



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 24, 2025

Licensee

Firstlight Home Care Of St Paul  
260 Wentworth Ave East, #150  
Saint Paul, MN 55118

RE: Project Number SL41140016

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](mailto:health.homecare@state.mn.us).

The Minnesota Department of Health (MDH) completed an initial survey on July 11, 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.

### **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](mailto: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,



Casey DeVries, Supervisor  
State Evaluation Team  
Email: [Casey.DeVries@state.mn.us](mailto:Casey.DeVries@state.mn.us)  
Telephone: 651-201-5917 Fax: 1-866-890-9290

CLN

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H41140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FIRSTLIGHT HOME CARE OF ST PAUL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>260 WENTWORTH AVE E, #150 SAINT PAUL, MN 55118</b>
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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
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.</p> <p>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.</p> <p><b>INITIAL COMMENTS:</b></p> <p>SL41140016-0</p> <p>On July 7, 2025, through July 11, 2025, the Minnesota Department of Health conducted an initial full survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one client receiving services under the provider's temporary comprehensive license.</p> <p>An immediate correction order was identified on July 9, 2025, issued for SL41140016-0, tag identification 0930.</p> <p>During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.</p>	0 000	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 860	Continued From page 1	0 860		
0 860 SS=F	<p><b>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</b></p> <p>(a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided.</p> <p>(b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided.</p> <p>(c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to conduct an initial assessment for one of one client (C2). Additionally, licensee failed to conduct a 14-day assessment after services were provided to one of one client (C2).</p> <p>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</p>	0 860		

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0 860	<p>Continued From page 2</p> <p>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).</p> <p>The findings include:</p> <p>C2 started receiving services on March 24, 2025.</p> <p>C2's diagnoses included osteoarthritis (inflammation in the bones), dementia, hypothyroidism (under acting thyroid gland that helps regulate metabolic process (cell function), and osteoporosis (a disease process that removes calcium from bones, causing weakness in the bone structure).</p> <p>On July 9, 2025, at 10:01 a.m., the surveyor observed unlicensed personnel (ULP)-E apply a gait belt (a belt that is attached at the waist to assist with positioning) and assist C2 to a standing position.</p> <p>On July 9, 2025, at 1:00 p.m., owner (O)-B provided the surveyor with an untitled document that indicated C2 received the following services by staff between the dates of June 1, 2025, through July 6, 2025: showering assistance, adult brief change assistance, bed linen change, cleaning, and meal preparation.</p> <p>C2's file lacked evidence that a registered nurse (RN) had completed an initial and a 14-day assessment.</p> <p>On July 10, 2025, at 7:51 a.m., director of nursing (DON)-C stated they were responsible for the assessments. DON-C stated assessments</p>	0 860		
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0 860	<p>Continued From page 3</p> <p>were required to be completed after services were initiated, then complete another assessment at 14 days, then every 90 days or with a change of condition. DON-C stated that was an oversight for not completing the assessment.</p> <p>The licensee's Assessment/Evaluation and Reassessment/Reevaluation policy with a revised date of January 2024 indicated the RN would conduct an initial assessment and would conduct ongoing assessments.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 860		
0 870 SS=F	<p>144A.4791, Subd. 9(f) Content of Service Plan</p> <p>(f) The service plan must include:</p> <p>(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;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the schedule and methods of monitoring staff providing home care services; and</p> <p>(5) a contingency plan that includes:</p> <p>(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;</p> <p>(ii) information and a method for a client or client's representative to contact the home care</p>	0 870		

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0 870	<p>Continued From page 4</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included all required content for one of one client (C2).</p> <p>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) 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).</p> <p>C2 started receiving services on March 24, 2025.</p> <p>C2's diagnoses included osteoarthritis (inflammation in the bones), dementia, hypothyroidism (under acting thyroid gland that helps regulate metabolic process (cell function), and osteoporosis (a disease process that removes calcium from bones, causing weakness in the bone structure).</p> <p>On July 9, 2025, at 10:01 a.m., the surveyor observed unlicensed personnel (ULP)-E apply a</p>	0 870		
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0 870	<p>Continued From page 5</p> <p>gait belt (a belt that is attached at the waist to assist with positioning) and assist C2 to a standing position.</p> <p>On July 9, 2025, at 1:00 p.m., owner (O)-B provided the surveyor with an untitled document that indicated C2 received the following services by staff between the dates of June 1, 2025, through July 6, 2025: showering assistance, adult brief change assistance, bed linen change, cleaning, and meal preparation.</p> <p>On July 10, 2025, at 12:30 p.m., O-B provided two documents. The first document that was not signed by C2 titled, [C2] Service Plan dated April 25, 2025. The second document was titled Private Pay Client Service Agreement.</p> <p>C2's record lacked the following required content:</p> <ul style="list-style-type: none"> <li>- 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;</li> <li>- the identification of the staff or categories of staff who will provide the services;</li> <li>- the schedule and methods of monitoring reviews or assessments of the client;</li> <li>- the schedule and methods of monitoring staff providing home care services; and</li> <li>- a contingency plan that includes: <ul style="list-style-type: none"> <li>- 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;</li> <li>- information and a method for a client or client's representative to contact the home care provider;</li> <li>- 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</li> </ul> </li> </ul>	0 870		
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0 870	<p>Continued From page 6</p> <p>client's condition; and - 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.</p> <p>On July 10, 2025, at 7:59 a.m., director of nursing (DON)-C stated the process of creating the service plan was the RN would complete the initial assessment and then create the service plan. DON-C stated they beleived the document titled Private Pay Client Service Agreement met the service plan requirements.</p> <p>The licensee's Service Plans/Care Plans policy with a reviewed date of January 2024, indicated licensee would develop a written service plan for each client based on their needs.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 870		
0 905 SS=F	<p>144A.4792, Subd. 2 Provision of Medication Mgt Services</p> <p>(a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known</p>	0 905		

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0 905	<p>Continued From page 7</p> <p>to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must:</p> <p>(1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and</p> <p>(2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications.</p> <p>"Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment prior to initiation of medication management services for one of one client (C2).</p> <p>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).</p> <p>The findings include:</p> <p>C2 started receiving services on March 24, 2025.</p>	0 905		
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0 905	<p>Continued From page 8</p> <p>C2's diagnoses included osteoarthritis (inflammation in the bones), dementia, hypothyroidism (under acting thyroid gland that helps regulate metabolic process (cell function), and osteoporosis (a disease process that removes calcium from bones, causing weakness in the bone structure).</p> <p>On July 9, 2025, at 10:48 a.m., on the kitchen counter, the surveyor observed the over-the-counter medication creatine monohydrate.</p> <p>On July 9, 2025, at 1:00 p.m., owner (O)-B provided the surveyor with an untitled document that indicated unlicensed personnel (ULP)-E had administered an over-the-counter medication creatine (dietary supplement) to C2 13 times between the dates of June 1, 2025, through July 6, 2025. ULP-F had administered the medication four times, and ULP-G had administered the medication one time.</p> <p>C2's filed lacked evidence the RN had completed medication service assessment.</p> <p>On July 9, 2025, DON-C stated they did not have a medication administration policy.</p> <p>On July 10, 2025, at 7:59 a.m., director of nursing (DON)-C stated they were responsible for the medication service assessment. DON-C stated they did not do that assessment for C2 as the medication creatine was an over the counter (OTC) medication.</p> <p>No further information was provided.</p>	0 905		
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0 905	Continued From page 9  TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 920 SS=F	<p>144A.4792, Subd. 5 Individualized Medication Mgt Plan</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) a statement describing the medication management services that will be provided;</li> <li>(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;</li> <li>(3) documentation of specific client instructions relating to the administration of medications;</li> <li>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li> <li>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</li> <li>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li> <li>(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</li> </ol>	0 920		

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NAME OF PROVIDER OR SUPPLIER  <b>FIRSTLIGHT HOME CARE OF ST PAUL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>260 WENTWORTH AVE E, #150 SAINT PAUL, MN 55118</b>
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0 920	<p>Continued From page 10</p> <p>reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop a current individualized medication management plan which included all the required content for one of one client (C2).</p> <p>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).</p> <p>C2 started receiving services on March 24, 2025.</p> <p>C2's diagnoses included osteoarthritis (inflammation in the bones), dementia, hypothyroidism (under acting thyroid gland that helps regulate metabolic process (cell function), and osteoporosis (a disease process that removes calcium from bones, causing weakness in the bone structure).</p> <p>On July 9, 2025, at 10:48 a.m., on the kitchen counter, the surveyor observed the</p>	0 920		
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0 920	<p>Continued From page 11</p> <p>over-the-counter medication creatine monohydrate.</p> <p>On July 9, 2025, at 1:00 p.m., owner (O)-B provided the surveyor with an untitled document that indicated unlicensed personnel (ULP)-E had administered an over-the-counter medication creatine (dietary supplement) to C2 13 times between the dates of June 1, 2025, through July 6, 2025. ULP-F had administered the medication four times, and ULP-G had administered the medication one time.</p> <p>C2's record lacked evidence of a medication management plan.</p> <p>On July 9, 2025, at 1:18 p.m., director of nursing (DON)-C stated they did not have a medication administration policy.</p> <p>On July 10, 2025, at 7:59 a.m., DON-C stated they were responsible for the medication management plan. DON-C stated they did not do medication management plan for C2 as the medication creatine was an over the counter (OTC) medication.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 920		
0 930 SS=F	<p>144A.4792, Subd. 7 Delegation of Medication Administration</p> <p>When administration of medications is delegated to unlicensed personnel, the comprehensive home care provider must ensure that the registered nurse has:</p>	0 930		

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0 930	<p>Continued From page 12</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each client and documented those instructions in the client's records; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the client.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee's registered nurse (RN) failed to ensure three of three staff (unlicensed personnel (ULP)-E, ULP-F, ULP-G) were trained and had demonstrated the ability to competently administer medications.</p> <p>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).</p> <p>The findings include:</p> <p>C2 started receiving services on March 24, 2025.</p> <p>C2's diagnoses included osteoarthritis (inflammation in the bones), dementia, hypothyroidism (under acting thyroid gland that helps regulate metabolic process (cell function), and osteoporosis (a disease process that removes calcium from bones, causing weakness</p>	0 930		
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0 930	<p>Continued From page 13</p> <p>in the bone structure).</p> <p>On July 9, 2025, at 10:48 a.m., on C2's kitchen counter, the surveyor observed the over-the-counter medication creatine monohydrate.</p> <p>On July 9, 2025, at 10:49 a.m., ULP-E stated they provided direct care services to C2, including stand by assistance, preparing breakfast, performing adult brief changes, and dressing assistance. ULP-E stated they administered a supplement called creatine monohydrate to C2 at breakfast time. ULP-E stated they received no training on how to administer the medication. Using a cellphone, ULP-E showed the surveyor a screen that indicated staff were to measure out five grams and to add that to one cup of water.</p> <p>ULP-E was hired on April 11, 2025, to provide direct services to clients.</p> <p>ULP-F was hired on May 11, 2025, to provide direct services to clients.</p> <p>ULP-G was hired on December 5, 2025, to provide direct services to clients.</p> <p>ULP-E, ULP-F, and ULP-G's employee record lacked evidence the employees had been trained and demonstrated competency to perform medication administration.</p> <p>On July 9, 2025, at 1:00 p.m., owner (O)-B provided the surveyor with an untitled document that indicated C2 received the following services by staff between the dates of June 1, 2025, through July 6, 2025: showering assistance, adult</p>	0 930		
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0 930	<p>Continued From page 14</p> <p>brief change assistance, bed linen change, cleaning, and meal preparation. The document also indicated ULP-E had administered an over-the-counter medication creatine (dietary supplement) to C2 13 times between the dates of June 1, 2025, through July 6, 2025. ULP-F had administered the medication four times, and ULP-G had administered the medication one time. This was the only medication that was indicated as administered to C2.</p> <p>On July 9, 2025, at 1:27 p.m., director of nursing (DON)-C stated the process for administering medications including prescription and over-the-counter medications (OTC) was a registered nurse (RN) was required to obtain a prescription from a medical prescriber, review all the medications the client was receiving, demonstrate the correct method of measuring and administering the medications, observe the ULP prepare and administer the medications, and they would have to document the staff were observed as competent. DON-C stated the reason those steps were not followed was because the family member requested licensee administer the medication, however there was no prescriber order, and the medication was an OTC medication.</p> <p>On July 9, 2025, at 1:36 p.m., O-B stated they never obtained a written prescription for the medication. O-B stated it was only a recommendation made by C2's medical provider, and the family wanted to have the licensee administer the medication to C2.</p> <p>On July 9, 2025, DON-C stated the licensee did not have a medication administration policy.</p>	0 930		
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0 930	Continued From page 15  The licensee's Competency Evaluation and Training Plan policy with a revised date of January 2024 indicated staff would be provided ongoing education, training, and competency assessments for all direct care team members.  TIME PERIOD FOR CORRECTION: Immediate	0 930		
0 955 SS=C	144A.4792, Subd. 11 Prescribed and Nonprescribed Medication  The comprehensive home care provider must determine whether the comprehensive home care provider shall require a prescription for all medications the provider manages. The comprehensive home care provider must inform the client or the client's representative whether the comprehensive home care provider requires a prescription for all over-the-counter and dietary supplements before the comprehensive home care provider agrees to manage those medications.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to determine if a prescription was required for over the counter (OTC) medications and failed to inform the client whether a prescription for OTC medications was required prior to providing medication management for one of one client (C2)  This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client 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	0 955		

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0 955	<p>Continued From page 16</p> <p>has the potential to affect a large portion or all the clients).</p> <p>The findings include:</p> <p>C2 started receiving services on March 24, 2025.</p> <p>C2's diagnoses included osteoarthritis (inflammation in the bones), dementia, hypothyroidism (under acting thyroid gland that helps regulate metabolic process (cell function), and osteoporosis (a disease process that removes calcium from bones, causing weakness in the bone structure).</p> <p>On July 9, 2025, at 10:48 a.m., on the kitchen counter, the surveyor observed the over-the-counter medication creatine monohydrate.</p> <p>On July 9, 2025, at 1:00 p.m., owner (O)-B provided the surveyor with an untitled document that indicated unlicensed personnel (ULP)-E had administered an over-the-counter medication creatine (dietary supplement) to C2 13 times between the dates of June 1, 2025, through July 6, 2025. ULP-F had administered the medication four times, and ULP-G had administered the medication one time.</p> <p>C2's record lacked evidence the license had discussed with C2 that a signed prescription was required to administer the medication to C2.</p> <p>On July 9, 2025, at 1:18 p.m., director of nursing (DON)-C stated they did not have a medication administration policy.</p> <p>On July 10, 2025, at 7:59 a.m., DON-C stated</p>	0 955		
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0 955	<p>Continued From page 17</p> <p>they were responsible for the medication management plan.</p> <p>On July 10, 2025, at 7:59 a.m., and 8:07 a.m., DON-C stated they were responsible for the medications for C2. DON-C stated they did not discuss with C2 that a signed prescription was required as the medication was an OTC medication. DON-C stated the licensee was not planning to administer medications to clients moving forward.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 955		
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