Electronically Delivered

May 21, 2026

Licensee
Nursingbridge LLC
1401 Silver Lake Road Northwest #7
New Brighton, MN 55112

RE: Project Number SL41815016

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 24, 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
	H41815	A. BUILDING: _____ B. WING _____	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSINGBRIDGE LLC	1401 SILVER LAKE RD NW #7 NEW BRIGHTON, MN 55112

(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(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are 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: SL41815016-0 On April 21, 2026, through April 24, 2026, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction order is issued. At the time of the survey, there was one (1) client receiving services under the provider's temporary Comprehensive Home Care 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).	
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41815	A. BUILDING: _____ B. WING _____	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSINGBRIDGE LLC	1401 SILVER LAKE RD NW #7 NEW BRIGHTON, MN 55112

(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
0 940	Continued From page 1 Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) documented medication set up to include all required content for one of one client (C1) receiving weekly medication setup. 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 started comprehensive home care services with licensee on November 6, 2025, and had diagnoses which included chronic kidney disease (CKD), stage 3 (moderate to severe kidney disease), hypertension, and hypomagnesemia (low magnesium levels in blood). C1's signed service plan dated November 6, 2025, indicated C1 received services including client review and assessments, and medication management with weekly medication set up. C1's [Licensee name] Medication Assessment dated November 6, 2025, indicated C1 took 17	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41815	A. BUILDING: _____ B. WING _____	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSINGBRIDGE LLC	1401 SILVER LAKE RD NW #7 NEW BRIGHTON, MN 55112

(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
0 940	Continued From page 2 different medications, administered 1-3 times per day, and needed assistance with medication set up, coordination of medications, and education. C1's provider orders dated November 4, 2025, ordered the following scheduled medications: amlodipine (lowers blood pressure), B complex-C-Folic Acid (supplements), calcitriol (treats low blood calcium in patients with CKD), calcium acetate (helps control phosphate levels), carvedilol (lowers blood pressure), cinacalcet (helps regulate parathyroid hormone), cranberry (supplement), cyanocobalamin (supplement), famotidine (reduces stomach acid), folic acid (supplement), hydralazine (lowers blood pressure), losartan (lowers blood pressure), magnesium oxide (supplement), pantoprazole (reduces stomach acid), prednisone (decreases inflammation), vitamin D (supplement), and zinc sulfate (supplement). C1's Medication Set up Record for the months of November 6-30, 2025, December 2025, January 2026, February 2026, March 2026, and April 1-24, 2026, included the following information: -16 medication names (brand and generic name)/dose (varied)/route (by mouth-PO)/frequency; -calcitriol 0.25 microgram capsule, one capsule by mouth on dialysis days (Tuesdays, Thursdays, Saturdays) had initials "AH" documented every day of each month; and -all other medications had initials "AH" for each day of the month. C1's medical record lacked documentation of dates of medication setup, times to be administered, and name of person completing medication setup. The record lacked clear documentation that calcitriol was set up on the	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41815	A. BUILDING: _____ B. WING _____	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSINGBRIDGE LLC	1401 SILVER LAKE RD NW #7 NEW BRIGHTON, MN 55112

(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
0 940	Continued From page 3 days ordered by the provider. On April 22, 2026, at 1:52 p.m., owner/RN (O/RN)-A stated the medication setup record did not show the times medications were set up and acknowledged the documentation for calcitriol did not show what days the medication was actually set up for because her initials were daily. O/RN-A stated she documented progress notes on paper of her medication setup and visit but did not have the documentation available as it may have been left at C1's home. The surveyor offered O/RN-A the opportunity to provide the progress notes, but they were not provided upon survey completion. O/RN-A also stated the medication setup documentation did not include the name/title of the person completing the medication setup, just the initials. O/RN-A was unaware of the required content but stated going forward, she would ensure the missing information would be included. The licensee's Medication Documentation policy dated January 27, 2025, indicated, "Each medication administered by [Licensee] staff will be documented in the client's clinical record. Documentation will be complete, accurate and legible. Clients' needs will be met related to the Medication Management Plan." In addition, included, 3. [Licensee] will document medication set up according to the following: a. Date of medication setup b. Name of medication c. Quantity of dose d. Times to be administered e. Route of administration f. Name/title of person completing medication setup. 4. Documentation of medication administration and medication set up will be completed	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41815	A. BUILDING: _____ B. WING _____	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURSINGBRIDGE LLC	1401 SILVER LAKE RD NW #7 NEW BRIGHTON, MN 55112

(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
0 940	Continued From page 4 promptly. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 000	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: SL41815016-0 On April 21, 2026, through April 24, 2026, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were zero (0) clients receiving services under the Integrated licensure; Home and Community Based Service Designation. No correction orders are issued.	0 000		