Electronically Delivered

May 7, 2026

Licensee
Cenacle Care Services LLC
6632 91th Street South
Cottage Grove, MN 55016

RE: Project Number SL41319016

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 21, 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,

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
	H41319	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENACLE CARE SERVICES LLC	6632 91TH STREET SOUTH COTTAGE GROVE, MN 55016

(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: SL41319016-0 On April 20, 2026, through April 21, 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).	
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality	0 790		

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0 790	Continued From page 1 management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the licensee provided. 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 20, 2026, at 10:13 a.m., during the entrance conference, the surveyor requested documentation of the licensee's quality management activities. Registered nurse (RN)-A stated she did not think she had a program-wide	0 790		

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0 790	Continued From page 2 quality management meeting documented. RN-A verbalized there possibly was a progress note in C1's medical record in which the licensee discussed client care with C1 and her representative. On April 21, 2026, at 8:42 a.m., owner/administrator (O/A)-B and RN-A verbalized they had not yet completed or documented a quality management meeting for their home care program. The licensee's Quality Improvement policy dated August 30, 2025, indicated, "[Licensee] has established a quality improvement program based on the organization's size and appropriate to the type of services provided in order to assure that effective, comprehensive and appropriate plans are operational for all clients within the organization. The quality improvement program assists the organization in focusing on key activities to maintain quality client care and effective utilization of services and resources. [Licensee] intends to improve systems and build quality into all processes in order to meet or exceed client expectations." In addition, included, "7. Documentation of Quality Improvement activities is maintained and updated as needed, but not less than annually." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section	0 965		

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0 965	Continued From page 3 151.01, 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 maintain a current written or electronically recorded prescription for clients receiving medication management services, 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 on November 4, 2025, and had diagnoses including type two diabetes and hypertension (high blood pressure). C1's signed Service Plan dated November 4, 2025, indicated C1 received services including personal care, companionship, housekeeping, laundry, education, and medication set up. C1's medical record included a medication administration record (MAR) for April 2026, which indicated medications were set up weekly, including the following: -metformin (to lower blood sugar levels) 500 milligrams (mg) by mouth, twice daily;	0 965		

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0 965	Continued From page 4 -simvastatin (to lower cholesterol) 20 mg by mouth, daily at bedtime; and -lisinopril (for high blood pressure) 20-25 mg, daily at bedtime. C1's medical record lacked a current written or electronically recorded prescription for each of the medications set up by the home care provider. On April 20, 2026, at 11:54 a.m., registered nurse (RN)-A stated she utilized C1's medication profile when medications were set up weekly for C1. RN-A stated she was not aware C1's medications required an electronically or manually signed prescriber order. RN-A verbalized she planned to follow up with C1's prescriber to obtain signed medication orders. The licensee's Prescriber's Orders policy, dated August 30, 2025, indicated, "1. Written orders from an authorized prescriber will be obtained for all medications and treatments with which the home health [Licensee] assists clients, including over the counter medications." In addition, included, "4. All orders must be signed and dated by the prescriber. If the prescriber omitted a date, the home health [Licensee] will date the order when received from the prescriber." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		