Electronically Delivered

December 16, 2025

Licensee
Home Instead 167
4445 West 77th Street #121
Edina, MN 55435

RE: Project Number(s) SL23590012

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 3, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

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

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

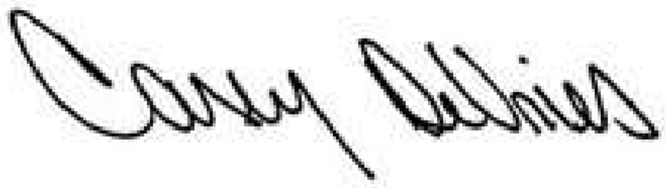
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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
	H23590	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INSTEAD 167	4445 WEST 77TH STREET #121 EDINA, MN 55435

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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: SL23590012 On December 1, 2025, through December 3, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 90 clients all of whom received 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=D	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 observation, interview, and record review, the licensee failed to develop and implement an accurate individual abuse prevention plan (IAPP) with all required content for one of five clients (C4). 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: C4 was admitted to the licensee on August 18, 2022. C4's diagnoses included Alzheimer's disease,	0 810		

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0 810	Continued From page 2 high blood pressure, and high cholesterol. C4's Service Plan (Home Care Service Addendum) dated May 30, 2023, indicated C4 received the following services: medication reminders, bathing assistance, dressing assistance, continence assistance, meal preparation, laundry and linens, and light housekeeping. C4's IAPP dated August 18, 2022, indicated C4 did not have any vulnerabilities in the following areas: sexual abuse, physical abuse, self-abuse, or financial exploitation. C4's IAPP also indicated the plan shall be revised to reflect the results of the review. On December 2, 2025, at 1:30 p.m., the surveyor observed C4 in their home. C4 kept asking unlicensed personnel (ULP)-C if C4 was married. C4 was calling their husband's name who was with them in the house. C4 also kept standing and was directed by ULP-C to sit down. Family member (FM)-G stated C4 had declined so much, and that it was difficult to take them for a walk. FM-G also stated C4 was dependent on someone to feed them. C4's IAPP lacked a current assessment of C4's vulnerabilities and the interventions necessary to minimize risk of abuse to C4. On December 3, 2025, at 2:00 p.m., owner (O)-D stated they had completed the IAPP. O-D also stated they were not aware the IAPP needed to be updated. Director of nursing (DON)-A stated they were only two months into the job and that they had not gone through all their clients records to update them.	0 810		

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0 810	Continued From page 3 The licensee's undated Vulnerable Adult/Child Protection policy indicated employees are required to individually assess clients to determine vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse to that client. In addition, all employees providing home care are mandated to report abuse and/or neglect (including suspected abuse or neglect) of the vulnerable adult/child according to this policy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
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	0 870		

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0 870	Continued From page 4 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 required content for five of five clients (C2, C3, C4, C5, C6). 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 the clients). The findings include: C2 C2 was admitted to the licensee on September 11, 2025. C2's Service Plan (Home Care Service Plan) dated September 11, 2025, indicated C2 received the following services: bathing assistance, dressing assistance, transfer assistance, meal preparation, laundry and linens, and light housekeeping. C3 C3 was admitted to the licensee on November 11,	0 870		

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0 870	Continued From page 5 2025. C3's Service Plan (Home Care Service Plan) dated November 10, 2025, indicated C3 received the following services: medication reminders, bathing assistance, dressing assistance, continence assistance, meal preparation, laundry and linens, and light housekeeping. C4 C4 was admitted to the licensee on August 18, 2022. C4's Service Plan (Home Care Service Addendum) dated May 30, 2023, indicated C4 received the following services: medication reminders, bathing assistance, dressing assistance, continence assistance, meal preparation, laundry and linens, and light housekeeping. C5 C5 was admitted to the licensee on May 12, 2025. C5's Service Plan (Home Care Service Plan) dated May 12, 2025, indicated C5 received the following services: medication reminders, bathing assistance, continence assistance, transfer assistance, transportation, meal preparation, laundry and linens, and light housekeeping. C2, C3, C4, and C5's service plan lacked the identification of the staff or categories of staff who will provide the services. C6 C6 was admitted to the licensee on October 8, 2011.	0 870		

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0 870	Continued From page 6 C6's Service Agreement/Plan dated February 27, 2019, lacked the following required content: - a description of the home care services to be provided, and the frequency of each service, according to the client's current review or assessment and client preferences; and - 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; and - the schedule and methods of monitoring staff providing home care services. On December 2, 2025, at 2:30 p.m., director of nursing (DON)-A stated they had been on the job for only two months, and they had not noted the service plans were missing required content. The licensee's undated Service Plan policy indicated the service plan would include all the missing content above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
01115 SS=F	144A.4795, Subd. 3(b) Unlicensed Personnel - Comprehensive (b) Unlicensed personnel performing delegated nursing tasks for a comprehensive home care provider must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in subdivision 7, paragraphs (b) and (c), and a practical skills test on tasks listed in subdivision 7, paragraphs (b), clauses (5) and (7), and (c),	01115		

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01115	Continued From page 7 clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed in all the required areas prior to providing home care services for two of three employees (unlicensed personnel (ULP)-C, ULP-F). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: ULP-C ULP-C started employment with licensee on August 20, 2025, to provide comprehensive home care services. On December 2, 2025, at 1:30 p.m., family member (FM)-G stated ULP-C assisted C2 with meal preparation and feeding.	01115		

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01115	Continued From page 8 ULP-F ULP-F started employment with licensee on June 27, 2022, to provide comprehensive home care services. On December 2, 2025, at 11:30 a.m., ULP-F stated they assisted the client to prepare meals, with cleaning, and general house chores. ULP-C and ULP-F's training record lacked evidence ULP-C and ULP-F had completed required training in the following areas: - basic nutrition, meal preparation, food safety, and assistance with eating; and - preparation of modified diets as ordered by a licensed health professional. On December 3, 2025, at 2:30 p.m., owner (O)-D stated all staff were trained on the topics, and there should be documentation kept their record. When the surveyor pulled out ULP-C and ULP-F's training record, director of nursing (DON)-A stated they were not aware ULP-C and ULP-F were missing the training. DON-A further stated they had not audited the employees' records since they started employment with licensee two months ago. The licensee's undated Staff Competency policy indicated home health aides may not work for [licensee] until they had successfully passed the written and demonstration competency evaluation. The policy further indicated training and competency evaluations for all unlicensed personnel (basic and comprehensive) included all the missing content above. No further information was provided.	01115		

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01115	Continued From page 9 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01115		
01190 SS=F	144A.4796, Subd. 6 Required Annual Training (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include: (1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided; (2) review of the home care bill of rights in section 144A.44; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and (4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. (b) In addition to the topics listed in paragraph (a), annual training 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	01190		

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01190	Continued From page 10 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 employee(s) received a minimum of eight hours of annual training to include all the required topics for each twelve months of employment as required for one of one employee (unlicensed personnel (ULP)-F). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: ULP-F started employment with licensee on June 27, 2022, to provide comprehensive home care services.	01190		

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01190	Continued From page 11 On December 2, 2025, at 11:30 a.m., ULP-F stated they assisted C6 to prepare meals, with cleaning, and general house chores. ULP-F's Empowers training transcript dated April 2, 2025, and May 2, 2025, indicated ULP-F had completed the following annual training topics for a total of two (2) hours out of the required eight (8) hours: - infection control - 1 hour; and - common respiratory conditions - 1 hour. ULP-F's record lacked the following required annual training topics: - reporting maltreatment of vulnerable adults or minors; - home care bill of rights; - review of provider's policies and procedures; and - hearing loss training (optional). On December 3, 2025, at 2:20 p.m., owner (O)-D stated ULP-F had completed annual training however, their parent franchise changed their training software. Director of nursing (DON)-A stated they had downloaded all the employees' training into a spreadsheet which indicated the completed training. The spreadsheet indicated ULP-F was the only employee who had started annual training for 2025. The spreadsheet also lacked the number of hours for each training completed. When the surveyor requested to know how long each training topic took, O-D stated each took one hour. The licensee's Required Annual Staff Training policy dated July 4, 2020, indicated all staff of [licensee] that performs direct home care services will complete a minimum of 8 hours of	01190		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INSTEAD 167	4445 WEST 77TH STREET #121 EDINA, MN 55435

(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
01190	Continued From page 12 annual training for each 12 months of employment. The policy also indicated the following topics will be covered: - training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557; - review of the appropriate version of the home care bill of rights; - infection control standards; and - review of the home care provider's policies and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		