Electronically Delivered

February 4, 2026

Licensee
Knute Nelson Home and Community
2715 Highway 29 South #113
Alexandria, MN 56308

RE: Project Number(s) SL34095004

Dear Licensee:

On January 20, 2026, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders from the survey completed on November 26, 2025. This follow-up survey verified that the agency is back in compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

Electronically Delivered

December 16, 2025

Licensee
Knute Nelson Home and Community
2715 Highway 29 South, #113
Alexandria, MN 56308

RE: Project Number(s) SL34095004

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 26, 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.

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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144A.475;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144A.475.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, the following fines are assessed pursuant to this survey:

St - 0 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - $1,000.00

The total amount you are assessed is $1,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax:1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H34095	A. BUILDING: _____ B. WING _____	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNUTE NELSON HOME AND COMMUNITY	2715 HIGHWAY 29 S #113 ALEXANDRIA, MN 56308

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction 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: SL34095004-0 On November 24, 2025, through November 26, 2025, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 42 clients receiving services under the provider's comprehensive license. An immediate correction order was identified on November 26, 2025, issued for SL34095004-0, tag identification 0715. The licensee took action on November 26, 2025, to mitigate the risk; however, the scope and level remains at level 3/Widespread (l).	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).	
0 715 SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers	0 715		

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0 715	Continued From page 1 (a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information. (b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current employee records contained all the required content to include a current background study clearance letter for six of nine employees (registered nurse (RN)-C, RN-J, unlicensed personnel (ULP)-F, ULP-G, ULP-H, ULP-I). In addition, the licensee failed to affiliate employee background studies with the licensee's healthcare facility identification number (HFID) for one of one employee (ULP)-D. This resulted in an immediate correction order issued on November 26, 2025. This practice resulted in a level three violation (a violation that harmed a client's health or safety, or a violation that had the potential to cause more than minimal harm to the client), 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:	0 715		

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0 715	Continued From page 2 During the entrance conference on November 24, 2025, at 3:41 p.m., director of home care services (DHCS)-A stated the licensee was aware of the required contents of the employee records. NO CURRENT BACKGROUND STUDY RN-C RN-C was hired on August 24, 2015, to provide direct home care services to clients. RN-C was issued a RN license by the Minnesota Board of Nursing on July 15, 2015. On November 25, 2025, at 9:43 a.m., the surveyor observed RN-C complete a medication set up for C2. RN-C's employee record contained a cleared background study dated August 19, 2015, however RN-C did not remain on the licensee's NETStudy 2.0 Roster. RN-J RN-J was hired on January 20, 2016, to provide direct home care services to clients. RN-J was issued a RN license by the Minnesota Board of Nursing on December 18, 2015. RN-J's employee record contained a cleared background study dated January 22, 2016, however, RN-J did not remain on the licensee's NETStudy 2.0 Roster. ULP-F ULP-F was hired on September 28, 2015, to provide direct home care services to clients. ULP-F's employee record contained a cleared background study dated September 29, 2015,	0 715		

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0 715	Continued From page 3 however, ULP-F did not remain on the licensee's NETStudy 2.0 Roster. ULP-G ULP-G was hired on October 23, 2013, to provide direct home care services to clients. ULP-G's employee record contained a cleared background study dated October 24, 2013, however, ULP-G did not remain on the licensee's NETStudy 2.0 Roster. ULP-H ULP-H was hired on December 31, 2013, to provide direct home care services to clients. ULP-H's employee record contained a cleared background study dated December 18, 2013, however, ULP-H did not remain on the licensee's NETStudy 2.0 Roster. ULP-I ULP-I was hired on October 1, 2014, to provide direct home care services to clients. ULP-I's employee record contained a cleared background study dated October 10, 2014, however, ULP-I did not remain on the licensee's NETStudy 2.0 Roster. On November 26, 2025, from 9:00 a.m. through 9:30 a.m., the surveyor reviewed the licensee's NETSTudy 2.0 Roster HFID 24066 (sister HFID) with DHCS-A, director of human resources (DHR)-K, and human resource (HR)-L. DHCS-A stated the above employees were current employees for the licensee and provided direct care services without direct supervision of another employee at each visit. HR-L stated HR-L was responsible for completing background	0 715		

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0 715	Continued From page 4 studies on the NETStudy 2.0 Roster prior to employee orientation. DHR-K searched RN-C, RN-J, ULP-F, ULP-G, ULP-H, and ULP-I's first name, last name, and social security number on the NETStudy 2.0 website. The search results indicated the employee was not found on the NETStudy 2.0 website or the entity (licensee) was no longer affiliated with the employee and could no longer view this person's background study results. DHR-K and DHCS-A stated neither were employed upon implementation of NETStudy 2.0 and were not sure if the employees previous cleared background studies in NETSTudy 1.0 were manually entered into NETStudy 2.0. DHR-K and DHCS-A further stated the licensee would not be notified if an above employee's background study were to become ineligible. BACKGROUND AFFILIATION ULP- D was hired on June 5, 2023, to provide direct home care services to clients. ULP-D was issued a certified nursing assistant (CNA) certificate on August 4, 2022. The licensee's Client Schedule Report dated November 24, 2025, indicated ULP-D was scheduled to complete seven home care visits from November 24, 2025, through November 26, 2025. The licensee's undated NETStudy 2.0 Roster for HFID 24066 indicated ULP-D was affiliated with the licensee's sister HFID on June 2, 2023, however, ULP-D's employee record lacked documentation of ULP-D's background study to be affiliated with the licensee's HFID 34095. On November 26, 2025, at 9:30 a.m., HR-L stated HR-L was instructed to run all employee	0 715		

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0 715	Continued From page 5 background studies under the licensee's sister HFID 24066 and was not aware employees needed to be affiliated to the licensee's HFID 34095 as well. The licensee's Personnel Records dated September 2019, indicated the personnel record for an employee will include a criminal history check, if required by law. Continuous Direct Supervision defined in NETStudy 2.0 System User Manual Updated July 7, 2023, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity. Supervision defined in, NETStudy 2.0 System User Manual Updated July 7, 2023, page 53: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible of until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other background study determination information. No further information provided. TIME PERIOD FOR CORRECTION: Immediate	0 715		

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0 965 SS=D	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 record review, the licensee failed to ensure prescriber's orders were completed for one of three 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: During the entrance conference on November 24, 2025, at 10:16 a.m., director of home care services (DHCS)-A stated the licensee provided medication management services to clients. C4's diagnoses included hypertension (HTN-high blood pressure), obstructive sleep apnea, and obesity. C4's (licensee name) Service Plan Addendum dated October 30, 2025, indicated C4's services included nurse consultation (including medication set up) monthly.	0 965		

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0 965	Continued From page 7 C4's prescriber orders dated October 30, 2025, included the following orders: -fish oil (heart supplement) 1,000 milligrams (mg) daily -magnesium (supplement) 200 mg daily C4's Visit Note Report dated October 30, 2025, indicated the following medications were included in C4's medication setup by the registered nurse (RN): -vitamin C (supplement) 1,000 units daily; -fish oil 1,200 mg daily; and -magnesium 400 mg daily. C4's record lacked a prescriber order for vitamin C 1,000 units tablet daily. In addition, C4's record lacked prescriber orders to increase fish oil to 1,200 mg daily and increase magnesium to 400 mg daily. On November 26, 2025, at 2:41 p.m., DHCS-A stated the licensee obtained prescriber orders for all medications included in a medication set up and would provide the surveyor with a copy of the medications noted above. On November 28, 2025, at 6:46 p.m., DHCS-A emailed (electronic mail) the surveyor, which indicated the licensee expected the nurse would keep C4's medication list fully up to date and the nurse had not in this instance for C4. The licensee's undated Medication Orders policy indicated all medication orders must contain medication name, dosage, route, and frequency. In addition, if the agency uses pre-printed medication order sheets, the sheet(s) will be reviewed at least annually and/or when changes occur.	0 965		

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0 965	Continued From page 8 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01245 SS=D	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 observation, interview, and record review, the licensee failed to ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include a two-step TST (tuberculin skin test) or other evidence of a TB screening such as a blood test for one of two employees (registered nurse (RN)-C). 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	01245		

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01245	Continued From page 9 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: During the entrance conference on November 24, 2025, at 10:09 a.m., director of home care services (DHCS)-A stated the licensee was familiar with current home care laws and regulations. RN-C was hired on August 24, 2015, and began to provide direct comprehensive home care services for the licensee on April 22, 2024. On November 25, 2025, at 9:43 a.m., the surveyor observed RN-C complete a medication set up for C2. RN-C's employee record contained a negative TB screen and first step TST administered on September 22, 2015. RN-C's employee record included a second step TST administered on October 6, 2015, at 1345 (1:45 p.m.), and was read on October 8, 2015, at 8:10 a.m. (48 hours had not passed after the TST was administered). On November 26, 2025, at 9:33 a.m., DHCS-A and human resource (HR)-L stated an employee TST was supposed to be read 48 to 72 hours after administration of the TST, however, RN-C's TST was read prior to 48 hours after administration of the TST. DHCS-A further stated HR-L had verified employee TSTs were completed within the appropriate time frame since HR-L had started employment with the	01245		

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01245	Continued From page 10 licensee. The licensee's Occupational Exposure to TB/ Prevention of Transmission of TB Plan dated October 2017, indicated employees who have not had a documented negative TST test during the preceding 12 months, the baseline TST testing will include the two-step method. The MDH TB Screening and Education Requirements for Assisted Living Facilities and Home Care Providers dated February 3, 2022, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota. Baseline TB screening includes assessing for current symptoms of active TB disease; assessing TB history; and testing for the presence of infection with Mycobacterium TB by administering either a two-step TB skin test or a single TB blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments SL34095004-0 On November 24, 2025, through November 26, 2025, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were nine clients that were receiving services under the Integrated licensure; Home and Community Based Service Designation. As a result of the survey, the licensee was determined to be in compliance with 144A.484 Integrated Licensure; Home and Community	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"	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H34095	A. BUILDING: _____ B. WING _____	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNUTE NELSON HOME AND COMMUNITY	2715 HIGHWAY 29 S #113 ALEXANDRIA, MN 56308

(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	Continued From page 11 Based Service Designation.	0 000	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).	