DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 7, 2025

Licensee
Willow Home Care Inc
3918 Central Avenue Northeast
Columbia Heights, MN 55421

RE: Project Number SL40830016

Dear Licensee:

This is your **official notice** that you have been **granted your comprehensive license.** Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273 or by email at: health.homecare@state.mn.us.

The Minnesota Department of Health (MDH) completed an initial survey on June 4, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

In addition, on June 4, 2025, evaluators of this Department's staff visited the above home and community based services (HCBS) provider and there were no correction orders issued. At the time of the evaluation, there was one active client receiving services under the HCBS license.

The Department of Health concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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 . . ."

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey at your agency**.

DOCUMENTATION OF ACTION TO COMPLY

Per 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 clients/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(s) 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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

Sincerely,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40830	A. BUILDING: _____ B. WING _____	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW HOME CARE INC	3918 CENTRAL AVE NE COLUMBIA HEIGHTS, MN 55421

(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 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: SL#40830016-0 On June 2, 2025, through June 4, 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 was one client receiving services under the provider's temporary comprehensive license.	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).	
0 815 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 1 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 contained all the required content for one of one employee (owner/registered nurse (O/RN)-A).	0 815		

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0 815	Continued From page 2 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 June 2, 2025, at 3:11 p.m., O/RN-A stated the licensee was aware of the required contents of the employee record. O/RN-A was hired March 18, 2024, to provide services under the licensee's temporary comprehensive home care license. O/RN-A's employee record lacked evidence of an annual performance review, which identify areas of improvement needed and training needs. On June 4, 2025, at 10:48 a.m., O/RN-A stated an annual review was not completed for O/RN-A. O/RN-A further stated the licensee was using the first date of service provided to a client (March 14, 2025) for employment start dates instead of using O/RN-A's start date with the temporary comprehensive home care provider. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		

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0 885	Continued From page 3	0 885		
0 885 SS=F	144A.4791, Subd. 12 Disaster/Emergency Preparedness Planning The home care provider must have a written plan of action to facilitate the management of the client's care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider's ability to provide care or services. The licensee must provide adequate orientation and training of staff on emergency preparedness. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written plan of action to facilitate the management of the clients care and services in response to a natural disaster, such as storms, or other emergencies that may disrupt the home care provider's ability to provide care and services. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: During the entrance conference on June 2, 2025, at 3:01 p.m., owner/registered nurse (O/RN)-A stated the licensee was familiar with current home care laws and regulations. On June 4, 2025, at 10:37 a.m., O/RN-A stated	0 885		

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0 885	Continued From page 4 the licensee instructed employees to call 911 for an emergency and how to contact the client's emergency client. O/RN-A further stated the licensee did not have specific instructions in place for clients or employees in the event of a natural disaster other than to contact the client's emergency contact if the licensee could not provide a scheduled service. The licensee's 1.19 Emergency/911 policy dated January 1, 2025, indicated to direct staff in the handling of emergencies and calling 911. The policy did not address natural disasters or other emergencies that may disrupt the home care provider's ability to provide care and services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 885		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;	0 920		

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0 920	Continued From page 5 (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a current individualized medication management plan which included all required content for one of one client (C1). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that	0 920		

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0 920	Continued From page 6 has affected or has the potential to affect a large portion or all of the clients). The findings include: During the entrance conference on June 2, 2025, at 3:06 p.m., owner/registered nurse (O/RN)-A stated the licensee provided medication management services to clients receiving services under the comprehensive home care license. C1's diagnoses included hyponatremia (low blood sodium) and vitamin D deficiency. C1's Service Plan dated March 14, 2025, indicated C1 received weekly medication set-ups. C1's record lacked prescriber orders. C1's record included (C1 name) Prescription Schedule dated March 14, 2025, from C1's pharmacy included the following medications: -sodium chloride 1 (one) gram (g) tablet- take 0.5 tablets (0.5 g) by mouth daily -vitamin D3 50 micrograms (mcg) take one table by mouth daily C1's medication management records lacked the identification of persons responsible for monitoring medication supplies and ensuring that medications refills are ordered on a timely basis. In addition, C1's medication management records lacked evidence of medication reconciliation. On June 4, 2025, at 11:05 a.m., O/RN-A stated C1's record lacked the person responsible for monitoring and reordering C1's medications. O/RN-A further stated O/RN-A had completed a medication assessment and reconciliation for	0 920		

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0 920	Continued From page 7 C1's medications, however, O/RN-A had not documented in C1's record. The licensee's 5.10 Medication Management Services Provided by Unlicensed Personnel (ULP) policy dated January 1, 2025, indicated an RN must conduct a face-to-face client assessment to determine what medication management services will be provided and how those services will be provided. In addition, the RN must specify, in writing, specific instructions for each client and document those instructions in the clients' [sic] record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one client (C1). 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	0 940		

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0 940	Continued From page 8 cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: During the entrance conference on June 2, 2025, at 3:06 p.m., owner/registered nurse (O/RN)-A stated the licensee provided medication management services to clients receiving services under the comprehensive home care license. C1's diagnoses included hyponatremia (low blood sodium) and vitamin D deficiency. C1's Service Plan dated March 14, 2025, indicated C1 received weekly medication set-ups. C1's record lacked prescriber orders. C1's record included (C1 name) Prescription Schedule dated March 14, 2025, from C1's pharmacy included the following medications: -sodium chloride 1 (one) gram (g) tablet- take 0.5 tablets (0.5 g) by mouth daily -vitamin D3 50 micrograms (mcg) take one table by mouth daily C1's Medication Set Up Record dated May 2025, and June 2025, respectively, indicated C1 had the following medications set-up by O/RN-A: -sodium chloride 0.5 tablet by mouth every day -vitamin D3 one tablet by mouth every day C1's record lacked documentation for the medication set up at the time of setup to include the quantity of dose for each medication and the	0 940		

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0 940	Continued From page 9 name of the person completing the medication set up as required. On June 4, 2025, at 11:00 a.m., O/RN-A stated O/RN-A missed documenting C1's medications dosage on the medication set up forms. O/RN-A further stated O/RN-A used initials for medication setups, and O/RN-A was not aware the medication setup needed to include the name of the person completing the medication set up. The licensee's Medication Documentation policy dated January 1, 2025, indicated documentation of the medication set up included quantity of dose and the name/title of person completing the medication set up. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prescriber's orders were completed for one of one client (C1). 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	0 965		

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0 965	Continued From page 10 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 June 2, 2025, at 3:06 p.m., owner/registered nurse (O/RN)-A stated the licensee provided medication management services to clients receiving services under the comprehensive home care license. C1's diagnoses included hyponatremia (low blood sodium) and vitamin D deficiency. C1's Service Plan dated March 14, 2025, indicated C1 received weekly medication set-ups. C1's Medication Set Up Record dated May 2025, and June 2025, respectively, indicated C1 had the following medications set-up by O/RN-A: -sodium chloride (to treat hyponatremia) 0.5 tablet by mouth every day -vitamin D3 (to treat vitamin D deficiency) one tablet by mouth every day C1's record included (C1 name) Prescription Schedule dated March 14, 2025, from C1's pharmacy included the following medications: -sodium chloride 1 (one) gram (g) tablet- take 0.5 tablets (0.5 g) by mouth daily -vitamin D3 50 micrograms (mcg) take one table by mouth daily C1's record lacked signed prescriber orders for sodium chloride and vitamin D3.	0 965		

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0 965	Continued From page 11 On June 4, 2025, at 10:56 a.m., O/RN-A stated the licensee required signed prescriber orders for all client medications, including over the counter medications. O/RN-A further stated O/RN-A had assumed since the Prescription Schedule from the pharmacy indicated C1's prescriber it would meet the requirement for prescriber orders, however, O/RN-A stated the Prescription Schedule lacked a prescriber's signature or electronic signature. The licensee's 5.01 Medication and Treatment Orders policy indicated written prescriber's order must be obtained for any treatment or medication administration provided to a client. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01190 SS=F	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	01190		

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WILLOW HOME CARE INC	3918 CENTRAL AVE NE COLUMBIA HEIGHTS, MN 55421

(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
01190	Continued From page 12 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 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 one employee (owner/registered nurse (O/RN)-A) received the	01190		

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01190	Continued From page 13 required annual training hours and topics for each 12 months of employment. 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 June 2, 2025, at 3:11 p.m., O/RN-A stated the licensee was aware of the required contents of the employee record. O/RN-A was hired March 18, 2024, to provide services under the licensee's temporary comprehensive home care license. O/RN-A's employee record contained zero out of eight hours of required annual training. In addition, O/RN-A's employee record lacked evidence of required annual training topics: - 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; - review of the home care bill of rights in section 144A.44; - 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	01190		

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01190	Continued From page 14 as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and - review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. On June 4, 2025, at 10:44 a.m., O/RN-A stated O/RN-A had not completed annual training and O/RN-A had recently completed orientation to home care after a client had started to receive services with the temporary comprehensive home care provider. On June 4, 2025, at 10:48 a.m., O/RN-A stated the licensee was using the first date of service provided to a client (March 14, 2025) for employment start dates instead of using O/RN-A's start date with the temporary comprehensive home care provider. The licensee's 3.08 Required Annual Staff Training policy dated January 1, 2025, indicated all staff of (licensee name) that performs direct home care services will complete a minimum of 8 (eight) hours of annual training for each 12 months of employment. In addition, the following training elements MUST [sic] be included every 12 months to all staff who performs direct home care services: -training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided (Minnesota Adult Abuse Reporting Center - MAARC); -a review of the appropriate version of the home care bill of rights;	01190		

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01190	Continued From page 15 -a review of infection control techniques used in the home and implementation of infection control standards including: -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; -cleaning and disinfecting of reusable or shared equipment; -disinfecting environmental surfaces; and reporting of communicable diseases; and -a review of the home care provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		
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	01245		

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01245	Continued From page 16 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 establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC), to include a current provider TB risk assessment. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: During the entrance conference on June 2, 2025, at 3:01 p.m., owner/registered nurse (O/RN)-A stated the licensee was familiar with current home care laws and regulations. On June 4, 2025, at 10:31 a.m., O/RN-A stated the licensee was not familiar with the TB risk assessment requirement and had only screened employees upon employment hire date. The licensee's 6.08 TB and Staff Screening policy dated January 1, 2025, indicated (licensee name) shall complete a written community TB risk assessment and update the assessment data on an annual basis. The assessment form used shall be the one developed by the Minnesota	01245		

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01245	Continued From page 17 Department of Health (MDH). The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments On June 2, 2025, owner/registered nurse (O/RN)-A stated the licensee did not have any clients receiving services under the Integrated License: home and community-based service (HCBS) designation.	0 000		