Electronically Delivered

September 25, 2025

Licensee
Seed of Abraham Enterprises LLC
1101 East 78th Street Suite 100
Minneapolis, MN 55420

RE: Project Number SL41141016

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 July 23, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted no 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41141	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEED OF ABRAHAM ENTERPRISES LLC	1101 E 78TH ST STE 100 MINNEAPOLIS, MN 55420

(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: SL41141016-0 On July 21, 2025, through July 23, 2025, the Minnesota Department of Health conducted an initial full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five clients all of whom received 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).	
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services	0 835		

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0 835	Continued From page 1 Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a complete Statement of Home Care Services to include the required content for two of two clients (C2, C3). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C2 C2 was admitted for comprehensive home care services on June 26, 2025. C2's Home Health Plan of Care & Certification dated between June 26, 2025, and August 24,	0 835		

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0 835	Continued From page 2 2025, indicated C2 received nursing assessment, medication management, cardiac health and need for education on healthy cardiac diet, mental wellness, pain control, and coping strategies. C3 C3 was admitted for comprehensive home care services on February 8, 2025. C3's Service Plan Consent dated February 8, 2025, indicated C3 received skilled nursing two days a week, and home health aide four days a week. C2 and C3's record lacked a Statement of Home Care Services to include the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. On July 23, 2025, at 10:00 a.m., director of nursing (DON)-A stated they did not provide a Statement of Home Care Services to C2 and C3 as they were not aware of the requirement. DON-A also stated the service plan form they were given by their consultant included the services they would provide but they were not using it currently. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 835		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (a) No later than 14 days after the date that home	0 865		

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0 865	Continued From page 3 care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan. (d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable. (e) Staff providing home care services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included a signature or other authentication by the home care provider for two of two clients (C2, C3). 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	0 865		

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0 865	Continued From page 4 failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C2 C2 was admitted for comprehensive home care services on June 26, 2025. C2's Service Plan Consent dated June 26, 2025, and only signed by C2 indicated C2 received skilled nursing one time per week. C3 C3 was admitted for comprehensive home care services on February 8, 2025. C3's Service Plan Consent dated February 8, 2025, and only signed by C3 indicated C3 received skilled nursing two days a week, and home health aide four days a week. C2 and C3's service plan were not signed by the comprehensive home care provider. On July 23, 2025, at 10:00 a.m., director of nursing (DON)-A stated the service plan consent form was provided by their consultant and lacked a section for the licensee to sign. The licensee's Service Plan policy dated 2023 indicated the service plan, and any revisions would include a signature or other authentication by the home care provider and by the client or the client's representative to document agreement on the services to be provided. No further information was provided.	0 865		

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0 865	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 865		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure the service plan	0 870		

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0 870	Continued From page 6 included all the required content for two of two clients (C2, C3). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C2 was admitted for comprehensive home care services on June 26, 2025. C2's Service Plan Consent dated June 26, 2025, and only signed by C2 indicated C2 received skilled nursing one time per week. C3 C3 was admitted for comprehensive home care services on February 8, 2025. C3's Service Plan Consent dated February 8, 2025, and only signed by C3 indicated C3 received skilled nursing two days a week, and home health aide four days a week. C2 and C3's Service Plan Consent lacked the following content: - the identification of the staff or categories of staff who will provide the services; - the schedule and methods of monitoring reviews or assessments of the client; - the schedule and methods of monitoring staff providing home care services; and	0 870		

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0 870	Continued From page 7 - a contingency plan that includes: i. the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; ii. information and a method for a client or client's representative to contact the home care provider; iii. the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. On July 23, 2025, at 10:10 a.m., director of nursing (DON)-A stated the licensee used forms provided by their consultant. DON-A also stated they thought the forms had all the required content. DON-A further stated all the licensee clients used the same service plan and would be missing the content above. The licensee's Service Plan policy dated 2023, indicated [licensee] will provide all services required by the current service plan. The policy also indicated all the missing content above would be included in the client service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
01035 SS=F	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written	01035		

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01035	Continued From page 8 statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and maintain a complete individualized treatment and therapy management, and to include in the service plan blood glucose monitoring for one of one client (C3). 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	01035		

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01035	Continued From page 9 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: C3 was admitted for comprehensive home care services on February 8, 2025. C3's diagnoses included spinal stenosis, lumber region with neurogenic claudication, localized edema, hypertension, and prediabetes. C3's Service Plan Consent dated February 8, 2025, and only signed by C3 indicated C3 received skilled nursing two days a week, and home health aide four days a week. C3's service plan lacked a written statement of the treatment or therapy service provided - blood glucose monitoring service. C3's Home Health Plan of Care & Certification dated June 8, 2025, through August 6, 2025, and signed by the provider indicated check blood glucose sugar daily. On July 22, 2025, at 11:20 a.m., in C3's home the surveyor heard director of nursing (DON)-A ask C3 if they had completed their blood glucose that morning. C3 responded they could not remember if they did it or not. C3's record lacked a current individualized treatment and therapy management record with the following content:	01035		

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01035	Continued From page 10 - a statement of the type of services that will be provided; - documentation of specific client instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. On July 23, 2025, at 10:40 a.m., DON-A stated since C3 was doing their own blood glucose monitoring they did not see the need to follow up or implement a strategy to ensure C3 was compliant. The licensee's Treatment and Therapy Management policy dated 2023, indicated the registered nurse (RN) or licensed professional would prepare an individualized treatment or therapy management plan for each client receiving ordered or prescribed treatments or therapy services which addressed the following: - type of service to be provided; - procedures for documenting treatments or therapies; - procedures for monitoring treatments or therapies to prevent possible complications or	01035		

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01035	Continued From page 11 adverse reactions; - identification of treatment or therapy tasks delegated to unlicensed personnel; and - procedures for notifying the RN or licensed health professional when a problem arose related to the treatment or therapy service. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or	01170		

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01170	Continued From page 12 other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation 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 orientation to home care included all of the required topics for two of two employees (director of nursing (DON)-A, registered nurse (RN)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive	01170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41141	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEED OF ABRAHAM ENTERPRISES LLC	1101 E 78TH ST STE 100 MINNEAPOLIS, MN 55420

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01170	Continued From page 13 or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: DON-A started employment with the licensee on January 16, 2024, to provide comprehensive home care services. RN-B started employment with the licensee on April 1, 2025, to provide comprehensive home care services. DON-A and RN-B's record lacked orientation in the following topic: - overview of Home Care statutes; On July 23, 2025, at 10:55 a.m., DON-A stated they thought they had all the required orientation training. DON-A also stated the topics covered in their orientation were assigned to them by their consultant. DON-A stated their consultant had provided to them general and Minnesota orientation packages and that they did not realize they were different in content. The licensee's undated policy Orientation Guidelines for Governing Body Members indicated the licensee shall provide orientation to members of its governing body. This orientation shall minimally include: - agency philosophy and objectives; - orientation to the agency; - agency purpose; - policies and procedures; review of manuals; and - quality improvement plan and activities. The policy did not include the missing topic noted	01170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01170	Continued From page 14 above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		