Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE - LICENSE GRANTED

Electronically Delivered

November 19, 2025

Licensee
MTT Fields Care LLC
5290 Fountain Lane North
Minneapolis, MN 55446

RE: Initial License Number 416741
Health Facility Identification Number (HFID) 41092
Project Number(s) SL41092016

Dear Licensee:

On November 5, 2025, The Minnesota Department of Health (MDH) completed a follow-up survey of your agency to determine correction of orders found on the survey completed June 16, 2025. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective November 19, 2025.

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.

Effective, November 18, 2025, MDH is granting your Comprehensive home care license. Your license effective and expiration dates remain the same as on your provisional license.. Your license number is 416741. You will not receive a replacement license certificate until your license is due to renew. 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.

The follow-up survey determined your agency corrected all of the state correction orders issued pursuant to the June 16, 2025 initial survey.

Furthermore, at the time of this follow-up survey completed on November 5, 2025, we identified the following violation(s):

0810-Individual Abuse Prevention Plan-144a.479, Subd. 6(b)
0870-Content Of Service Plan-144a.4791, Subd. 9(f)
0965-Prescriptions-144a.4792, Subd. 13
1010-Disposition Of Medications-144a.4792, Subd. 22

1245-Tb Infection Control-144a.4798, Subd. 1

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these correction orders. It is not necessary to develop a plan of correction.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, no immediate fines are assessed.

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.

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, subd. 12, you have one opportunity to challenge the state correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be 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

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 questions, please contact Casey DeVries directly at: 651-201-5917.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41092	A. BUILDING: _____ B. WING _____	R 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTT FIELDS CARE LLC	5290 FOUNTAIN LANE NORTH MINNEAPOLIS, MN 55446

(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, these correction order(s) have 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: SL41092016-1 On November 3, 2025, through November 5, 2025, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on June 16, 2025. At the time of the follow-up, there were zero (0) clients receiving services under the provider's Temporary Comprehensive Home Care license. As a result of the follow-up survey, the following correction order(s) are issued.	{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=F	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 interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed, that included statements of the specific measures to be taken to minimize the risk of abuse for one of one client (C1). 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). The findings include: C1 was admitted on April 17, 2025, and	0 810		

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0 810	Continued From page 2 discharged on June 12, 2025. C1's Comprehensive Physical Assessment (SOC) (Start of Care) dated April 11, 2025, indicated a Vulnerability and Safety Assessment was completed for C1. C1's Abuse Prevention Plan: Vulnerability and Safety Assessment dated April 11, 2025, indicated C1 was vulnerable in the following three (3) areas: C1 had difficulty making decisions, C1 had functional limitations that affected safety, and C1 was dependent on a caregiver. The IAPP had areas to be completed with interventions to address each area of vulnerability, but all areas for interventions were blank and lacked specific measures the licensee would take to minimize C1's risk to their vulnerabilities. On April 5, 2025, at 10:00 a.m., owner (O)-A stated the licensee should have included specific interventions to minimize C1's risks in the blank areas of C1's IAPP. O-A stated the registered nurse who completed the IAPP did not develop specific measures for C1's vulnerabilities. The licensee's undated Individualized Abuse Prevention Plan policy indicated each area of vulnerability would have specific measures developed to minimize the risk of abuse for a client. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		

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0 870	Continued From page 3	0 870		
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 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 the required content including specific services to be provided, who will provide services, and fees for services for one of one	0 870		

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0 870	Continued From page 4 client (C1). 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). The findings include: C1 was admitted on April 17, 2025, and discharged on June 12, 2025. C1's Service Plan dated April 11, 2025, indicated C1's services only included assessment and reassessments by the registered nurse. C1's Comprehensive Physical Assessment (SOC) (Start of Care) dated April 11, 2025, indicated C1 required PCA (personal care assistant) services provided by the licensee. C1's Home Health Aide Care Plan dated April 11, 2025, indicated the following services were to be provided by the licensee: bathing, hair care, oral hygiene, skin care, fingernail care, foot care, shaving, blood pressure daily, assist with walker, assist with wheelchair, assist with transfers, range of motion, turn/reposition, meal preparation, assist with meal set-up, encourage fluids, weights, assist with toileting, and monitoring client when taking medications. On November 5, 2025, at 10:00 a.m., owner (O)-A stated the licensee should have included	0 870		

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0 870	Continued From page 5 the specific services on C1's service plan. O-A stated the registered nurse who completed the service plan did not include all the services when the service plan was initially developed. Additionally, O-A stated the licensee did not develop an updated service plan when C1's services changed after the initial service plan was signed on April 11, 2025. The licensee's undated Service Plan policy indicated the client's service plan would include the all the services each client received and would be updated if services changed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
0 965 SS=F	144A.4792, Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to maintain current written or electronically recorded provider orders for one of one client (C1) who had medication set up services. 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	0 965		

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0 965	Continued From page 6 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). The findings include: C1 was admitted on April 17, 2025, and discharged on June 12, 2025. C1's Service Plan dated April 11, 2025, indicated C1's services only included assessments and reassessments by the registered nurse. C1's Comprehensive Physical Assessment (SOC) (Start of Care) dated April 11, 2025, indicated C1 required PCA (personal care assistant) services reminders to take medications as C1 took meds (medications) inappropriately. Additionally, the registered nurse (RN)-B who completed the assessment documented, "Meds setup in pill box x1 [for one] month." C1's Skilled Care Note dated April 11, 2025, read, "Medication setup x1 month with family." C1's Medication Management Services dated April 11, 2025, read, "Meds set up Family will administer follow up in 14 days. [sic]" C1's record lacked signed provider orders for medications setup by RN-B. On November 5, 2025, at 10:00 a.m., owner (O)-A stated the licensee should have obtained signed orders for the medications RN-B set up. O-A stated RN-B used C1's prescription bottles to set up medications for C1. O-A stated the	0 965		

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0 965	Continued From page 7 licensee could contact C1's family to see if C1 had signed orders, but the licensee had not obtained orders to set up the medications. O-A stated after RN-B had set up the medications, C1's family then cancelled the medication set up service. Both of the licensee's undated Clinical Records/Medical Record Retention and Medication Orders policies indicated for each client the licensee provided medication management services to, each respective client's record would include clear and accurate provider orders. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01010 SS=F	144A.4792, Subd. 22 Disposition of Medications (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal. (b) The comprehensive home care provider will dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled	01010		

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01010	Continued From page 8 substances. (c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of the disposition of medications was completed for one of one discharged client (C1). 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). The findings include: C1 was admitted on April 17, 2025, and discharged on June 12, 2025. C1's Service Plan dated April 11, 2025, indicated C1's services only included assessments and reassessments by the registered nurse. C1's Comprehensive Physical Assessment (SOC) (Start of Care) dated April 11, 2025, indicated C1 required PCA (personal care	01010		

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01010	Continued From page 9 assistant) services reminders to take medications as C1 took meds (medications) inappropriately. Additionally, the registered nurse (RN)-B who completed the assessment documented, "Meds setup in pill box x1 [for one] month." C1's Skilled Care Note dated April 11, 2025, read, "Medication setup x1 month with family." C1's Medication Management Services dated April 11, 2025, read, "Meds set up Family will administer follow up in 14 days. [sic]" C1's undated 14-day Home Care Reassessment indicated C1's family had refused to allow RN-B to complete the assessment on April 26, 2025, and read, "HHA [home health aide] services only." C1's OASIS-E1 Discharge dated June 12, 2025, indicated C1 discharged from licensee's services. C1's record lacked a disposition of medications when C1 no longer required medication set up services. On November 3, 2025, at 11:00 a.m., RN-B stated C1 had initially requested medication set up services when C1 was admitted to licensee's services. RN-B stated when they requested to return for a 14-day assessment, C1's family declined having RN-B complete the assessment and no longer wanted the medication set up services. RN-B stated since they did not complete the follow up assessment, RN-B discharged C1 from medication set up services and did not go to C1's home to document the disposition of medications.	01010		

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01010	Continued From page 10 Neither of the licensee's undated Client Discharge Process nor Discharge Summary policies indicated a disposition of medications would be completed when a client discharged from medication set up services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01010		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a TB (tuberculosis) prevention and control program based on the Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) current guidelines. The licensee failed to ensure a Tuberculin skin testing, or a TB blood test was completed upon hire, and	01245		

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01245	Continued From page 11 documentation retained in employee records one of two employees (unlicensed personnel (ULP)-C). This had the potential to affect all clients who the licensee provided serivces to. 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). The findings include: ULP-C was hired on March 17, 2025. ULP-C's record lacked TB testing results. On November 3, 2025, at 11:16 a.m., owner (O)-A stated ULP-C's record should have included TB testing results. O-A stated the licensee was aware TB screening and testing was required to be completed and maintained in employee records. O-A stated ULP-C did have a chest x-ray completed but the licensee did not maintain a copy in ULP-C's record. O-A stated they would audit employee records to ensure all TB screening and testing requirements were maintained. The licensee undated Tuberculosis Screening policy indicated all employees would have the required TB testing results maintained in their employee records. No further information was provided.	01245		

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01245	Continued From page 12 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
{0 000}	Integrated License (HCBS) Initial Comments On November 3, 2025, at 10:00 a.m., owner (O)-A stated the licensee did not have any clients under the 245D/HCBS (home and community-based service) designation. The HCBS survey was terminated.	{0 000}		

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

September 29, 2025

Licensee
MTT Fields Care LLC
5290 Fountain Lane North
Minneapolis, MN 55446

RE: Temporary Conditional License Number 416741
Health Facility Identification Number (HFID) 41092
Project Number(s) SL41092016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 16, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result, pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is issuing a 45-day conditional temporary license due to expire on **November 13, 2025**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health 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 and enforcement actions 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 temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders 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).

CONDITIONAL LICENSE ISSUED:
MDH will issue MTT Fields Care LLC a conditional temporary comprehensive home care license for 45 calendar days from the date of this notice. At an unannounced point in time, within the 45 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144A.474, Subd. 2(e). Based on the results of the follow-up survey, MDH will determine if MTT Fields Care LLC is in substantial compliance.

The following conditions apply on the conditional temporary comprehensive license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional temporary license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** MTT Fields Care LLC will not admit any new clients under its conditional home care license until MDH removes the "no new admissions" condition. MTT Fields Care LLC must provide the Department:

   i. A list of the names and birthdates of any individuals MTT Fields Care LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

   ii. A list of all current clients including:
      1. Name and birthdate of each client
      2. Current payment source for services
      3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
      4. If the client is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of MTT Fields Care LLC to correct the violations cited during the survey as well as to determine the overall practice of MTT Fields Care LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

e. **Corrective Action Plan:** MTT Fields Care LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
   i. A statement of the concern
   ii. A description of what will happen to correct the concern

iii. A target date for when each correction will be complete
iv. Who is responsible to make sure it happens
v. Current status of correction work
vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD:
MDH will determine if MTT Fields Care LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 45-day conditional license period. If MDH determines MTT Fields Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Mtt Fields Care Llc's temporary comprehensive home care license, and MTT Fields Care LLC will correct violations identified during the survey to come into substantial compliance. If MDH determines MTT Fields Care LLC is not in substantial compliance, MDH may take additional enforcement action against MTT Fields Care LLC, including placement of additional conditions, issuing an extension to the conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144A.475 up to and including immediate temporary suspension and revocation.

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144A.473, Subd. 3 (b)-(d), If the temporary licensee whose basic or comprehensive license has been denied or extended with conditions disagrees with the conclusions of the commissioner, then the temporary licensee may request a reconsideration no later than 15 calendar days after the temporary licensee receives notice of the action. **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

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 questions, please contact Casey DeVries directly at: 651-201-5917.

Sincerely,

Rick Michals, J.D.
Interim Assistant Division Director
Minnesota Department of Health
Health Regulation Division

AH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41092	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTT FIELDS CARE LLC	5290 FOUNTAIN LANE NORTH MINNEAPOLIS, MN 55446

(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: SL41092016-0 On June 16, 2025, the Minnesota Department of Health attempted to conduct an initial full survey at the above provider; the following correction orders are issued. At the time of the survey, the licensee failed to cooperate with the survey process despite the many attempts made.	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).	
0 645 SS=F	144A.475, Subd. 1 Conditions	0 645		

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0 645	Continued From page 1 (a) The commissioner may refuse to grant a temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider: (1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482; (2) permits, aids, or abets the commission of any illegal act in the provision of home care; (3) performs any act detrimental to the health, safety, and welfare of a client; (4) obtains the license by fraud or misrepresentation; (5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the home care provider's clients; (8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department; (9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter; (10) refuses to initiate a background study under section 144.057 or 245A.04; (11) fails to timely pay any fines assessed by the department; (12) violates any local, city, or township ordinance relating to home care services;	0 645		

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0 645	Continued From page 2 (13) has repeated incidents of personnel performing services beyond their competency level; or (14) has operated beyond the scope of the home care provider's license level. (b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to fully cooperate with the survey process initiated by the Minnesota Department of Health (MDH), which had the potential to affect any current clients or staff. 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: The licensee's Applicant Information dated March 25, 2024, submitted to the Minnesota Department of Health, indicated the licensee's business hours as 9:00 a.m. to 5:00 p.m., Monday through Friday. On June 16, 2025, at 8:22 a.m., the surveyor called the licensee's phone, but it went unanswered.	0 645		

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0 645	Continued From page 3 On June 16, 2025, at 9:11 a.m., the surveyor received an email from the licensee which confirmed receipt of the evaluation survey email. The licensee also requested to know what day the survey would be so they could request their registered nurse (RN) to be present. On June 16, 2025, at 9:48 a.m., the surveyor arrived at the licensee's home office. Before the surveyor entered the home, the surveyor called the licensee's phone and the person who answered introduced themself as the owner (O)-A. O-A stated they were at work taking care of an elder client and could not be available for the survey. The surveyor requested to know if O-A was working with one of their company's clients. O-A responded no and stated they were working with a private company but did not give further details. On June 16, 2025, at 9:59 a.m., the surveyor received a call from someone who introduced themself as family member (F)-B. F-B stated O-A was working for their elderly parent who could not be left alone. F-B also requested to know why the Minnesota Department of Health (MDH) could call O-A from work, without a prior appointment with them. The surveyor informed F-B that MDH does not make appointments for the survey process, and that the surveyor had explained to O-A the procedure. F-B further stated that it was not fair not to make an appointment and that they were going to call their attorney. On June 16, 2025, at 10:08 a.m., the surveyor requested if the licensee had any other employees who could come to the office to meet with the surveyor. O-A stated they had a	0 645		

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0 645	Continued From page 4 registered nurse (RN) who was also working at their other job. O-A also stated they had one unlicensed personnel (ULP) who was not available to come to the office either. On June 16, 2025, at 10:28 a.m., the surveyor sent O-A an email requesting information regarding the number of clients the licensee served, the name of the company they were working for, and for the billing statements of their current client(s). O-A did not respond to the email or call back. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	0 645		
0 000	Integrated License (HCBS) Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, 144A.484 Integrated Licensure; Home and Community Based Service Designation, these correction orders have 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.	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	

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0 000	Continued From page 5 INITIAL COMMENTS: SL41092016-0 On June 16, 2025, a surveyor of this Department's staff, visited the above provider and the following correction orders are issued. At the time of the survey, the licensee failed to cooperate with the survey process despite the many attempts made.	0 000	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)	