Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 21, 2025

Licensee
Daisy Home Care LLC
819 30th Avenue South Suite 200b
Moorhead, MN 56560

RE: Project Number SL41055016

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 June 18, 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.

In addition, on June 18, 2025, evaluators of this Department's staff visited the above home and community based services (HCBS) provider and there were no correction orders issued. At the time of the evaluation, there were 2 active clients receiving services under the HCBS license.

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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41055	A. BUILDING: _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAISY HOME CARE LLC	819 30TH AVENUE S STE 200B MOORHEAD, MN 56560

(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: SL41055016-0 On June 16, 2025, through June 18, 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 was 1 client receiving services under the provider's comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan	0 810		

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0 810	Continued From page 1 (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the individual abuse prevention plan (IAPP) included required content for one of one client (C1). 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: During the entrance conference on June 16, 2025, at 1:00 p.m., owner/registered nurse (O/RN)-A and O/RN-B stated the licensee was familiar with current home care laws and regulations.	0 810		

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0 810	Continued From page 2 C1's diagnoses included vascular dementia, depression, and history of pulmonary embolism (blood clot in the lung). C1's comprehensive physical assessment dated May 20, 2025, indicated C1 had memory impairments and forgetfulness. C1 did not know what the medications were due to forgetfulness at times. C1's IAPP dated May 30, 2025, indicated C1 was considered vulnerable but there was no signs of abuse or neglect, however, lacked statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults and minors. On June 18, 2025, at 10:54 a.m., O/RN-B stated the resident's record lacked statements of specific measures to be taken to minimize the risk of abuse to that person. O/RN-B further stated O/RN-B verifies C1 self-administers her medications correctly. O/RN-B stated O/RN-B overlooked adding specific measures to C1's IAPP. The licensee's undated Abuse Prevention Plan indicated the agency will develop a statement of specific measures that will be taken to minimize the risk of abuse to that person and other vulnerable adults. This includes self-abuse. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		

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0 870	Continued From page 3	0 870		
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 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 (C1). 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	0 870		

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0 870	Continued From page 4 client's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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: During the entrance conference on June 16, 2025, at 1:00 p.m., owner/registered nurse (O/RN)-A and O/RN-B stated the licensee was familiar with current home care laws and regulations. C1's diagnoses included vascular dementia, depression, and history of pulmonary embolism (blood clot in lung). C1's Service Plan dated February 28, 2025, indicated C1 received biweekly medication set-ups. C1's service plan lacked the following content: -the schedule and methods of monitoring staff providing home care services. On June 18, 2025, at 10:51 a.m., O/RN-B stated the service plan lacked the above service plan content. O/RN-B further stated the O/RN-B was unaware of the content requirement for the service plan. The licensee's undated Service Plan policy indicated the service plan will include the following: -a description of the home care services to be provided; -the staff or categories of staff that will provide the services;	0 870		

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0 870	Continued From page 5 -the type and frequency of visits/services proposed to be furnished according to the client's current review/assessment and client preferences; -the fees for services; -the schedule and methods of monitoring reviews or assessments for the client; -the frequency of sessions of supervision of staff and type of personnel who will supervise staff; -the extent of which payment may be expected from the third-party payer; -the charges the individual may have to pay; and -a contingency plan for circumstances when services cannot be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions	0 920		

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

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0 920	Continued From page 7 portion or all of the clients). The findings include: During the entrance conference on June 16, 2025, at 1:00 p.m., owner/registered nurse (O/RN)-A and O/RN-B stated the licensee provided medication management services to clients receiving services under the comprehensive home care license. C1's diagnoses included vascular dementia, depression, and history of pulmonary embolism (blood clot in the lung). C1's medication assessment/delegation form dated February 28, 2025, indicated bi-weekly nurse set up of medications. C1's Service Plan dated February 28, 2025, indicated C1 received biweekly medication set-ups. C1's Medication Set Up Record dated June 2025, indicated C1 had the following medications set-up by O/RN-B: -Jantoven (to treat history of pulmonary embolism) dose range 2.5-5 milligram (mg) daily -Levothyroxine (treats thyroid) 200 microgram (mcg) one tablet by mouth daily -metoprolol tartrate (treats high blood pressure) 100 mg twice by mouth daily -pantoprazole (treats acid reflux) 40 mg by mouth daily -multivitamin (supplement) by mouth daily -vitamin c (supplement) 500 mg by mouth daily -gabapentin (treats nerve pain) 100 mg twice by mouth daily -amlodipine (treats high blood pressure) 2.5 mg by mouth daily	0 920		

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0 920	Continued From page 8 -atorvastatin (treats high cholesterol) 40 mg by mouth daily -bupropion (treats depression) 100 mg by mouth daily -cyanocobalamin (supplement) 500 mcg by mouth daily -donepezil (treats memory) 10 mg by mouth daily -duloxetine (treats depression) 30 mg by mouth daily -ferrous sulfate (treats iron deficiency) 325 mg by mouth daily -acetaminophen (treats pain) 1000 mg by mouth every 4-6 hours as needed -as needed medications included, phytonadione (treats blood clotting) 100 mcg by mouth and nitroglycerin (treats chest pain) 0.4 mg, one tab by mouth, may repeat after 5 minutes C1's record lacked signed prescriber orders for the above medications. C1's medication management records lacked: - a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer directions; and - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis. On June 18, 2025, at 11:07 a.m., O/RN-B stated C1's record lacked a description of storage of medications and the person responsible for monitoring and reordering C1's medications. O/RN-B stated O/RN-B was unaware of the contents needed for C1's medication management record. The licensee's undated Medication Storage policy indicated a registered nurse will complete a	0 920		

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0 920	Continued From page 9 comprehensive nursing assessment that includes the need for medication management services. The assessment will determine where and how medications will be stored and whether secured storage is required due to functional and/or cognitive impairments. Assessment will include presence of controlled substances or other medication that raise concerns about potential drug diversion. Based on the assessment, the RN will develop an individualized medication management plan for the client that will address storage of the client's medications. The licensee's undated Medication Management policy indicated during the assessment it is determined who will be responsible for managing, setting up, reordering and obtaining medications from the pharmacy. The primary pharmacy will be identified, and the phone number recorded in the clients record and on the medication profile. This information will be accessible to all health care professionals. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup 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:	0 940		

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0 940	Continued From page 10 Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one client (C1). 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: During the entrance conference on June 16, 2025, at 1:00 p.m., owner/registered nurse (O/RN)-A and O/RN-B stated the licensee provided medication management services to clients receiving services under the comprehensive home care license. C1's diagnoses included vascular dementia, depression, and history of pulmonary embolism (blood clot in the lung). C1's medication assessment/delegation form dated February 28, 2025, indicated bi-weekly nurse set up of medications. C1's Service Plan dated February 28, 2025, indicated C1 received biweekly medication set-ups. C1's Medication Set Up Record dated June 2025, indicated C1 had the following medications set-up by O/RN-B: -Jantoven (to treat history of pulmonary	0 940		

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0 940	Continued From page 11 embolism) dose range 2.5-5 milligram (mg) daily -Levothyroxine (treats thyroid) 200 micrograms (mcg) by mouth one tablet daily -metoprolol tartrate (treats high blood pressure)100 mg by mouth twice daily -pantoprazole (treats acid reflux) 40 mg by mouth daily -multivitamin (supplement) by mouth daily -vitamin c (supplement) 500 mg by mouth daily -gabapentin (treats nerve pain) by mouth 100 mg twice daily -amlodipine (treats high blood pressure) 2.5 mg by mouth daily -atorvastatin (treats high cholesterol) 40 mg by mouth daily -bupropion (treats depression) 100 mg by mouth twice daily -cyanocobalamin (supplement) 500 mcg by mouth daily -donepezil (treats memory) 10 mg by mouth daily -duloxetine (treats depression) 30 mg by mouth daily -ferrous sulfate (treats iron deficiency) 325 mg by mouth daily -acetaminophen (treats pain) 1000 mg every 4-6 hours by mouth as needed -as needed medications included, phytonadione (treats blood clotting) 100 mcg by mouth and nitroglycerin (treats chest pain) 0.4 mg, one tab by mouth, may repeat after 5 minutes C1's record lacked signed prescriber orders for the above medications. C1's June 2025 Medication set up record lacked the following: -route of administration for Jantoven; -set-up date for pantoprazole and ferrous sulfate; -correct set up date for donepezil and duloxetine; and	0 940		

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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
0 940	Continued From page 12 -lacked correct frequency for phytonadione administration. On June 18, 2025, at 11:11 a.m., O/RN-B stated the medication set-up lacked a route of administration for Jantoven and verified phytonadione is as needed, not a daily medication. O/RN-B further stated she forgot to initial the pantoprazole and ferrous sulfate (set-up date June 13, 2025) and documented the incorrect date on set up record for donepezil and duloxetine (documented June 8, 2025, instead of June 13, 2025). The licensee's undated Medication Set Up policy indicated the agency will set up medications for clients as ordered by physician/prescriber. A medication administration (MAR) or other documentation method should be used to set up medications. The 485/plan of care is the nurses verbal order until it is signed by the physician/prescriber at which point it becomes the written order. It is the nurse's responsibility to ensure that it is accurate and without errors. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client. This MN Requirement is not met as evidenced	0 965		

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	H41055	A. BUILDING: _____ B. WING _____	06/18/2025

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0 965	Continued From page 13 by: Based on interview and record review, the licensee failed to ensure prescriber's orders were completed for one of one client (C1). 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: During the entrance conference on June 16, 2025, at 1:00 p.m., owner/registered nurse (O/RN)-A and O/RN-B stated the licensee provided medication management services to clients receiving services under the comprehensive home care license. C1's diagnoses included vascular dementia, depression, and history of pulmonary embolism (blood clot in lung). C1's Service Plan dated February 28, 2025, indicated C1 received biweekly medication set-ups. C1's Medication Set Up Record dated June 2025, indicated C1 had the following medications set-up by O/RN-B: -Jantoven (to treat history of pulmonary embolism) dose range 2.5-5 milligram (mg) daily -Levothyroxine (treats thyroid) 200 microgram (mcg) one tablet by mouth daily -metoprolol tartrate (treats high blood	0 965		

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0 965	Continued From page 14 pressure)100 mg by mouth twice daily -pantoprazole (treats acid reflux) 40 mg by mouth daily -multivitamin (supplement) by mouth daily -vitamin c (supplement) 500 mg by mouth daily -gabapentin (treats nerve pain) 100 mg by mouth twice daily -amlodipine (treats high blood pressure) 2.5 mg by mouth daily -atorvastatin (treats high cholesterol) 40 mg by mouth daily -bupropion (treats depression) 100 mg by mouth daily -cyanocobalamin (supplement) 500 mcg by mouth daily -donepezil (treats memory) 10 mg by mouth daily -duloxetine (treats depression) 30 mg by mouth daily -ferrous sulfate (treats iron deficiency) 325 mg by mouth daily -acetaminophen (treats pain) 1000 mg every 4-6 hours as needed -as needed medications included, phytonadione (treats blood clotting) 100 mcg by mouth and nitroglycerin (treats chest pain) 0.4 mg, one tab by mouth, may repeat after 5 minutes C1's record lacked signed prescriber orders for the above medications. On June 18, 2025, at 10:54 a.m., O/RN-B stated the licensee did not have signed prescriber orders for C1's medications. O/RN-B further stated O/RN-B had used an unsigned (handwritten or electronic signature) medication list from the last prescriber visit and order calendar (calendar with Jantoven dosage written on the dates) from the anti-coagulation clinic. O/RN-B assumed the medication list could be used to set up C1's medications.	0 965		

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0 965	Continued From page 15 The licensee's undated Medication Set Up policy indicated when the agency is managing the client medications, they will obtain prescriptions for all medications the client is taking. The licensee's undated Medication Orders policy indicated the agency will have consistent policy for the administration of medications to clients in their home. These policies will be followed when setting up medications for self-administration or administering the doses to clients. Medication profiles and physician order forms will follow this format. All medications orders, including herbal preparations, must contain dosage, route and frequency. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01170 SS=D	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;	01170		

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01170	Continued From page 16 (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; (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 interview and record review, the licensee failed to ensure one of two employees (licensed practical nurse (LPN)-C), received	01170		

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01170	Continued From page 17 orientation to home care to include all the required content. 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 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: During the entrance conference on June 16, 2025, at 1:00 p.m., owner/registered nurse (O/RN)-A and O/RN-B stated the licensee was aware of the required contents of the employee record. LPN-C was hired on February 19, 2025, to provide direct comprehensive home care services to the licensee's clients. LPN-C's employee records lacked evidence of training for the overview of Home Care statutes (completed on June 16, 2025, after survey entry date). On June 18, 2025, at 10:25 a.m., O/RN-B, stated LPN-C completed overview of Home Care statutes after survey entry time. O/RN-B stated further, O/RN-B reviewed LPN-C's training record and found it was not yet completed. The licensee's undated Agency Employee Orientation policy indicated all employees of the Comprehensive Home Care Agency, including those who provide direct care, supervision of	01170		

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01170	Continued From page 18 direct care, or management of services for the agency, shall complete an orientation to home care requirements before providing home care services to clients. The state required orientation to home care must include the following: an overview of Minnesota's home care law (MN Statutes 144A.43 to 144.4798). 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 licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step TST	01245		

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01245	Continued From page 19 (tuberculin skin test) or other evidence of a TB screening such as a blood test for two of two employees (licensed practical nurse (LPN)-C and owner/registered nurse (O/RN)-B) and TB training for one of one employee (LPN-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 is 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: During the entrance conference on June 16, 2025, at 1:00 p.m., O/RN-A and O/RN-B stated the licensee was familiar with current home care laws and regulations. The licensee's TB Risk Assessment dated June 16, 2024, indicated the agency was a low risk. LPN-C LPN-C was hired on February 19, 2025, to provide direct comprehensive home care services to the licensee's clients. LPN-C's employee records included a chest x-ray dated October 1, 2024, indicating latent tuberculosis infection, however, LPN-C's record lacked documentation of a positive TST or other TB screening, such as a blood test, within 90 days prior to the chest x-ray. Also included, a Baseline TB Screening Tool for Health Care Workers (HWCs) dated March 10, 2025.	01245		

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01245	Continued From page 20 LPN-C's employee record lacked TB training as required on hire (completed on June 16, 2025, after survey entry time). O/RN-B O/RN-B was hired on April 16, 2024, to provide direct comprehensive home care services to the licensee's clients. O/RN-B's employee records included chest x-ray dated October 27, 2020, indicating no active tuberculosis, however, O/RN-B's record lacked documentation of a positive TST or other TB screening, such as a blood test, within 90 days prior to the chest x-ray. Also included, a Baseline TB Screening Tool for HWCs dated January 25, 2025. On June 18, 2025, at 10:25 a.m., O/RN-B, stated LPN-C completed TB training after survey entry time. O/RN-B stated further, O/RN-B reviewed LPN-C's training record and found it was not yet completed. The licensee's undated TB Screening policy indicated testing for presence of infection with Mycobacterium TB by administering either a two-step tuberculin skin test (TST) or 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. The licensee's undated Employees at risk for exposure or who have been exposed to TB policy indicated training and information will be provided for all employees at the time of employment and annually during infection control services. This training will inform the employees of the following: signs and symptoms of TB, health screening and	01245		

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01245	Continued From page 21 therapy, agency specific protocols, and use of respiratory protection equipment. The Minnesota Department of Health (MDH) TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium TB by administering either a two-step TB skin test or a single TB blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
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	0 000		

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0 000	Continued From page 22 compliance. INITIAL COMMENTS: SL#41055016-0 On June 16, 2025, through December June 18, 2025, a surveyor of this Department's staff, visited the above provider, and the provider is in compliance with requirements and no correction orders are issued. At the time of the survey, there were 2 clients that were receiving services under the Integrated licensure; Home and Community Based Service Designation.	0 000		