



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 9, 2025

Licensee

Assumption Health Services

615 North First Street

Cold Spring, MN 56320

RE: Project Number(s) SL20324018

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 13, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

MDH 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

In accordance with 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 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 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.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Alex Warren".

Alex Warren, Unit Supervisor

Licensing and Certification Program

Email: Alex.Warren@state.mn.us

Telephone: 218-302-6186 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER ASSUMPTION HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 615 NORTH FIRST STREET COLD SPRING, MN 56320			
(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: SL20324018 On November 12, 2025, through November 13, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 9 clients receiving services under the provider's comprehensive license.	0 000			
0 825 SS=C	144A.4791, Subd. 1 HBOR Notification to Client (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand. (b) In addition to the text of the home care bill of	0 825			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 825	Continued From page 1 rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices. "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement should include the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint. (c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written acknowledgment of receipt of the home care bill of rights (BOR) was obtained for two of two clients (C1, C2).	0 825			

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0 825	Continued From page 2 This practice resulted in a level one violation (a violation that will cause only minimal impact on the client and does not affect health or safety) 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 had an admission assessment with a date of January 4, 2024. C2 had an admission assessment with a date of January 5, 2024. C1 and C2's record lacked a written acknowledgement of the client's receipt of home care bill of rights. During interview on November 13, 2025, at 8:30 a.m., executive director (ED)-A stated clients should have received the BOR at time of admission, however, was unable to locate a current signed BOR in C1 and C2's charts. The licensee's home care bill of rights policy dated 2025, included each client should recieve a Home Care Bill of Rights at admission and should acknowledge they have received a copy with a signature.	0 825			
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written	0 835			

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0 835	Continued From page 3 statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure written acknowledgment of receipt of the statement of home care services was obtained for two of two clients (C1, C2). This practice resulted in a level one violation (a violation that will cause only minimal impact on the client and does not affect health or safety) 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 had an admission assessment with a date of January 4, 2024. C2 had an admission assessment with a date of January 5, 2024. C1 and C2's record lacked a written acknowledgement of the client's receipt of the statement of home care services During interview on November 13, 2025, at 8:30 a.m., executive director (ED)-A stated clients	0 835			

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0 835	Continued From page 4 should have received the statement of home care services at time of admission, however, was unable to locate a current signed statement of home care services in C1 and C2's charts. The licensee's home care bill of rights policy dated 2016, included each client should receive a statement of home care services prior to initiation of services and a written acknowledgment would be obtained in the client's record.	0 835			