Electronically Delivered

February 12, 2026

Licensee
Evergreen Choice LLC
13118 Bauer Drive North
Champlin, MN 55316

RE: Project Number SL41364016

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 January 7, 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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 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
	H41364	A. BUILDING: _____ B. WING _____	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN CHOICE LLC	13118 BAUER DR N CHAMPLIN, MN 55316

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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: SL41364016-0 On January 5, 2026, through January 7, 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 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).	
0 465 SS=F	144A.472, Subd. 1 License Applications Each application for a home care provider license	0 465		

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0 465	Continued From page 1 must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the applicant's name, email address, physical address, and mailing address, including the name of the county in which the applicant resides and has a principal place of business; (2) the initial license fee in the amount specified in subdivision 7; (3) the email address, physical address, mailing address, and telephone number of the principal administrative office; (4) the email address, physical address, mailing address, and telephone number of each branch office, if any; (5) the names, email and mailing addresses, and telephone numbers of all owners and managerial officials; (6) documentation of compliance with the background study requirements of section 144A.476 for all persons involved in the management, operation, or control of the home care provider; (7) documentation of a background study as required by section 144.057 for any individual seeking employment, paid or volunteer, with the home care provider; (8) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (9) documentation of liability coverage, if the provider has it; (10) identification of the license level the provider is seeking; (11) documentation that identifies the managerial official who is in charge of day-to-day operations and attestation that the person has reviewed and understands the home care provider regulations; (12) documentation that the applicant has designated one or more owners, managerial	0 465		

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0 465	Continued From page 2 officials, or employees as an agent or agents, which shall not affect the legal responsibility of any other owner or managerial official under this chapter; (13) the signature of the officer or managing agent on behalf of an entity, corporation, association, or unit of government; (14) verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures and keep them current: (i) requirements in chapter 260E, reporting of maltreatment of minors, and section 626.557, reporting of maltreatment of vulnerable adults; (ii) conducting and handling background studies on employees; (iii) orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance; (iv) handling complaints from clients, family members, or client representatives regarding staff or services provided by staff; (v) conducting initial evaluation of clients' needs and the providers' ability to provide those services; (vi) conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (vii) orientation to and implementation of the home care client bill of rights; (viii) infection control practices; (ix) reminders for medications, treatments, or exercises, if provided; and (x) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with	0 465		

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0 465	Continued From page 3 current United States Centers for Disease Control and Prevention standards; and (15) other information required by the department. This MN Requirement is not met as evidenced by: Based on interview and record review, the temporary comprehensive licensed home care provider failed to ensure policies and procedures were developed and implemented. This had the potential to affect all staff and clients. 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: The licensee had a temporary comprehensive home care license issued on November 19, 2024, and expired on November 18, 2025. The licensee began providing comprehensive home care services on November 3, 2025. The licensee failed to develop and implement the following required policies and procedures: - requirements in chapter 260E, reporting of maltreatment of minors, and section 626.557, reporting of maltreatment of vulnerable adults; - conducting and handling background studies on employees; - orientation, training, and competency	0 465		

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0 465	Continued From page 4 evaluations of home care staff, and a process for evaluating staff performance; - conducting initial evaluation of clients' needs and the providers' ability to provide those services; - conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; - orientation to and implementation of the home care client bill of rights; - infection control practices; - reminders for medications, treatments, or exercises, if provided; and - conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; On December 10, 2025, at 7:26 a.m., in an email between Home Care Consultants and the licensee, indicated the licensee had a processing time for digital manuals (policies) of three to four weeks; and Home Care Consultants would forward the licensee's manuals to the licensee once they were completed. On January 6, 2026, at 11:54 a.m., director of nursing (DON)-A stated the licensee had requested and bought policies and procedures on December 2, 2025, however, the licensee had not received the polices yet. DON-A confirmed the licensee did not have policies and procedures prior to this date. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	0 465		

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0 465	Continued From page 5 days	0 465		
0 490 SS=C	144A.472, Subd. 6 Notification of Changes The temporary licensee or licensee shall notify the commissioner in writing within ten working days after any change in the information required in subdivision 1, except the information required in subdivision 1, clause (5), is required at the time of license renewal. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to notify the commissioner in writing within ten (10) working days after a change in the email address and physical address. This practice resulted in a level one violation (a violation that will cause only 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 the potential to affect a large portion or all the clients). The findings include: On January 5, 2026, at 10:18 a.m., agent (A)-B stated the licensee had a new address and all the licensee's records were located at the new address. A-B confirmed the new address was located at 8030 Old Cedar Ave S, Bloomington, MN 55425. A-B stated the licensee had not received the entrance email for survey as the licensee also had a new email address and requested the surveyor to forward the entrance email to the new email address.	0 490		

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0 490	Continued From page 6 On January 5, 2026, at 11:34 a.m., director of nursing (DON)-A stated they had provided Minnesota Department of Health (MDH) a notice of the change in the physical address and email on November 5, 2025, when the licensee notified MDH of providing services to their first client. MDH did not have on record a notification from the licensee for a change in the licensee's email or physical address. On January 6, 2026, at 10:00 a.m., the surveyor arrived at the licensee's office which was located at 8030 Old Cedar Ave S, Bloomington, MN 55425, suite 227F. The office had the licensee's temporary comprehensive license displayed in the office. On January 6, 2026, at 11:57 a.m., DON-A stated the licensee had changed locations in October 2025. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 490		
01075 SS=F	144A.4794, Subd. 2 Access to Records The home care provider must ensure that the appropriate records are readily available to employees or contractors authorized to access the records. Client records must be maintained in a manner that allows for timely access, printing, or transmission of the records. This MN Requirement is not met as evidenced by:	01075		

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01075	Continued From page 7 Based on interview and record review, the licensee failed to ensure the appropriate records were available upon request 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 to the licensee on November 3, 2025. C1's Service Plan dated November 3, 2025, indicated C1 received medication setup one day a week by the registered nurse (RN). C1's progress notes dated November 15, 2025, through January 3, 2025, lacked entries of notes for the month of December 2025. On January 6, 2026, at 12:29 p.m., director of nursing (DON)-A confirmed C1's progress notes provided to the surveyor excluded any progress notes for the month of December 2025. DON-A stated C1 had progress notes completed in the month of December however the notes were located at DON-A's home as they had not been going to the office regularly. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	01075		

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01075	Continued From page 8 (21) days	01075		
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 program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included TB history screening for one of two employees (director of nursing (DON)-A) and TB baseline testing of either a two-step tuberculin skin test (TST) or interferon-gamma release assay (IGRA) blood test for two of two employees (agent (A)-B, DON-A). 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	01245		

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01245	Continued From page 9 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: A-B A-B was hired on May 1, 2025. A-B's IGRA blood test completed on May 26, 2023, indicated a negative result, however, the TB testing was completed over two years prior to A-B's hire date. DON-A DON-A was hired on May 1, 2025. DON-A's Annual TB Screening dated May 1, 2025, indicated an assessment for current TB symptoms but lacked an assessment of TB health history. DON-A's personnel record lacked evidence of documentation for TB testing that included a two-step TST or IGRA; and lacked evidence of any documentation of completed TB treatment in the past. On January 6, 2026, at 11:28 a.m., DON-A stated they previously tested positive for TB, so they get an annual X-ray to rule out active or latent TB. DON-A confirmed their personnel record did not have any documentation of TB testing results. DON-A stated they were not aware of the need to have TB testing results in the personnel record; and thought an X-ray was sufficient documentation when someone had a history of being positive for TB. DON-A confirmed the TB screening used for DON-A did not have an	01245		

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01245	Continued From page 10 assessment of TB health history. Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, indicated on page 11, an employee may begin work with patients after a negative TST or IGRA dated within 90 days before hire. Also, on page 13, a health care worker (HCW) with a verbal (undocumented) history of a previous positive TST or IGRA should undergo the same screening procedure as HCW's without previous positive results. If the HCW had documentation of previous treatment for latent TB infection or active TB disease, then the documentation could be substituted for documentation of previous positive TST or IGRA results. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments On January 5, 2026, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were no clients who had received services under the Integrated licensure; Home and Community Based Service Designation (HCBS) during the licensure period. As a result of the survey, the HCBS survey was terminated.	0 000		