Electronically Delivered

June 3, 2026

Licensee
Team Home Health Care LLC
7421 18th Avenue South
Richfield, MN 55423

RE: Project Number(s) SL36171016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 29, 2026, 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 Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility 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 licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;

Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this :

0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(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 resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(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. § 144G.32, Subd. 2, 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 calendar days of the correction order receipt date.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating

factor.

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

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

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36171	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEAM HOME HEALTH CARE LLC	7421 18TH AVENUE SOUTH RICHFIELD, MN 55423

(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***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are 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: SL36171016-0 On April 27, 2026, through April 29, 2026, 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 three (3) residents; 3 receiving services under the Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. 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 evaluators' 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 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 28, 2026, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 3 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 28,2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
0 810 SS=F	144G.45 Subd. 2 (b-f) Fire protection and physical environment	0 810		

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0 810	Continued From page 4 (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the physical environment of the facility was maintained in	0 810		

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0 810	Continued From page 5 compliance with the requirements of Minnesota Statute 144G. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents). The findings include: Please refer to the document titled, Physical Environment Inspection Report (PEIR) dated April 28,2026, for the specific violations related the physical environment under Minnesota Statute 144G. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the	0 970		

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0 970	Continued From page 6 licensee's liability for health, safety, or personal property for one of one resident (R2). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident 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 residents). The findings include: R2 was admitted to the licensee and began receiving assisted living services on October 30, 2022. R2's record included a Resident Agreement signed by R2 on May 15, 2024, which read, "Our Responsibilities and Your Responsibilities. You are responsible for any loss, property damage, or cost of repairs or services caused by your use of the apartment, normal wear and tear excepted [sic]." "Insurance. The resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages and shall provide evidence of same by copies of binders or policies provided to [Licensee] upon request. The resident acknowledges that [Licensee] is not an insurer of the resident's person or property. You are encouraged to obtain renter's insurance at an appropriate level to insure against loss of personal property, or such other insurance as you consider necessary." "Acknowledgement of Receipt of Notices. By signing this Agreement, you are acknowledging receipt of:	0 970		

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0 970	Continued From page 7 a. The Resident Handbook" The licensee's Resident Handbook, undated, read, "Insurance [Licensee] are not responsible for your personal belongings." On April 28, 2026, at 10:51 a.m., owner/licensed assisted living director (O/LALD)-D stated R2's contract was the same contract used for all residents and all residents were offered the resident handbook. O/LALD-D stated he was not aware of any waiver of liability within the resident handbook and thought the contract in use was updated to remove any waivers of liability. The licensee's 1.05 Signing an Assisted Living Contract policy dated December 2, 2023, indicated when a prospective resident decides to move into [Licensee] a signed assisted living contract is signed and received by the facility. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store prescription medication within the medication refrigerator	01880		

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01880	Continued From page 8 securely. In addition, the licensee failed to ensure medications were stored according to manufacturer's instructions. This had the potential to affect all residents in the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 the residents). The findings include: During the entrance conference on April 27, 2026, at 10:30 a.m., clinical nurse supervisor (CNS)-A stated the licensee provided medication management to all residents. R2 was admitted on October 30, 2022, and had diagnoses including type II diabetes, obesity, schizophrenia, and depression. R3 was admitted on September 15, 2023, and had diagnoses including type II diabetes, bipolar disorder type 1, and borderline personality disorder. During a facility tour on April 27, 2026, at 11:30 a.m., the surveyor observed a white mini refrigerator on the floor of the living room near the front door. The surveyor did not observe any exterior locks and was able to open the door. When asked if they ever locked the medication refrigerator, owner/licensed assisted living director (O/LALD)-D stated they never had it locked before and this refrigerator was new as of	01880		

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01880	Continued From page 9 two days ago. Within the refrigerator, there were multiple boxes of insulin and on the middle shelf the surveyor observed a steel analog thermometer that read 52 degrees Fahrenheit (F). O/LALD-D confirmed the temperature was out of range, being too warm. The content of the refrigerator included the following: - R2's Basaglar Kwikpen injection 100 unit (u)/ milliliter (ml) (long-acting insulin)-4 pens; - R2's Mounjaro 15 milligrams (mg)/0.5 ml-one pen; - R2's Lantus Solostar injection 100u/ml (long-acting insulin)-5 pens; - R2's Admelog Solostar injection 100u/ml (rapid-acting insulin)-7 pens; and - R3's Ozempic injection 4mg/3ml (stimulates insulin production)-2 pens. R2 R2's nursing assessment dated April 8, 2026, indicated R2 was capable of self-administering all insulin but R2's medications would be locked in a medication cart. The assessment did not indicate how insulins would be stored. R2's provider orders signed October 21, 2025, ordered the following: - Basaglar Kwikpen 100u/ml, 24u subcutaneously (subq) every afternoon; - Lantus Solostar was not listed as a current order; - Mounjaro 15mg/0.5mg, inject 0.5ml subq every Thursday; - Admelog 100u/ml, inject 6u subq three times daily before meals plus 1/50>150 (sliding scale based on blood sugar), and inject 3u subq as needed for snacks. R3 R3's nursing assessment dated April 28, 2026,	01880		

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01880	Continued From page 10 indicated R3 was unable to self-administer any medications and all medications would be stored in a locked cabinet. R3's provider order electronically signed on March 31, 2026, ordered Ozempic 4mg/3ml, inject 1mg subq once a week. On April 27, 2026, at 12:08 p.m., O/LALD-D provided the refrigerator temperature log from April 1-27, 2026, which was completed by overnight staff who indicated the temperature was checked by putting an "X" on the log and included documented temperatures ranging between 36-45 F. Instructions on the refrigerator temperature log read "Refrigerators should be between 36 F and 46 F. Inform Food manager or LALD of any temp outside of this Range." The task was missed on April 1, 9, 17, and 26, 2026. On April 27, 2026, at 1:52 p.m., CNS-A and the surveyor checked the refrigerator thermometer again and it read 50 degrees F. CNS-A stated they were not sure why the refrigerator was not working well so CNS-A placed a small black mini refrigerator and placed it next to the white one and said she would let that one get cold and place the medications in there. On April 28, 2026, at 8:30 a.m., upon arrival, the surveyor observed a lock on the mini black refrigerator. O/LALD-D stated the analog thermometer was broken and replaced it with a digital thermometer for both refrigerators, which now read 40 degrees F. O/LALD-D stated they were unsure why the previous readings and documentation were not documented as being higher than normal. During a phone interview on April 29, 2026, at	01880		

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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
01880	Continued From page 11 9:17 a.m., unlicensed personnel (ULP)-E stated they worked the overnight shift from 11:00 p.m. to 7:30 a.m., and part of their tasks was to complete the temperature check of the medication refrigerator. ULP-E stated when they last checked the temperature, it read 49 F and they did notify O/LALD-D but they were not able to recall what night that occurred. The manufacturer's instructions for Ozempic, Lantus, Admelog, and Mounjaro indicated to store unopened (not in use) pens under refrigeration between 36F-46F. The licensee's 7.11 Medication Storage policy dated December 1, 2023, indicated medications would be kept securely locked and stored per manufacturer's directions (refrigerated, room temperature, or frozen). Only authorized staff would have access to stored medications. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) days	01880		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36171	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEAM HOME HEALTH CARE LLC	7421 18TH AVENUE SOUTH RICHFIELD, MN 55423

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01940	Continued From page 12 provided; (2) documentation of specific resident instructions 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 resident-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 on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R2) with treatments. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident'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 residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include:	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36171	A. BUILDING: _____ B. WING _____	04/29/2026

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01940	Continued From page 13 R2 was admitted on October 30, 2022, and had diagnoses including type II diabetes, obesity, schizophrenia, and depression. On April 28, 2026, at 10:27 a.m., the surveyor observed an oxygen (O2) concentrator (filters ambient air providing oxygen) with nasal cannula tubing (brings oxygen to nostrils) lying on the floor in R2's room. R2's nursing assessment dated April 8, 2026, indicated under respiratory equipment, R2 had an O2 tank, R2 needed help with tubing when putting it on, and R2 needed help turning the tank on/off. O2 was to be used PRN (as needed). Further down the same assessment indicated R2 used 1L of O2 via nasal cannula with activity. R2's Individualized Treatment and Therapy Plan-As of Date dated April 28, 2026 (completed during survey), indicated R2 used O2 with shortness of breath (SOB), notify registered nurse (RN) if O2 saturation (detects level of oxygen using oximeter) is below 88% with 3L (liters of oxygen per minute). Order nasal cannula supply when low. R2's service plan agreement dated March 1, 2026, indicated R2 received services to include behavior management, shopping assistance, RN supervision of CPAP (continuous positive airway pressure for sleep apnea), blood glucose, insulin reminders, and medication administration. R2's treatment and therapy management plan lacked the following required content within R2's medical record: - a statement of the type of services that will be provided (assisting with O2 supplies and application);	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36171	A. BUILDING: _____ B. WING _____	04/29/2026

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TEAM HOME HEALTH CARE LLC	7421 18TH AVENUE SOUTH RICHFIELD, MN 55423

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01940	Continued From page 14 - documentation of specific resident instructions relating to the treatments or therapy administration (was not available before April 28, 2026); - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - current procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-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. On April 28, 2026, at 11:10 a.m., R2 stated he used his O2 all the time, but did not feel SOB while sitting at the table eating his lunch. He used it while in his room. On April 28, 2026, at 11:15 a.m., unlicensed personnel (ULP)-C stated R2 used O2, but it was self-managed and the only thing they did was make sure the concentrator was upright. On April 28, 2026, at 1:08 p.m., clinical nurse supervisor (CNS)-A stated R2 began using O2 when he was discharged from the hospital end of January 2025, when he experienced SOB. R2 was independent with his O2 but CNS-A ordered his nasal cannula every 4-5 months. CNS-A attempted to get clarification on O2 orders but did not hear back from the provider. CNS-A stated she was unaware the missing treatment plan should have been included in the assessment	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01940	Continued From page 15 and that she was still learning. The licensee's 7.05 Treatment and Therapy Management Plan policy dated December 1, 2023, indicated [licensee] would develop and maintain a current individualized treatment and therapy management record for each resident and must contain at least the following: a. A statement of the type of services that will be provided b. Documentation of specific resident instructions relating to the treatments or therapy administration c. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services e. Any resident-specific requirements relating to documentation of treatment and therapy received f. Verification that all treatment and therapy was administered as prescribed g. Monitoring of treatment or therapy to prevent possible complications or adverse reactions h. The treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

Team Home Health Care LLC
7421 18TH AVENUE SOUTH
Richfield, MN 55423
Hennepin County
Parcel:

Phone:

License Info

License: HFID 36171

Risk:
License:
Expires on:
CFPM: Mustafa Farah Mohamoud
CFPM #: CFPM-6851; Exp: 2/10/2028

Inspection Info

Report Number: F1039261122
Inspection Type: Full - Single
Date: 4/28/2026 Time: 10:30 AM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 1
Delivery: Emailed

New Order: 4-500 Equipment Maintenance and Operation
4-501.11AB *Priority Level: Priority 3 CFP#: 47*
MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.
COMMENT: COUNTERTOP MOULDING AT BACK OF SINK IS WARPED AND SWOLLEN FROM WATER DAMAGE. REPAIR TO GIVE SMOOTH, CLEANABLE SURFACE.
Comply By: 7/31/2026 Originally Issued On: 4/28/2026

Food & Beverage General Comment

MILK - COLD HOLD, COOLER - 39 DEGREES F
FREEZER - FROZEN

This inspection was completed as part of MDH HRD assisted living facility survey. The inspection was conducted with the person-in-charge and reviewed with MDH HRD nurse evaluator Anna Bohnen.

The kitchen is of residential build and should serve food for same-day service only.

The kitchen has wood cabinets with hollow base and laminate countertops, tile floor, painted walls and ceiling. These equipment and finishes should be maintained to be smooth, durable and easily cleanable; see order regarding counter moulding.

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen. By UST thermometer log kept by person-in-charge, UST temperature is >160 degrees F

Verified hand sink correctly set-up, gloves, illness policy, probe thermometer, test strips, UST thermometer.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing, order on this report.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1039261122 from 4/28/2026

Mustafa Farah Mohamoud
person-in-charge

Aron Goodner,
Public Health Sanitarian
651-201-4910
aron.goodner@state.mn.us

DEPARTMENT OF HEALTH

Physical Environment Inspection Report

ASSISTED LIVING | ASSISTED LIVING WITH DEMENTIA CARE

Project No: SL36171016-0	**Date:** 4/28/2026
Facility Name: TEAM HOME HEALTH CARE LLC	
Facility Address: 7421 18th Ave S, Minneapolis, Minnesota 55423	

☒ **TAG IDENTIFICATION: 0775**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]

2. Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material. [Minn. Stat. 144G.45 subd. 2; MSFC 310.7]

   Comments: Cigarette butts were discarded in vegetation off the backyard deck. Creating a fire hazard.

3. Extension cords and flexible cords shall not be a substitute for permanent wiring and shall be listed and labeled in accordance with UL 817. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances. Extension cords marked for indoor use shall not be used outdoors. [Minn. Stat. 144G.45 subd. 2; MSFC 604.5]

   Comments: It was observed that a chest freezer in the kitchen was being powered by an extension cord that was routed along the wall and around the sliding glass door leading to the rear exterior.

4. In buildings that contain a fuel-burning appliance or fireplace, or attached private garage, carbon monoxide detection shall be installed in dwelling units within ten feet of bedrooms. Where a fuel burning appliance is located in a bedroom or its attached bathroom, carbon monoxide detection shall be installed within the bedroom. Carbon monoxide detection can be provided by carbon monoxide alarms installed in dwelling or sleeping units or a carbon monoxide detection system installed in the room or space that contains the fuel-burning appliance. [Minn. Stat. 144G.45 subd. 2; MSFC 915]

Comments: Carbon monoxide (CO) detector in the upstairs hallways adjacent to the bedrooms was not maintained in working condition. The surveyor observed the CO detector's battery hanging out, rendering it nonfunctional.

5. A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice. Means of egress shall remain free of any material or matter where its presence would obstruct or render the means of egress hazardous. No combustible material storage is allowed in the corridors or exit stairs. [Minn. Stat. 144G.45 subd. 2; MSFC 1031.3]

   Comments: The evacuation map indicated an exit path from the living space through the garage. The emergency exit path shall not go through the garage in the event of a fire or similar emergency, as this space is a higher hazard space than the assisted living.

☒ **TAG IDENTIFICATION: 0810**

SCOPE/ SEVERITY: Level 2; Widespread **TIME PERIOD OF CORRECTION:** Seven (7) days

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1. Each assisted living facility shall develop and maintain fire safety and evacuation plans (FSEP) that include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. [Minn. Stat. 144G.45 subd.2]

   Comments: The FSEP failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency, including individualized, unique needs of residents. The plan included instructions to evacuate residents but did not include the identification of any residents that needed assistance, any resident-specific procedures to staff for assisting residents during evacuation, nor did it include instructions for staff to follow in case of relocation.