a patient refuses a scheduled visit. Education was provided to 100% of agency staff regarding visit scheduling, documentation of missed visits, and timely notification requirements for patient refusals 6/20/26	8/19/26
G0580	Only as ordered by a physician CFR(s): 484.60(b)(1) Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner. This ELEMENT is NOT MET as evidenced by: Based on interview and document review the facility failed to follow provider orders for a resident with twice a week skilled nurse (SN) visits. This affected 1 of 7 (P3) patients reviewed for provider orders. Findings include: P3's plan of care (POC) dated 5/12/26 to 7/10/26, indicated SN visits twice a week for 8 weeks started 5/17/26. P3's calendar of visits for 6/26, indicated a SN visit for 6/15/26, had been removed from the schedule for the week of 6/14/26. P3's electronic medical record (EMR) indicated the week of 6/14/26, P3 had a SN visit on 6/18/26, but no other visits were documented for that week. P3's EMR lacked documentation the	G0580		

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G0580	Continued from page 3 provider gave an order to cancel the second visit for the week of 6/14/26. During an interview on 6/24/26 at 12:53 p.m., the clinical manager (CM) stated if a scheduled visit was canceled then the provider needed to be notified the visit was canceled, and an order received to cancel the order. The CM reviewed P3's EMR and confirmed only one visit had occurred the week 6/14/26, and there were no orders to cancel the second visit that week. The facility policy for provider orders was not provided.	G0580	To ensure ongoing compliance, audits will be conducted on 100% of recertifications to verify the accuracy of visit sets and timely documentation of missed visit notifications. The "Visit Sets Without Visits" report will be reviewed to identify any scheduled visits without corresponding documentation and to ensure all missed visits are documented promptly and in accordance with agency requirements. If noncompliance is observed, just in time education with staff will be conducted. Audits will be reviewed by QAPI monthly and adjustments made to auditing schedule if deemed necessary. Approved by Alex Warren 7/21/26 *Alex Warren*	8/19/26