Electronically Delivered

December 22, 2025

Licensee
Homewatch Caregivers of Eden Prairie
6600 City West Parkway Suite 155
Eden Prairie, MN 55344

RE: Project Number SL41451016

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 November 26, 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,

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
	H41451	A. BUILDING: _____ B. WING _____	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWATCH CAREGIVERS OF EDEN PRAIRI	6600 CITY WEST PKWY STE 155 EDEN PRAIRIE, MN 55344

(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: SL41451016-0 On November 24, 2025, through November 26, 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 17 clients 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)	
0 510 SS=F	144A.473, Subd. 2 Temporary License (a) For new license applicants, the commissioner	0 510		

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0 510	Continued From page 1 shall issue a temporary license for either the basic or comprehensive home care level. A temporary license is effective for up to one year from the date of issuance, except that a temporary license may be extended according to subdivision 3. Temporary licensees must comply with sections 144A.43 to 144A.482. (b) During the temporary license period, the commissioner shall survey the temporary licensee within 90 calendar days after the commissioner is notified or has evidence that the temporary licensee is providing home care services. (c) Within five days of beginning the provision of services, the temporary licensee must notify the commissioner that it is serving clients. The notification to the commissioner may be mailed or emailed to the commissioner at the address provided by the commissioner. If the temporary licensee does not provide home care services during the temporary license period, then the temporary license expires at the end of the period and the applicant must reapply for a temporary home care license. (d) A temporary licensee may request a change in the level of licensure prior to being surveyed and granted a license by notifying the commissioner in writing and providing additional documentation or materials required to update or complete the changed temporary license application. The applicant must pay the difference between the application fees when changing from the basic level to the comprehensive level of licensure. No refund will be made if the provider chooses to change the license application to the basic level. (e) If the temporary licensee notifies the commissioner that the licensee has clients within 45 days prior to the temporary license expiration, the commissioner may extend the temporary	0 510		

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0 510	Continued From page 2 license for up to 60 days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This STANDARD is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within five days of providing comprehensive home care services under the temporary license. 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: On November 24, 2025, at 3:10 p.m., owner (O)-A stated C2 was the licensee's first comprehensive home care client, and C2 began receiving services on April 15, 2025. C2's unsigned Service Plan dated April 15, 2025, indicated began receiving comprehensive home care services on April 15, 2025. C2's records included a signed RN baseline Assessment, dated April 15, 2025. The assessment indicated C2 required assistance with compression stockings (a comprehensive home care service). The licensee's "Notice from Temporary Licensee	0 510		

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0 510	Continued From page 3 of Providing Licensed Home Care Services" document signed and dated by O-A on April 29, 2025, indicated the licensee began providing home care services on April 15, 2025. The form was received at MDH on April 24, 2025 (nine days after first providing comprehensive home care services). On November 26, 2025, at 11:51 a.m., O-A stated the licensee notified MDH when they first started providing comprehensive home care services and did not realize MDH should have been notified when they admitted their first home care client. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90	0 860		

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0 860	Continued From page 4 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure client monitoring and reassessment were conducted in the client's home no more than 14 days after the date that home care services are first provided. The licensee further failed to ensure ongoing client monitoring and reassessment did not exceed 90 days from the last date of the assessment for one of one client (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 the potential to affect a large portion or all of the clients). The findings include: C2's unsigned Service Plan dated April 15, 2025, indicated C2 began receiving comprehensive home care services on April 15, 2025. C2's record included a signed registered nurse (RN) baseline Assessment, dated April 15, 2025. C2's record lacked a subsequent 14-day assessment and any subsequent 90-day assessments.	0 860		

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0 860	Continued From page 5 On November 26, 2025, at 11:51 a.m., owner (O-A) stated the previous nurse had not been documenting correctly and the assessments must have been missed. The licensee's assessments policy, dated November 27, 2024, indicated, "the RN will reassess the client and update the service plan based on the client's needs and at a frequency not to exceed 90 days from the last date of the assessment." The policy lacked an indication that a 14-day assessment would be completed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan.	0 865		

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0 865	Continued From page 6 (d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable. (e) Staff providing home care services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided for one of one client (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 the potential to affect a large portion or all of the clients). The findings include: C2 was admitted for comprehensive home care services on April 15, 2025. C2's Service Plan dated April 15, 2025, indicated C2 received assistance including applying compression stockings (used to improve blood flow and reduce swelling in the legs), dressing, laundry, and meal preparation. C2's service plan lacked a signature by the home care provider and the client or the client's representative.	0 865		

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0 865	Continued From page 7 On November 26, 2025, at 11:10 a.m., owner (O)-A stated the service plan had not been signed and he thought it had been sent for signature through DocuSign (an electronic platform used to obtain signatures). O-A further stated it must have been missed. The licensee's Service Plan policy dated November 27, 2024, indicated the service plan, and any revisions would include a signature by the home care provider and by the client or the client's representative to document agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 865		
0 870 SS=F	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include: (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or	0 870		

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0 870	Continued From page 8 client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure the service plan included all the required content for one of one client (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 the potential to affect a large portion or all of the clients). The findings include: C2 was admitted for comprehensive home care services on April 15, 2025. C2's Service Plan dated April 15, 2025, indicated C2 received assistance including applying compression stockings (used to improve blood flow and reduce swelling in the legs), dressing, laundry, and meal preparation. C2's service plan lacked the following required	0 870		

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0 870	Continued From page 9 content: - the schedule and methods of monitoring staff providing home care services. On November 26, 2025, at 11:10 a.m., owner (O)-A stated they were not aware the service plan was missing the above content. O-A further stated their electronic system was hard to customize but they could "add a filter." The licensee's Service Plan policy dated November 27, 2024, indicated the service plan would include a description of the services needed, and description of the services to be provided. The policy lacked an indication of the schedule and methods of monitoring staff providing home care services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
01035 SS=F	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions	01035		

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01035	Continued From page 10 relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based interview, and record review, the licensee failed to develop and maintain a complete individualized treatment or therapy management plan for one of one client (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 the potential to affect a large portion or all of the clients). The findings include: On November 24, 2025, at 3:10 p.m., owner (O)-A confirmed the licensee provided treatment and therapy services to clients, as prescribed.	01035		

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01035	Continued From page 11 C2's Service Plan dated April 15, 2025, indicated C2 received assistance including "assist x1 with application" of compression hose (used to improve blood flow and reduce swelling in the legs), dressing, laundry, and meal preparation. On November 26, 2025, at 12:35 p.m., O-A, indicated via email, C2's "Client LTCi Report" was the caregiver task documentation. The Client LTCi Report indicated, "Delegated Tasks to Unlicensed Personnel: Assistance with compression stocking app [application]". Caregiver task documentation from August and September 2025 indicated C2 received assistance with compression stockings on August 1, 5, 8, 12, 15, 22, and September 3, 9, 12,16, 23, 30. C2's record lacked evidence of a current individualized treatment or therapy management plan for compression stockings that included the following content: -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and -any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On November 26, 2025, at 12:40 p.m., O-A stated he was not aware the treatment plan was missing some of the required content and they would have to add it.	01035		

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(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
01035	Continued From page 12 The licensee's Administration of treatments and therapy by unlicensed personnel policy, dated November 27, 2024, indicated unlicensed personnel who provided assistance with treatment or therapy administration would be trained and competency tested by the registered nurse or authorized health professional on the procedure for staff to notify the RN of any treatment or therapies that are being used by the client and that are not included in the assessment for treatment and therapy management services. The policy lacked an indication that procedures for notifying a registered nurse or appropriate licensed health professional would be included in the client's individualized treatment and therapy plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01145 SS=D	144A.4795, Subd. 7(b) Training/Competency Evals All Staff (b) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the client's condition to the supervisor designated by the home care provider; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing;	01145		

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	H41451	A. BUILDING: _____ B. WING _____	11/26/2025

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01145	Continued From page 13 (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure all unlicensed personnel completed training and competency evaluation in all the required areas prior to providing home care services for one of two employees (unlicensed personnel (ULP)-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	01145		

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01145	Continued From page 14 cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-D was hired July 31, 2025, and provided services to the licensee's clients. On November 25, 2025, at 9:15 a.m., ULP-D was observed assisting C3 with light housekeeping. ULP-D's employee record lacked evidence the required training was completed in the following topics: -maintenance of a clean and safe environment -training on the prevention of falls for providers working with the elderly or individuals at risk of falls -preparation of modified diets as ordered by a licensed health professional; -communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; and -awareness of commonly used health technology equipment and assistive devices. On November 26, at 9:42 a.m., owner (O)-A stated ULP-D did not provide comprehensive care to the client and he was not aware ULP-D needed the same training. The licensee's Personal Care Training Requirements policy dated November 27, 2024, indicated "it is the policy of [Licensee] that employees assigned to perform personal care	01145		

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01145	Continued From page 15 tasks shall receive training, supervision, and consultation to meet or exceed the minimum standards directed or required by State/Federal/Provincial regulatory agencies." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01145		
01150 SS=F	144A.4795, Subd. 7(c) Training/Competency Evals Comp Staff (c) In addition to paragraph (b), training and competency evaluation for unlicensed personnel providing comprehensive home care services must include: (1) observation, reporting, and documenting of client status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the client; (4) recognizing physical, emotional, cognitive, and developmental needs of the client; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure all unlicensed personnel providing comprehensive home care services completed training and competency evaluation in all the required areas	01150		

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01150	Continued From page 16 prior to providing home care services for one of one employee providing comprehensive cares (unlicensed personnel (ULP)-C). 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: ULP-C was hired January 20, 2025, to provide direct care and services to the licensee's clients. On November 25, 2025, at 8:00 a.m., ULP-C was observed assisting C4 with activities of daily living and light housekeeping. ULP-C's record lacked required training in the following topic: -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel. On November 26, at 9:42 a.m., owner (O)-A stated ULP-C should have been assigned all the required training, and he was not sure why it was missed. The licensee's Personal Care Training Requirements policy dated November 27, 2024, indicated "it is the policy of [Licensee] that employees assigned to perform personal care tasks shall receive training, supervision, and	01150		

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01150	Continued From page 17 consultation to meet or exceed the minimum standards directed or required by State/Federal/Provincial regulatory agencies." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01150		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation (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	01170		

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01170	Continued From page 18 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; (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 was completed including the required topics, prior to providing client care, for two of two employees (unlicensed personnel (ULP)-C, ULP-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 the potential to affect a large portion or all of the clients).	01170		

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01170	Continued From page 19 The findings include: ULP-C and ULP-D were hired January 20, 2025, and July 31, 2025, respectively, and provided direct care and services to the licensee's clients. On November 25, 2025, at 8:00 a.m., ULP-C was observed assisting C4 with activities of daily living and light housekeeping. On November 25, 2025, at 9:15 a.m., ULP-D was observed assisting C3 with light housekeeping. ULP-C's and ULP-D's records each lacked orientation of the following required topics: -overview of home care statutes sections 144A.43 to 144A.4798; and -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. On November 26, at 9:42 a.m., owner (O)-A stated ULP-C and ULP-D should have been assigned all the required orientation topics, and he was not sure why it was missed. The licensee's Personal Care Training Requirements policy dated November 27, 2024, indicated "it is the policy of [Licensee] that employees assigned to perform personal care tasks shall receive training, supervision, and consultation to meet or exceed the minimum standards directed or required by State/Federal/Provincial regulatory agencies."	01170		

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01170	Continued From page 20 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
0 000	Integrated License (HCBS) Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, 144A.484 Integrated Licensure; Home and Community Based Service Designation, these correction orders have 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: SL41451016-0 On November 24, 2025, through November 26, 2025, a surveyor of this Department's staff, visited the above provider. At the time of the survey, there were three clients that were receiving services under the Integrated licensure; Home and Community Based Service Designation. As a result of the survey, the licensee was in substantial compliance. No correction orders were issued.	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	

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0 000	Continued From page 21	0 000	USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2)	