Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

October 22, 2025

Licensee
Gentle Springs LLC
2375 Hamilton Court
New Brighton, MN 55112

RE: Denial of License Number 417072
Health Facility Identification Number (HFID) 40993
Initial Full Survey; Project Number(s) SL40993016

Dear Licensee:

Please note: This letter amends previous letter dated October 22, 2025. Specfically the date for notification and transfer of clients was amended to 10/25/2025. No other changes has been made.

The Minnesota Department of Health (MDH) completed an initial survey on July 15, 2025 for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above mentioned provider. Based on the survey, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A. As a result, your authority to continue to operate under a temporary license or be approved for a comprehensive home care license, is being denied.

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 . . ."

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.473, Subd. 3 (b) and/or (c), you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by MDH and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

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

Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF CLIENTS
You must comply with the requirements of notification and transfer of clients and provide the information described in Minn. Stat. § 144A.475, Subd. 5 (1), (2), (3), (4) and (5). Please provide the information to this department's contact, Jess Schoenecker, Supervisor, via email at: Jess.Schoenecker@state.mn.us, the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care no later than **10/25/2025**. Pursuant to Minn. Stat § 144A.473, Subd. 3 (e) (4), a temporary licensee whose license is denied is permitted to continue operating as a home care provider during the period of time when a transfer of home care clients from the temporary licensee to a new home care provider is in process.

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

If you have any additional questions, please do not hesitate to contact Jess Schoenecker, Supervisor, at Jess.Schoenecker@state.mn.us. Jess Schoenecker can also be reached by office phone at 651-201-3789.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

CLN

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Sincerely,

Rick Michals

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Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40993	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE SPRINGS LLC	2375 HAMILTON CT NEW BRIGHTON, MN 55112

(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 In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL40993016-0 On July 14, 2025, through July 15, 2025, the Minnesota Department of Health began an initial full survey at the above temporary comprehensive home care provider, but the survey was aborted as the licensee lacked evidence of providing comprehensive home care services before the license expiration date.	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).	
0 545 SS=F	144A.474, Subd. 5 Information Provided by Provider	0 545		

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0 545	Continued From page 1 The home care provider shall provide accurate and truthful information to the department during a survey, investigation, or other licensing activities. This LEVEL A is not met as evidenced by: Based on interview and document review, the licensee failed to provide accurate and truthful information to the Minnesota Department of Health (MDH) to obtain licensure as a Comprehensive Home Care with Home and Community-Based Services (HCBS) provider. 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: The licensee's Application for Licensure Temporary Comprehensive Home Care was signed and dated January 24, 2024, by owner (O)-A. On page 12 of the application, O-A initialed understanding and truth of the following: "I understand that pursuant to Minnesota Statute 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets Minnesota Statute sections 144A.43 through 144A.484 requirements for home care licensing. I understand that I am not	0 545		

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0 545	Continued From page 2 legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a temporary license or license..." The licensee had a Temporary Comprehensive Home Care with Home and Community-Based Services license effective June 14, 2024, through June 13, 2025. The licensee had completed the Notice from Temporary Licensee of Providing Licensed Home Care Services signed and dated June 10, 2025, by O-A indicating they began providing services to one client on June 10, 2025. In addition, a signed service plan was submitted to MDH as required, as proof of providing services to a client. During pre-survey phone call on July 14, 2025, at 8:07 a.m., O-A said they had two clients, one receiving services under their comprehensive home care license and the other received services under their integrated license: HCBS. On July 14, 2025, between 11:30 a.m. and 3:02 p.m., O-A stated they currently had one client (C2) who received services under their integrated HCBS, and C1 received assistance with transfers/mobility and dressing twice a day for two days a week. O-A explained on June 10, 2025, O-A and registered nurse (RN)-B completed an in-person assessment and intake with C1. The agreed upon service was hands on assistance with transfers and dressing every Monday and Wednesday twice per day in the morning and in the evening. O-A stated the only	0 545		

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0 545	Continued From page 3 day service was provided in the morning and in the evening was on June 16, 2025. O-A said he attempted to schedule the next service for Wednesday June 18, 2025, but C1 declined. O-A stated C1 was private pay, and he never received payment of $11 for the services rendered. Per O-A, C1 informed O-A services were no longer needed so O-A provided C1 a notice of termination of services on June 22, 2025. The surveyor requested documentation of service provided for June 16, 2025, and O-A was under the assumption he needed to provide documentation when billing with waiver services, not for private pay, so he did not have documentation available. C1's In-Home Assessment dated June 10, 2025, indicated C1 required assistance with dressing on Mondays and Wednesdays. The assessment did not indicate C1 required assistance with transfers/mobility. On July 14, 2025, at 2:35 p.m., O-A stated the assessment was filled out and signed by O-A. O-A stated RN-B was part of the in-person assessment but was not aware RN-B was supposed to complete the assessment. On July 14, 2025, at 1:56 p.m., the surveyor left a detailed message on C1's phone number listed on the intake form. The surveyor did not receive a call back before the survey concluded. During phone interview on July 14, 2025, at 4:09 p.m., spouse of C1 (S)-C who was listed as an emergency contact on C1's intake form stated C1 did not receive home care services in June and was not familiar with the name "Gentle Springs."	0 545		

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0 545	Continued From page 4 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days	0 545		
0 000	Integrated License (HCBS) Initial Comments On July 14, 2025, through July 15, 2025, the Minnesota Department of Health began an initial full survey at the above home and community-based service (HCBS) designation provider, but the survey was aborted as the licensee lacked evidence of providing comprehensive home care services before the license expiration date.	0 000		