DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 20, 2026

Licensee
L&C Health Solutions LLC
17369 72nd Place North
Maple Grove, MN 55311

RE: Project Number SL41275016

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 December 26, 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.

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41275	A. BUILDING: _____ B. WING _____	12/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L&C HEALTH SOLUTIONS LLC	17369 72ND PLACE NORTH MAPLE GROVE, MN 55311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL41275016-0 On December 22, 2025, through December 24, 2025, the Minnesota Department of Health conducted a survey with 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 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 Assisted Living License 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home	0 810		

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0 810	Continued From page 1 care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the individual abuse prevention plan (IAPP) included 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 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: C1 was admitted for comprehensive home care on June 8, 2025. C1's diagnoses included cerebral palsy (neurological condition that affects movement and posture). C1's Service Plan dated September 28, 2025,	0 810		

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0 810	Continued From page 2 indicated C1 received assistance with bed mobility, gastro-jejunal (G-J) tube cares (a tube surgically inserted into the adbomen to administer feeding and medications directly to the digestive system), medication administration, repositioning, suctioning, and transfers. C1's record included an IAPP dated September 28, 2025. The IAPP indicated C1 was vulnerable, but lacked indication C1 was at risk for abuse. The IAPP further lacked the following: - an individualized assessment of client's susceptibility to abuse by other individuals; - assessment of the client's risk of abusing other vulnerable adults or minors; and - statements of the specific measures to be taken to minimize the risk of abuse to the client and other vulnerable adults or minors and risk of self-abuse. On December 24, 2025, at 11:48 p.m., owner/registered nurse (O/RN)-A stated C1's IAPP had not been filled out completely and she "must have overlooked it." The licensee's undated Abuse Prevention Plan policy indicated, the client would be assessed for "susceptibility to abuse from self or others." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 815 SS=F	144A.479, Subd. 7 Employee Records The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care	0 815		

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0 815	Continued From page 3 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 employee records contained all required content for one of one employee (owner/registered nurse (O/RN)-A). This practice resulted in a level two violation (a violation that did not harm a client's health or	0 815		

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0 815	Continued From page 4 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 December 22, 2025, at 8:50 a.m., O/RN-A identified herself as the licensee and sole employee for temporary comprehensive home care HFID (health facility identification) number #41275, effective August 19, 2024. C1 was admitted for cares June 8, 2025. On December 22, 2025, at 8:50 a.m., O/RN-A stated she provided in-home cares for C1 every other Sunday, including administering medications, gastro-jejunal (G-J) tube cares (a tube surgically inserted into the adbomen to administer feeding and medications directly to the digestive system), and oral suctioning. O/RN-A's record included documentation of a negative IGRA (blood test, interferon gamma release assay) dated November 13, 2023, but lacked required documentation of a two-step tuberculin skin test (TST) or a negative IGRA, completed at the time of hire, or within 90 days prior to hire. On December 24, 2025, via email at 11:45 a.m., O/RN-A stated she did not have the most current documentation of a TST or a negative IGRA in her file and she would need to "log into the account" and request the documentation.	0 815		

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0 815	Continued From page 5 The licensee's undated Personnel Records indicated the employee record would contain a health screening, as required, the dates of screening, and the results. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 860		

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0 860	Continued From page 6 licensee failed to ensure a registered nurse (RN) completed an initial assessment within five days after the date that home care services were first provided 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 the potential to affect a large portion or all of the clients). The findings include: C1 was admitted for comprehensive home care on June 8, 2025. C1's Service Plan dated September 28, 2025, indicated C1 received assistance with bed mobility, gastro-jejunal (G-J) tube cares (a tube surgically inserted into the adbomen to administer feeding and medications directly to the digestive system), medication administration, repositioning, suctioning, and transfers. C1's record contained an initial assessment, dated May 9, 2025, (30 days prior to admission), and a subsequent reassessment, dated June 22, 2025. (14 days after the initiation of services). C1's record lacked an initial assessment completed within five days after the date home care services were first provided. Owner/RN (O/RN)-A stated she had done an initial assessment prior to C1's admission. O/RN-A further stated on the day of C1's admission she "didn't see any changes," so she	0 860		

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0 860	Continued From page 7 did not complete another assessment. The licensee's undated Comprehensive Client Assessment policy indicated the initial assessment would be completed within five days after the initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
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	0 870		

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0 870	Continued From page 8 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 included 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 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: C1 was admitted for comprehensive home care on June 8, 2025. C1's Service Plan dated September 28, 2025, indicated C1 received assistance with bed mobility, gastro-jejunal (G-J) tube cares (a tube surgically inserted into the adbomen to administer feeding and medications directly to the digestive system), medication administration, repositioning, suctioning, and transfers. C1's service plan lacked the following required content: - a description of the home care services to be provided, and the fees for services according to the client's current review or assessment and client preferences.	0 870		

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0 870	Continued From page 9 On December 22, 2025, at 12:15 p.m., owner/registered nurse (O/RN)-A stated they had incorrectly completed the service plan, and she had not filled in the fees for services. O/RN-A further stated she had thought "services to be provided" meant all cares the client received including from family or other agencies. The licensee's undated Service Plan policy indicated the service plan would include a description of the type and frequency of visits/services proposed to be furnished according to the client's current review/assessment and client preferences and the fees for services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
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	01170		

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01170	Continued From page 10 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 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 the required content for one of one employee (owner/registered nurse (O/RN)-A).	01170		

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01170	Continued From page 11 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 December 22, 2025, at 8:50 a.m., O/RN-A identified herself as the licensee and sole employee for temporary comprehensive home care HFID (health facility identification) number #41275, effective August 19, 2024. C1 was admitted for cares June 8, 2025. On December 22, 2025, at 8:50 a.m., O/RN-A stated she provided in-home cares for C1 every other Sunday, including administering medications, gastro-jejunal (G-J) tube cares (a tube surgically inserted into the adbomen to administer feeding and medications directly to the digestive system), and oral suctioning. O/RN-A's record lacked evidence of orientation to Home Care include the following required topics: -overview of home care statutes sections 144A.43 to 144A.4798; -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 other relevant advocacy services;	01170		

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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
01170	Continued From page 12 -Handling emergencies and using emergency services; -Reporting maltreatment of vulnerable adults or minors; and -Home Care bill of rights. On December 24, at 9:40 a.m., O/RN-A stated, "honestly I did not complete it." O/RN-A stated she worked at a hospital and completed her education there. O/RN-A further she was the only employee and the online education programs were too costly. The licensee's undated Agency Employee Orientation indicated "All employees of the Comprehensive Home Care Agency, including those who provide direct care, supervision of direct care, or management of services for the Agency, shall complete an orientation to home care requirements before providing home care services to clients." The policy further indicated the orientation would include all the content listed above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
0 000	Integrated License (HCBS) Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, 144A.484 Integrated Licensure; Home and Community Based Service Designation, these correction	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 Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41275	A. BUILDING: _____ B. WING _____	12/26/2025

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0 000	Continued From page 13 orders have 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: SL41275016-0 On December 22, 2025, through December 24, 2025, a surveyor of this Department's staff, conducted a survey with the above provider. At the time of the survey, there were no clients receiving services under the Integrated licensure; Home and Community Based Service Designation (HCBS).	0 000	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 pursuant to 144G.31 Subd. 1, 2 and 3.	