Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 31, 2026

Licensee
Firstlight Home Care of Minneapolis
8400 Normandale Lake Boulevard #920
Bloomington, MN 55437

RE: Project Number(s) SL37937017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 5, 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 Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey at your agency**.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s)

identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Annette Winters, Supervisor
State Evaluation Team
Email: annette.m.winters@state.mn.us
Telephone: (651) 558-7558 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H37937	A. BUILDING: _____ B. WING _____	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRSTLIGHT HOME CARE OF MINNEAPOLIS	8400 NORMANDALE LAKE BLVD #920 BLOOMINGTON, MN 55437

(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 orders 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: SL37937017-0 On 3/3/26 - 3/5/26, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued ST0865. At the time of the survey, there were 47 clients receiving services under the providers comprehensive license.	0 000		
0 865 SS=D	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	0 865		

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0 865	Continued From page 1 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. (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 observation, interview and record review, the licensee failed to ensure client service plans contained all required content for three-of-three clients (C1, C2, and C3) reviewed for services plans. 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). Findings include: During observation and interview on 3/3/26 at 2:30 p.m. C1 was seated on a reclining chair and was unable to interview due to dementia. C1's family member (FM-A) stated C1 was receiving	0 865		

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0 865	Continued From page 2 all the cares identified on C1's care plan. FM-A did not know where C1's service agreement was stating she could not be certain of what was on the service agreement, however, she was aware of the hours the staff were scheduled and which staff assisted C1. C1's service agreement dated 4/21/23 lacked the following required content: -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. -The identification of the staff or categories of staff who will provide the services. -The schedule and methods of monitoring reviews or assessments of the client. -The schedule and methods of monitoring staff providing home care services; and A contingency plan that included: -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. -Information and a method for a client or client's representative to contact the home care provider. C1's care plan dated 4/24/23 indicated C1 as diagnosed with dementia and received the following cares: -Assistance with ambulation and transferring using a mechanical lift. -Bed rail assessment -Bathing assistance, including shampooing hair -Urinary catheter care -Dressing and grooming -Eating assistance -Toileting assistance, getting C1 on and off the toilet -Housekeeping	0 865		

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0 865	Continued From page 3 -Meal preparation During observation and interview on 3/4/25 at 11:15 a.m. C2 stated he only had one staff member from the agency visit him. He was not certain of her title or her exact schedule. He stated she came a few days a week for "about" three hours. He always knew when her next visit was because she would tell him before she would leave and he would mark it on his calendar. C2 had his service agreement in his home and confirmed the schedule, the cares and the staff's credentials were not listed on the service agreement. Unlicensed personnel (ULP)-A was observed heating up his lunch meal and assisting him to stand to use the toilet. C2's service agreement dated 9/22/25 lacked the following required content: -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. -The identification of the staff or categories of staff who will provide the services. -The schedule and methods of monitoring reviews or assessments of the client. -The schedule and methods of monitoring staff providing home care services; and A contingency plan that included: -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. -Information and a method for a client or client's representative to contact the home care provider. C2's care plan dated 9/21/25 indicated C2 received the following cares: -Hands-on assistance with transfers	0 865		

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0 865	Continued From page 4 -Assistance with bathing -Continence cares - changing disposable briefs -Dressing and grooming -Toileting - getting on and off the toilet -Homemaking -Meal preparation -Shopping -Medication reminders Upon interview on 3/5/26 at 2:05 p.m. C3 reviewed the cares ULP-B provided and stated ULP-B also placed Transcutaneous Electric Nerve Stimulator probes on his back (TENS unit, a small battery-operated device that uses low-voltage electrical currents through electrodes on the skin to manage acute and chronic pain). C3 could not find his service agreement in his home and stated he could not recall what was on the service agreement. C3's service agreement dated 6/1/22 indicated C3 was receiving homemaker/companion services, however C3 received personal care assistance in addition the service agreement lacked the following required content: -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. -The identification of the staff or categories of staff who will provide the services. -The schedule and methods of monitoring reviews or assessments of the client. -The schedule and methods of monitoring staff providing home care services; and -A contingency plan that included: -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.	0 865		

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0 865	Continued From page 5 -Information and a method for a client or client's representative to contact the home care provider. C3's care plan dated 6/2/22 indicated received the following cares: -Assist with transfers -Cue client to his physical therapy exercises -Cue client to lay on his stomach 20-30 minutes a day -Remind client to use his Podi metrics foot mat -Assist client to use his arm pedal machine -Assess bed rail status -Bathing assistance -Apply lotion to legs -Supervise toileting -Homemaking -Medication reminder -Meal Preparation Upon interview on 3/5/26 at 2:17 p.m. ULP-B confirmed that she placed the electrodes on C3's back during her visits as C3 could not reach his back to do so. ULP-B stated it was on C3's care plan and her role was to apply the probes and check the box that she completed the task. Upon interview on 3/5/26 at 3:05 p.m. registered nurse (RN)-A stated she was aware that C3 had the TENS unit given to him by his physical therapist (PT). She could not find the order from the therapist, however, was going to look for it. RN-A stated she removed the task of placings the probe on C3's care plan because the agency did not provide that service. Upon interview on 3/25/26 at 3:40 the Administrator stated during the survey process that the agency noticed they were completing the incorrect service agreement form at their home care branch.	0 865		

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0 865	Continued From page 6 An email correspondence from RN-A dated 3/5/26 at 4:55 p.m. included a photo image of the TENS unit, an undated TENS unit instruction sheet given by the PT and an updated care plan for C3. The updated care plan indicated a task to assist the client with cleansing the skin and applying the TENS unit pads to the area directed by the therapist. Do not turn on or adjust the TENS unit settings. The client will handle the operation. A policy on treatments was requested however none was provided. A policy titled Service Agreement and Informed Consent with a revision date of 11/2025 indicated: The agreement must include, at minimum: -Description of services needed (as stated by client or party responsible) -Description, frequency, and duration of services to be provided -Charges for services and billing/payment mechanisms -Acknowledgment of receipt of Client Rights and Responsibilities -Provider's contact telephone number for questions or complaints -State licensing authority telephone number for licensing questions or unresolved complaints -Statement that FLHC does not permit any authorization for access to a client's personal funds	0 865		