Electronically Delivered

January 15, 2026

Licensee
CareLink Inc
645 Lilium Trail
Brooklyn Center, MN 55430

RE: Project Number SL41358016

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 23, 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

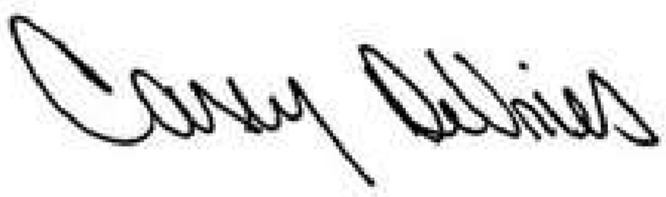
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days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



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
	H41358	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARELINK INC	645 LILIUM TRAIL BROOKLYN CENTER, MN 55430

(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: SL41358016-0 On December 22, 2025, through December 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, one client had been discharged after receiving services under the provider's temporary comprehensive license. There were no current clients.	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).	
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically	0 965		

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0 965	Continued From page 1 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 signed prescriber's orders were obtained for medications being reconciled 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 services on August 19, 2025. C1's service plan dated August 19, 2025, indicated C1 received education, reconciliation, and as needed pharmacy coordination. C1's record contained a document titled Your Medication List dated as of July 18, 2025. The document indicated C1 was taking the following medications: vitamin B complex 1000 microgram (mcg) take one capsule by mouth once daily, chlorthalidone 25 mg tablet take one tablet by mouth once daily, lisinopril 20 mg tablet take one tablet by mouth once daily, metoprolol succinate 100 mg sustained-release tablet take one tablet	0 965		

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0 965	Continued From page 2 by mouth once daily, pantoprazole 40 mg delayed-release tablet take one tablet by mouth once daily, rivaroxaban 20 mg tablet take one tablet by mouth once daily with evening meal, tamsulosin 0.4 mg capsule take one capsule by mouth once daily after a meal, Tylenol 325 mg tablet take 325 mg by mouth every 6 hours if needed maximum acetaminophen dose: 4000mg in 24 hours, and capsaicin 0.025 % cream apply a pea sized amount to the area up to three times per day as needed. C1's record did not have a current written or electronically recorded prescription for the medications. On December 22, 2025, at 2:45 p.m., owner (O)-B stated C1's family had the written prescriptions, and they would contact C1's family to request them. On December 23, 2025, O-B stated they had tried to reach C1's family with no success. O-B also stated they would take the tag as there was nothing else to do. The licensee's Assessment for Medication Management Program policy dated July 25, 2025, indicated prior to providing medication management services, [licensee] will provide an assessment by a registered nurse, licensed health professional or authorized prescriber to determine what medication management services will be provided and how they will be implemented. The policy also indicated the licensed nurse is responsible for assessing medications to assure that all medications are current and ordered by the prescriber. No further information was provided.	0 965		

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0 965	Continued From page 3 TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01245 SS=D	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 establish and maintain a comprehensive tuberculosis (TB) infection control program according to the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include TB screening for one of two employees (registered nurse (RN)-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 was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the	01245		

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01245	Continued From page 4 situation has occurred only occasionally). The findings include: RN-A started employment with the licensee on August 1, 2025, to provide comprehensive home care services. RN-A's record included a TB risk assessment completed on August 17, 2025, and a QuantiFERON TB gold plus dated July 19, 2024. RN-A's QuantiFERON TB gold plus test results were dated more than 90 days prior to RN-A's hiring date. On December 22, 2025, at 3:10 p.m., owner (O)-B stated they would contact RN-A about their TB screening. On December 23, 2025, at 11:46 a.m., via email, O-Bsent a Consulting Agreement dated May 23, 2025, only signed by O-B. O-B stated RN-A told them they were on contract and that the provided TB screening was what they used for all their consulting clients. The licensee's Tuberculosis Screening/Prevention policy dated July 25, 2025, indicated [licensee] will observe the recommended precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH). The precautions include the following elements. · Risk Assessment · TB Screening · Staff Education	01245		

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01245	Continued From page 5 Regulations for Tuberculosis Control in Minnesota Health Care Settings dated April 3, 2025, referenced Guidelines for Preventing the Transmission of TB in Health Care Settings dated December 30, 2005, indicated TB training is required at time of hire for all health care workers (HCWs). The content of the training should be appropriate to the job responsibilities and educational or professional background of the HCW. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments On December 22, 2025, at 10:15 a.m., owner (O)-B stated the licensee did not have any clients under the 245D/HCBS (home and community-based service) designation. The HCBS survey was terminated.	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	

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