Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE - LICENSE GRANTED

Electronically Delivered

January 23, 2026

Licensee
Selam Home Care LLC
2184 County Road E
White Bear Lake, MN 55110

RE: Initial License Number 418185
Health Facility Identification Number (HFID) 41520
Project Number(s) SL41520016

Dear Licensee:

On January 8, 2026, The Minnesota Department of Health (MDH) completed a follow-up survey of your agency to determine correction of orders found on the survey completed October 29,2025. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective 01/08/2026.

Effective, MDH is granting your comprehensive home care license. Your license effective and expiration dates remain the same as on your provisional license. Your license number is 418185. You will not receive a replacement license certificate until your license is due to renew. 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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact Casey DeVries directly at: 651-201-5917.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

CLN

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered
December 15, 2025

Licensee
Selam Home Care LLC
2184 County Road East
White Bear Lake, MN 55110

RE: Temporary Conditional License Number 418185
Health Facility Identification Number (HFID) 41520
Project Number(s) SL41520016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 29, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result, pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is issuing a 45-day conditional temporary license due to expire on **January 29, 2026**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144A.475;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in

§ 144A.475;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144A.475.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(6), when a fine is assessed against a agency for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $1,000.00. **MDH is not imposing these fines against your license at this time.**

0265 - 144a.44, Subd. 1(a)(2) - Up-To-Date Plan/accepted Standards Practice - $1,000.00

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines and enforcement actions 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 temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes Chapter 144A.**

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 client(s)/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 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 the Department of Health within 15 business days of the correction order receipt date.

A state correction order under Minn. Stat. § 144A.44 Subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

CONDITIONAL LICENSE ISSUED:
MDH will issue Selam Home Care LLC a conditional temporary comprehensive home care license for 45 calendar days from the date of this notice. At an unannounced point in time, within the 45 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144A.474, Subd. 2(e). Based on the results of the follow-up survey, MDH will determine if Selam Home Care LLC is in substantial compliance.

The following conditions apply on the conditional temporary comprehensive license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional temporary license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** Selam Home Care LLC will not admit any new clients under its conditional home care license until MDH removes the “no new admissions” condition. Selam Home Care LLC must provide the Department:

    i. A list of the names and birthdates of any individuals Selam Home Care LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current clients including:
        1. Name and birthdate of each client
        2. Current payment source for services
        3. If Elderly Waiver, the name and contact information of the care coordinator/case manager

4. If the client is not able to make informed decisions, the name of their representative and how to contact the representative

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD:
MDH will determine if Selam Home Care LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 45-day conditional license period. If MDH determines Selam Home Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Selam Home Care LLC's temporary comprehensive home care license, and Selam Home Care LLC will correct violations identified during the survey to come into substantial compliance. If MDH determines Selam Home Care LLC is not in substantial compliance, MDH may take additional enforcement action against Selam Home Care LLC, including placement of additional conditions, issuing an extension to the conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144A.475 up to and including immediate temporary suspension and revocation.

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144A.473, Subd. 3 (b)-(d), If the temporary licensee whose basic or comprehensive license has been denied or extended with conditions disagrees with the conclusions of the commissioner, then the temporary licensee may request a reconsideration no later than 15 calendar days after the temporary licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact Casey DeVries directly at: 651-201-5917 or email at: casey.devries@state.mn.us.

Sincerely,

Rick Michals

Rick Michals, J.D.
Interim Assistant Division Director

Minnesota Department of Health
Health Regulation Division

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41520	A. BUILDING: _____ B. WING _____	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELAM HOME CARE LLC	2184 COUNTY ROAD E WHITE BEAR LAKE, MN 55110

(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: SL41277016-0 On October 28, 2025, to October 29, 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 was one client receiving services under the provider's temporary comprehensive license. An immediate correction order was identified on October 28, 2025, issued for SL41520016-0, tag identification 0265. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	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).	

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0 265	Continued From page 1	0 265		
0 265 SS=I	144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for one of one client (C1) who utilized bed rails. This practice resulted in a level three violation (a violation that harmed a client's health or safety, or a violation that had the potential to cause more than minimal harm to the client) 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 from the licensee on September 19, 2025. C1's diagnoses included chronic obstructive pulmonary disease (COPD), osteoarthritis of the right hip, depression and anxiety. C1's Service Plan dated September 19, 2025, indicated C1 received comprehensive assessment at the start of care, reassessment and monitoring 14 days after the start of care and then every 90 days, medication preparation,	0 265		

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0 265	Continued From page 2 medication setups, and assistance with transfers with the use of a Hoyer lift (a mechanical devices used to transfer individuals with limited mobility). C1's Comprehensive Physical Assessment start of care assessment, dated September 19, 2025, indicated C1 had a hospital bed with rails on both sides of the bed. C1's Comprehensive Physical Assessment 14-day assessment, dated October 3, 2025, indicated C1 had side rails on both sides of C1's hospital bed. C1's record lacked the following bed rail assessment requirements: -purpose and intention of the bed rail; -measurements of entrapment zones; -the client's bed rail use/need assessment; -risk vs. benefits discussion (individualized to each client's risks); -the client's preferences; -physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and -any necessary information related to interventions to mitigate safety risk or negotiated risk agreements. On October 28, 2025, 11:31 a.m., owner/registered nurse (O/RN)-A stated C1 had a hospital bed with bilateral half rails at the head of C1's bed. O/RN-A stated C1 used the bed rails to help reposition themselves and to assist with cares. O/RN-A stated C1's hospital bed was already in C1's possession when they were admitted as a client. O/RN-A stated they had not completed a physical assessment of the bed rails, assessed C1 for bed rail appropriateness and safety, identified purpose or intent of the bed	0 265		

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0 265	Continued From page 3 rails, measured entrapment zones, alternative interventions, resident preferences, or informed the resident of the risk versus benefits of having bed rails. O/RN-A stated they did not think they were responsible for the required items if the bed rails were already in the client's home when they were admitted to the licensee's care. On October 28, 2025, at 11:45 a.m., C1's primary full-time caregiver and spouse (CG)-B stated they did receive services from the licensee; the licensee came every Friday to setup medications for C1. CG-B stated C1 owned a hospital bed with bilateral half rails at the head of the bed. CG-B stated C1 owned the hospital bed for approximately two years before the licensee became involved with C1's care. CG-B stated C1's doctor wrote an order for C1 to have it, and it was delivered by an equipment company. CG-B stated the bed rails really helped C1 with independence with bed mobility. CG-B stated O/RN-A had made no mention of the of the hospital bed or the bed rails since C1's admission to the licensee. CG-B stated O/RN-A had not completed assessments of the bed rails, safety assessments or gone over the risks versus benefits of bed rails. CG-B stated they were aware of the risks versus benefits of a bed rail due to prior education done with them in the past before the licensee's involvement in C1's care. The Minnesota Department of Health (MDH) document titled Resources & Frequently - Asked Questions (FAQs) dated October 13, 2025, indicated: "One such element/performance/skill a prudent nurse performs is the documentation of all assessed data. If any aspect of patient care is not documented, it is viewed as not having been completed. Based on the above-mentioned	0 265		

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0 265	Continued From page 4 statutes, the nurse must also abide by accepted health care standards, and the FDA requirements related to the safety of bedrails is one of those accepted standards. Best practice for documentation about a resident's bed rails includes, but is not limited to: -Purpose and intention of the bed rail -Measurements -The resident's bed rail use/need assessment -Risk vs. benefits discussion (individualized to each resident's risks) -The resident's preferences -Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation -Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements." The licensee's Use of Side Rails in the Home policy, undated, indicated: "Side rails will not be used in the home setting except in situations where assessment determines they are necessary for safety of the client. If the client or client's representative wants side rails on the bed, agency RN will educate the client/representative about the risks related to side rails and will assess whether the side rails meet FDA standards. If the side rails do not meet safety guidelines, staff will recommend alternative options to reduce the fall risk. Physician orders will be obtained for the side rails if indicated PURPOSE: -To establish parameters for the safe use of side rails. -To clarify agency policy on the need for and the safe use of side rails -To identify documentation requirements if side rails are used SPECIAL INSTRUCTIONS:	0 265		

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0 265	Continued From page 5 When notified that a client has a side rail or that the client or their representative is requesting side rails, the RN will assess and evaluate what the client's needs are and if the client can safely utilize the side rail equipment. Assessment will determine whether the equipment meets the FDA standards for side rails. 2. If the RN determines that the client is not able to safely use a side rail, or that the client's side rail does not meet the FDA or most current safety guidelines, the RN will recommend that the side rail should be removed and will document this recommendation. The RN will document the teaching provided regarding the risks of using side rails. Documentation will include family members or other caregivers who received the education and if request to remove side rail, will document the person who was given the recommendation to remove the side rail. 3. If the RN determines that the side rails are not a safe device for the client, the RN will provide options and alternatives for reducing fall or positioning self to the client, the client's representative and/or the client's family. The RN will document these recommended options and the response from the client, client's family and client's representative to the RN' s recommendations. 4. A detailed document on side rails is found at http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072729 .pdf." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 265		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation	01170		

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01170	Continued From page 6 (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 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;	01170		

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01170	Continued From page 7 (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 observation, interview, and record review, the licensee failed to ensure orientation to home care training included all the 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 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: O/RN-A was hired October 14, 2024, to provide direct care services to residents, and supervision and education of unlicensed personnel (ULP). O/RN-A's employee record lacked evidence O/RN-A completed the following required orientation topics: - overview of home care statutes; - home care bill of rights;	01170		

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01170	Continued From page 8 - handing of client complaints, reporting of complaints, where to report; - consumer advocacy services; - review of types of home care services the employee will provide and provider's scope of license; and - hearing loss training (optional). On October 28, 2025, at 10:24 a.m., O/RN-A stated they did not complete training for all of the required orientation topics. O/RN-A stated they completed some of the trainings through Relias (online training platform). O/RN-A stated they did not think of themselves as an employee who needed the training since they were the owner. O/RN-A stated they did not know what all of the required training topics were. The licensee's Agency Employee Orientation policy, undated, indicated: "An overview of Minnesota's home care law (MN Statues 144A.43 to 144.4798) b. An introduction and review of all of agency's policies and procedures related to the provision of home care services. c. Handling of emergencies and use of emergency services. d. Reporting the maltreatment of vulnerable minors or adults under Minnesota Statutes 626.556 and 626.557. e. The home care bill of rights (Minnesota Statutes 144A.44): 1) Overview of the home care statute and licensure rules. 2) Handling of emergencies and use of emergency services. 3) Reporting the maltreatment of vulnerable minors or adults. 4) Home Care Bill of Rights. 5) Handling of clients' complaints and reporting	01170		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELAM HOME CARE LLC	2184 COUNTY ROAD E WHITE BEAR LAKE, MN 55110

(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 9 of complaints to the Office of Health Facility Complaints. 6) Consumer advocacy services of the Ombudsman for Long-Tenn care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates and other relevant advocacy services. 7) A review of the types of home care services the employee will be providing and the scope of the agency's services under the specific license." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
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	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41520	A. BUILDING: _____ B. WING _____	10/29/2025

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01245	Continued From page 10 licensee failed to maintain a tuberculosis (TB) prevention and infection control program to include a TB risk assessment and employee TB symptom screening for one of one direct care 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 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 lacked a TB risk assessment. O/RN-A was hired October 14, 2024, to provide direct care services to residents, and supervision and education of unlicensed personnel (ULP). O/RN-A's employee record lacked a TB symptom and history screening. On October 28, 2025, at 10:07 a.m., the surveyor requested the licensee's TB risk assessment. O/RN-A stated they were not sure what the surveyor meant by a TB risk assessment; the surveyor explained what it was. O/RN-A asked if the TB risk assessment was the same as their TB symptom screening; the surveyor again explained what the TB risk assessment was. On October 28, 2025, at 10:11 a.m., the surveyor provided O/RN-A with a blank copy of a TB risk assessment form; O/RN-A stated they did not recognize the form.	01245		

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01245	Continued From page 11 On October 28, 2025, at 10:20 a.m., O/RN-A stated they were not aware they needed a TB risk assessment and did not know what it was. O/RN-A stated they did not complete a TB symptom screening and history for themselves. O/RN-A stated they did not think of themselves as an employee who required one since they were the owner. The Minnesota Department of Health (MDH) TB FAQ dated October 13, 2025, indicated each provider licensed by MDH is required to complete a TB risk assessment annually. It further indicated, TB screening was required at the time of hire for all health care personnel in Minnesota to include: -assessing for current symptoms of active TB disease; and -assessing TB history. The licensee's Tuberculosis Screening, undated, indicated: "2. For all employees or contract personnel providing direct client care, there shall be evidence of baseline TB screening consisting of two components: a. Assessing for current symptoms of active TB disease, (see Baseline TB Screening Tool in Sample Forms) and b. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or a single TB blood test. If the employee has had a TB blood test or negative Chest X-ray within 90 days of employment, it does not have to be repeated at the time of hire. c. Employee history of BCG vaccination should be disregarded when administering and interpreting TST results."	01245		

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01245	Continued From page 12 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		