Electronically Delivered

July 29, 2025

Licensee
Grace Home Health LLC
777 Berry Street, Apt 326a
Saint Paul, MN 55114

RE: Project Number SL41021016

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 May 30, 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

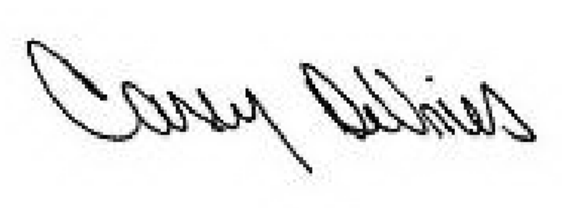
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41021	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HOME HEALTH LLC	777 BERRY STREET, APT 326A SAINT PAUL, MN 55114

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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: SL41021016-0 On May 27, 2025, through May 28, 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 three clients 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).	
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan	0 810		

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0 810	Continued From page 1 (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home 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 included required content for two of two clients (C1, C2). 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 C1 was admitted to the home care provider for services on March 10, 2025. C1's diagnoses included feeding difficulties and	0 810		

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0 810	Continued From page 2 tracheostomy status (a surgically created hole created in the trachea (windpipe) to allow for automatic ventilation (breathing machine). C1's Service Plan/Master Care Plan dated March 9, 2025, indicated C1 received assistance with bathing, dressing, tube feeding, hygiene, ambulation, transfer, respiratory assistance, toileting, durable medical equipment ordering, housing keeping, laundry, manage environment, medication management, vital signs, and general safety checks. C1's Individual Abuse Prevention Plan dated May 6, 2025, lacked documentation of C1's susceptibility to abuse other vulnerable adults or minors. C2 C2 was admitted to the home care provider for services on February 25, 2025. C2's diagnosis included hypertensive emergency, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, adult failure to thrive, prediabetes, Type 1 diabetes mellitus without complications. C2's Service Plan/Master Care Plan dated February 25, 2025, indicated C2 received assistance with medication setup. C2's Individual Abuse Prevention Plan dated April 1, 2025, lacked documentation of C2's susceptibility to abuse other vulnerable adults or minors. On May 27, 2025, at 1:04 p.m., clinical nurse supervisor (CNS)-A stated they were responsible for the completion of client individual abuse	0 810		

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0 810	Continued From page 3 prevention plans. CNS-A stated they did not consider their clients to be at risk of abusing others and were not aware this needed to be included in assessments. The licensee's undated individual abuse prevention plan policy indicated all clients admitted to the agency would be assessed for their susceptibility to abuse by other individuals, including other vulnerable adults and their risk of abusing other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that	0 920		

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0 920	Continued From page 4 medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a current individualized medication management plan which included all the required content for two of two clients (C1 and C2) 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).	0 920		

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0 920	Continued From page 5 The findings include: C1 C1 was admitted to the home care provider for services on March 10, 2025. C1's diagnoses included feeding difficulties and tracheostomy status (a surgically created hole created in the trachea (windpipe) to allow for automatic ventilation (breathing machine). C1's Service Plan/Master Care Plan dated March 9, 2025, indicated C1 received assistance with bathing, dressing, tube feeding, hygiene, ambulation, transfer, respiratory assistance, toileting, durable medical equipment ordering, housing keeping, laundry, manage environment, medication management, vital signs, and general safety checks. C1's Individualized Medication Management Plan dated May 6, 2025, lacked documentation of the identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis and procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services. C2 C2 was admitted to the home care provider for services on February 25, 2025. C2's diagnosis included hypertensive emergency, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, adult failure to thrive, Prediabetes, Type 1 diabetes mellitus without complications.	0 920		

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0 920	Continued From page 6 C2's Service Plan/Master Care Plan dated February 25, 2025, indicated C2 received assistance with medication setup. C2's Individualized Medication Management dated April 1, 2025, lacked documentation of a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions and procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services. The licensee's undated Medication Management policy indicated medication storage areas will be inspected at least every 90 days, and the agency will develop monitoring parameters and guidelines to assure the medications are appropriate and the client/caregivers report observation and concerns appropriately. Additionally, this policy indicated medication adverse effects will be documented on agency forms. On May 27, 2025, at 1:08 p.m., clinical nurse supervisor (CNS)-A stated they were aware of the required content of a medication management plan, and the missing information was an oversite on their behalf. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control	01245		

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01245	Continued From page 7 (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 ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and the Minnesota department of Health to include TB symptom evaluation, and baseline TB screening for two of three employees (registered nurse (RN)-C, RN-D). 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:	01245		

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01245	Continued From page 8 The licensee's Facility TB Risk Assessment Worksheet for Health Care Settings Licensed by Minnesota Department of Health (MDH) dated March 24, 2025, indicated licensee was at a low risk for TB. RN-C RN-C was hired March 10, 2025, to provide direct cares and supervision. RN-C's employee file included a TB screening form dated March 13, 2025. The form was required to be completed on the date of hire. The form was completed 3 days after the day of hire. RN-D RN-D was hired March 13, 2025, to provide direct cares and supervision. RN-D's employee file contained a completed TB screening form but did not contain a date of when the form was completed. RN-D's employee file contained a TB QuantiFERON test dated October 13, 2023. The TB QuantiFERON test was not completed within three months prior to the date of hire. On May 27, 2025, at 2:23 p.m., clinical nurse supervisor (CNS)-A stated they were responsible for the Tuberculosis screenings for employees. CNS-A stated they were not aware the screening was completed three days past the hire date for RN-C, and it was an oversight for not dating the TB screening for RN-D. CNS-A stated they were unaware the TB QuantiFERON test was required to be completed within 90 days prior to the hire date. The licensee's Tuberculosis Screening policy dated September 2005, indicated licensee would	01245		

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01245	Continued From page 9 ensure screening for tuberculosis would be completed, and would include a Tuberculosis Mantoux skin test or a negative TB QuantiFERON test. The Center for Disease Control (CDC) Clinical Testing Guidance for Tuberculosis: Health Care Personnel dated December 15, 2023, recommended all United States health care personnel should be screened for TB upon hire. Additionally, the screening should include a baseline individual TB risk assessment, a TB symptom evaluation, a TB test (TB blood test, or a TB skin test), and additional evaluation for TB disease as needed. The Minnesota Department of Health Tuberculosis Prevention and Control Program dated July 2013 recommended a TB screening was required for all healthcare workers, which consisted of assessment for current symptoms of active TB disease, assessing TB history, testing for the presence of infection Mycobacterium tuberculosis by administered either a two-step tuberculosis skin test (TST), or single interferon gamma release assay (a blood test to determine if a person has been infected with TB). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		