Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 22, 2026

Licensee
Polaris Care LLC
1214 3rd Street Northeast Office
Minneapolis, MN 55413

RE: Project Number SL41564016

Dear Licensee:

This is your **official notice** that you have been **granted your comprehensive home care 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 April 28, 2026, 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.

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

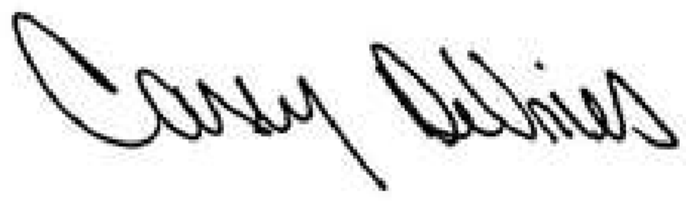
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days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



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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
	H41564	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POLARIS CARE LLC	1214 3RD STREET NE OFFICE MINNEAPOLIS, MN 55413

(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: SL41564016-0 On April 27, 2026, through April 28, 2026, 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 zero clients receiving services under the provider's temporary comprehensive home care 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 surveyor's 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 subd. 11 (b) (1) (2)	
0 550 SS=F	144A.474, Subd. 6 Providing Client Records Upon request of a surveyor, home care providers shall provide a list of current and past clients or	0 550		

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0 550	Continued From page 1 client representatives that includes addresses and telephone numbers and any other information requested about the services to clients within a reasonable period of time. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a list of current and past clients or client representatives that included addresses and telephone numbers. The licensee also failed to provide an employee list with the employees' full names, titles, and hire dates 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 April 27 , 2026, at 7:26 a.m., via email, the surveyor sent the following to the licensee: "Please have these three specific forms completed prior to my arrival: ·Current Client Roster ·Discharge or Deceased Client Roster ·Employee List (full names, titles, and hire dates)." On April 27, 2026, at 9:46 a.m., the surveyor requested the licensee's current client roster and discharged (DC) client roster. Owner (O)-B stated owner/clinical nurse supervisor (O/CNS)-A was on their way to the office and had all of the	0 550		

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0 550	Continued From page 2 requested documents. O-B stated O/CNS-A was the only employee working for the facility. O-B stated they had one client who received medication setups. On April 27, 2026, at 10:25 a.m., O/CNS-A stated they did not currently have clients; they had one client, C1, who was discharged. The surveyor requested the current client roster and DC client roster with relevant information". On April 27, 2026, at 10:45 a.m., the surveyor requested a current client roster and DC client roster. O/CNS-A stated they did not have rosters to provide since they currently did not have clients and they only had one employee. After multiple requests, the licensee failed to provide rosters with relevant information and an employee list to include the employee's full name, title, and hire date. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
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.	0 885		

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0 885	Continued From page 3 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an emergency and disaster plan to facilitate the management of the client cares and services in response to an emergency or natural disaster. 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 April 27, 2026, at 1:04 p.m., the surveyor requested the licensee's disaster plan from owner/clinical nurse supervisor (O/CNS)-A. O/CNS-A stated they thought it was in their policy binder and began paging through it. The surveyor explained they located the licensee's Emergency Preparedness policy dated August 28, 2025, but it was a general policy which did not include actual emergency and natural disaster planning tailored to the licensee's home care organization. O/CNS-A stated they were aware of the requirement and remembered going through emergency and disaster planning with their consultant, but was not sure if one was actually completed. O/CNS-A provided the Emergency Preparedness policy dated August 28, 2025. The surveyor again explained the document was a general policy and did not include an actual emergency and natural disaster plan.	0 885		

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0 885	Continued From page 4 On April 28, 2026, at 9:06 a.m., O/CNS-A stated they found another policy and had more they could send the surveyor via email. The surveyor explained it was the same above-mentioned general policy and description and did not include an actual emergency and natural disaster plan specific to their license but told them to send what they had available. An email was not received with further documentation. The licensee's Emergency Preparedness policy dated August 28, 2025, indicated: "Policy Statement: Polaris Care will have an identified plan in place to assure [sic] the safety and well-being of clients and staff during periods of an emergency or disaster that disrupts services. The plan considers the organization's commitment to provide services while ensuring the safety of its employees and clients. Polaris Care will implement this Emergency Management policy as soon as the agency becomes aware of the existence of an emergency. Definition: An emergency is a natural or human made event that significantly disrupts the environment of care. For example, damage to a residence, such as severe wind, storm or tornado that disrupts care and treatment, loss of utilities due to floods, civil disturbances, accidents or emergencies in the residences or their communities; or that results in sudden significantly changed or increased demands for the agency's services." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 885		

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0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must: (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment prior to initiation of medication management services for one of one client (C1).	0 905		

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0 905	Continued From page 6 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 began receiving comprehensive home care services from the licensee on September 29, 2026. C1's diagnosis included diabetes, hypertension (HTN), and arthritis. C1's Service Plan dated September 29, 2026, indicated C1 would receive medication setup and review every two weeks. C1's Medicine List dated April 10, 2024, and medication administration records (MAR) for September, October, and November 2025 indicated C1 took: - amlodipine, take one tablet, 5 milligram (mg) by mouth (PO) daily; - atorvastatin calcium, take one 1/2 tablet, 40mg PO daily; - bictegravir-emtricitab-tenofov, take one tablet, 50-200-25mg PO daily; - clobetasol propionate, apply topically, twice daily to affected skin until gone; - diclofenac sodium, apply 4 grams (g) to both knees topically three to four times daily as needed (PRN) for pain; - emollient, apply to irritation to the whole body	0 905		

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0 905	Continued From page 7 topically twice daily; - entecavir, take one tablet, 1mg PO one time daily; - hydrochlorothiazide, take one tablet, 25mg PO one time daily; - losartan potassium, take one tablet, 100mg PO one time daily; and - metformin, take one tablet, 500mg PO one time daily. C1's record included an admission Client Evaluation dated September 29, 2026, which did not address medications. C1's record included a Medication Assessment dated September 29, 2026, which addressed drug diversion, however it was not completed face-to-face. C1's record lacked a face-to-face medication service assessment for C1 to include: - identified interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; - provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications; - indications for each medication; - side effects for each medication; - contraindications for each medication; - allergic or adverse reactions for each medication; - actions to address these issues for each medication; and - diversion prevention for each medication. On April 27, 2026, at 12:24 p.m., owner/clinical nurse supervisor (CNS)-A stated they were aware	0 905		

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0 905	Continued From page 8 a face-to-face medication service assessment was required with the client but did not complete one. The licensee's Medication Management Program, undated, indicated: "5. Medication reconciliation to include a. Indication for medications b. Effectiveness of drug therapy c. Side effects d. Immediate desired effects e. Unusual and unexpected effects f. Actual or potential drug interactions g. Duplicate drug therapy h. Non-adherence with drug therapy i. Drug therapy currently associated with laboratory monitoring j. Allergic reactions k. Changes in condition that contraindicate continued administration of the medication." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
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	0 920		

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0 920	Continued From page 9 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; (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 develop a current individualized medication management plan to include 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	0 920		

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0 920	Continued From page 10 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 began receiving comprehensive home care services from the licensee on September 29, 2026. C1's diagnoses included diabetes, hypertension (HTN), and arthritis. C1's Service Plan dated September 29, 2026, indicated C1 would receive medication setup and review every two weeks. C1's Medicine List dated April 10, 2024, and medication administration records (MAR) for September, October, and November 2025 indicated C1 took: - amlodipine, take one tablet, 5 milligram (mg) by mouth (PO) daily; - atorvastatin calcium, take one 1/2 tablet, 40mg PO daily; - bictegravir-emtricitab-tenofov, take one tablet, 50-200-25mg PO daily; - clobetasol propionate, apply topically, twice daily to affected skin until gone; - diclofenac sodium, apply 4 grams (g) to both knees topically three to four times daily as needed (PRN) for pain; - emollient, apply to irritation to the whole body topically twice daily; - entecavir, take one tablet, 1mg PO one time daily;	0 920		

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0 920	Continued From page 11 - hydrochlorothiazide, take one tablet, 25mg PO one time daily; - losartan potassium, take one tablet, 100mg PO one time daily; and - metformin, take one tablet, 500mg PO one time daily. C1's client record, assessments, service plan, and medication management plan lacked the following required items: - a description of storage of medications based on the client's needs and preferences; - documentation of specific client instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - medication reconciliation is completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. On April 27, 2026, at 12:34 p.m., owner/clinical nurse supervisor (O/CNS)-A stated the above-mentioned requirements were not addressed in C1's current individualized medication management plan. O/CNS-A stated this was their first time working as a home care provider and they were not fully aware of their responsibility for medications. The licensee's Service Plan for Medication Management policy dated August 28, 2025, indicated:	0 920		

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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
0 920	Continued From page 12 1. The written Medication Management Plan includes the following provisions. a. A statement describing the medication management services to be provided b. A description of the storage of medications based on the client assessment * and addressing i. Client preference ii. Risk of diversion iii. Instructions per manufacturer c. Documentation procedures d. Procedures for verifying the prescription medications are administered as prescribed e. Procedures for medication reconciliation* f. Identification of person(s) responsible for monitoring medication supplies and ensuring refills are ordered/timely g. Description of medication management tasks to be delegated to unlicensed personnel h. Plans for notifying licensed health professional when/if a problem with medication management services arises. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
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 current written or	0 965		

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	H41564	A. BUILDING: _____ B. WING _____	04/28/2026

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0 965	Continued From page 13 electronically recorded prescriptions were obtained for all medications the provider managed 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 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 began receiving comprehensive home care services from the licensee on September 29, 2026. C1's diagnoses included diabetes, hypertension (HTN), and arthritis. C1's Service Plan dated September 29, 2026, indicated C1 would receive medication setup and review every two weeks. C1's Medicine List dated April 10, 2024, and medication administration records (MAR) for September, October, and November 2025 indicated C1 took: - amlodipine, take one tablet, 5 milligram (mg) by mouth (PO) daily; - atorvastatin calcium, take one 1/2 tablet, 40mg PO daily; - bictegravir-emtricitab-tenofov, take one tablet, 50-200-25mg PO daily; - clobetasol propionate, apply topically, twice daily to affected skin until gone; - diclofenac sodium, apply 4 grams (g) to both	0 965		

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0 965	Continued From page 14 knees topically three to four times daily as needed (PRN) for pain; - emollient, apply to irritation to the whole body topically twice daily; - entecavir, take one tablet, 1mg PO one time daily; - hydrochlorothiazide, take one tablet, 25mg PO one time daily; - losartan potassium, take one tablet, 100mg PO one time daily; and - metformin, take one tablet, 500mg PO one time daily. C1's client record lacked prescriptions (orders) for all prescribed medications. On April 27, 2026, at 12:06 p.m., owner/clinical nurse supervisor (O/CNS)-A stated they did not have orders for C1 and knew it was going to be an issue. O/CNS-A stated they had tried to get orders for C1 but were unsuccessful and were unsure what they should do. The surveyor explained they needed orders for the medications they were setting up and should have reached out to the prescribing provider; they stated they should have reached out to the provider to get the medication orders. On April 27, 2026, at 12:34 p.m., O/CNS-A stated this was their first time working as a home care provider and they were not fully aware of their responsibility for medications. The licensee's Prescriber Orders policy dated August 28, 2025, indicated, "Written orders from an authorized prescriber will be obtained for all medications and treatments with which the home health agency assists clients, including over-the-counter medications."	0 965		

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0 965	Continued From page 15 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01010 SS=F	144A.4792, Subd. 22 Disposition of Medications (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal. (b) The comprehensive home care provider will dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the client's record regarding the disposition of	01010		

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01010	Continued From page 16 medication to include the medication strength, prescription number, quantity, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged 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 has affected or has the potential to affect a large portion or all of the clients). The findings include: C1 began receiving comprehensive home care services from the licensee on September 29, 2026. C1's diagnoses included diabetes, hypertension (HTN), and arthritis. C1's Service Plan dated September 29, 2026, indicated C1 would receive medication setup and review every two weeks. C1's Medicine List dated April 10, 2024, and medication administration records (MAR) for September, October, and November 2025 indicated C1 took: - amlodipine, take one tablet, 5 milligram (mg) by mouth (PO) daily; - atorvastatin calcium, take one 1/2 tablet, 40mg PO daily; - bictegravir-emtricitab-tenofov, take one tablet, 50-200-25mg PO daily; - clobetasol propionate, apply topically, twice daily	01010		

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01010	Continued From page 17 to affected skin until gone; - diclofenac sodium, apply 4 grams (g) to both knees topically three to four times daily as needed (PRN) for pain; - emollient, apply to irritation to the whole body topically twice daily; - entecavir, take one tablet, 1mg PO one time daily; - hydrochlorothiazide, take one tablet, 25mg PO one time daily; - losartan potassium, take one tablet, 100mg PO one time daily; and - metformin, take one tablet, 500mg PO one time daily. C1's record lacked documentation of a medication disposition upon the client's discharge from home care services by the licensee. On April 27, 2026, at 12:24 p.m. O/CNS-A stated they did not complete a discharge medication disposition, and they were unaware a medication disposition was required. The licensee's Disposition/Disposal of Medication policy dated August 28, 2025, indicated: "6. Upon disposition, Polaris Care will document the following information in the clinical record a. Name, strength and prescription number of medication, as applicable b. Quantity c. Method of disposition or to whom the medications were given d. Date of disposition e. Name(s)/signature(s) of staff involved in disposition" No further information was provided.	01010		

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01010	Continued From page 18 TIME PERIOD FOR CORRECTION: Seven (7) days	01010		
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: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and infection control program to include a 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 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:	01245		

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01245	Continued From page 19 On April 27, 2026, at 10:50 a.m., the surveyor requested the licensee's TB risk assessment from owner/clinical nurse supervisor (O/CNS)-A who stated they were unsure what the surveyor was requesting. O/CNS-A questioned if it was the employee symptom screening. The surveyor explained it was a risk assessment for the licensee itself. The surveyor pulled up the TB risk assessment worksheet on their computer to show O/CNS-A what it looked like. On April 27, 2026, at 10:54 a.m., O/CNS-A questioned if the TB risk assessment needed to be completed for every single employee. The surveyor the TB risk assessment was not for individual employees, it was for the licensee as a whole, which needed to be completed annually. On April 27, 2026, at 11:02 a.m., O/CNS-A provided their TB risk assessment which was undated. Pages 11 and 12 of the worksheet were incomplete. O/CNS-A stated they thought it may have been completed on the same day as their personal TB symptom screening on September 29, 2025. The Minnesota Department of Health (MDH) TB FAQ Regulations for TB Control in Minnesota Health Care Settings, dated April 15, 2026, indicated the instructional guide and TB risk assessment form should be used by the following settings: boarding care homes, home care providers, hospices, nursing homes, outpatient surgical centers, and supervised living facilities. The worksheet should be completed annually. The licensee's Tuberculosis Screening/Prevention August 28, 2025, indicated: "[Licensee] will observe the recommended	01245		

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01245	Continued From page 20 precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MOH). The precautions include the following elements. -Risk Assessment -TB Screening -Staff Education." "The Administrator is responsible for conducting the formal risk assessment. 1. The three risk classifications are: a. Low risk, in which persons with active TB disease are not expected to be encountered and exposure to TB is unlikely. b. Medium risk, in which health care workers will or might be exposed to persons with active TB disease or clinical specimens that might contain M. tuberculosis. c. Potential ongoing transmission, in which there is evidence of person-to-person transmission of M. tuberculosis. This is a temporary classification. If it applies to the home health agency, the Minnesota Department of Health TB Prevention and Control Program should be contacted (651-201-5414) for guidance." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		