DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 10, 2025

Licensee
Priority Care Nursing LLC
8220 Mitchell Road
Eden Prairie, MN 55347

RE: Project Number SL41293016

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.

The Minnesota Department of Health (MDH) completed an initial survey on August 5, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted no violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

In addition, on August 5, 2025, evaluators of this Department's staff visited the above home and community based services (HCBS) provider and there were no correction orders issued. At the time of the evaluation, there were six active clients receiving services under the HCBS license.

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

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

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

DOCUMENTATION OF ACTION TO COMPLY
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

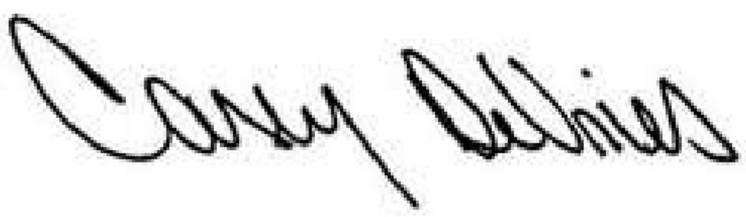
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days 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 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
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41293	A. BUILDING: _____ B. WING _____	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIORITY CARE NURSING LLC	8220 MITCHELL ROAD EDEN PRAIRIE, MN 55347

(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: SL41293016-0 On August 4, 2025, through August 5, 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 were zero clients receiving services under the provider's temporary comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	0 860		

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0 860	Continued From page 1 (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. (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. (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure client monitoring and reassessment was conducted no more than 14 days after the date home care services were first provided 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).	0 860		

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0 860	Continued From page 2 The findings include: C1 began receiving comprehensive services on May 10, 2025. C1's Service Plan signed May 10, 2025, indicated C1 would receive a nursing assessment within the first five days of start of care, one time per week medication set up services, and one time per week diabetic education from the registered nurse (RN). C1's record included a 14-day assessment dated May 25, 2025. 15 days passed between the start of services and C1's next assessment. On August 5, 2025, at 10:50 a.m., owner/registered nurse (O/RN)-A stated the licensee conducted initial, 14-day, every 60 days, annually, and as needed (PRN) assessments. O/RN-A stated C1 was not available to complete the assessment on the 14th day after start of services. The surveyor inquired if they had a progress note that would indicate and attempt was made to conduct the assessment. O/RN-A stated no. O/RN-A stated C1 terminated services with the licensee on the date the 14-day assessment was completed. The licensee's Nursing Assessment: Initial and On-going of Clients Under the Comprehensive Licensed Agency policy dated January 2020 did not address the requirements of current licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		

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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 for one of one client (C1) who received comprehensive services. This practice resulted in a level two violation (a violation that did not harm a client's health or	0 870		

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0 870	Continued From page 4 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 began receiving comprehensive services on May 10, 2025. C1's Service Plan signed May 10, 2025, indicated C1 received nursing assessment within the first five days of start of care, one time per week medication set up services, and one time per week diabetic education from the registered nurse (RN). The service plan template included a place for the licensee to mark if the client would receive a 14 and 90-day assessment and if the assessments would be completed face to face or by telecommunication however, C1's service plan did not contain a mark by the schedule of assessments or the method of assessments. In addition, C1's service plan read, "A representative from our AGENCY staff can be reached by calling: XXX-XXX-XXXX." C1's service plan lacked the following: - the schedule and method assessments would be completed; - identification of staff that would provide service; and - names and contact information and method for a client or client's representative to contact the licensee. On August 5, 2025, at 10:58 a.m., owner/registered nurse (O/RN)-A stated they were aware of the required content in the service	0 870		

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0 870	Continued From page 5 plan. O/RN-A stated they let C1 know how and when the nursing assessments were going to be completed however, they did not document this on the service plan. O/RN-A stated it was an oversite that C1's service plan was not updated with the licensee's phone number however, C1 received the licensee's contact information on a card and a sign was placed within the home. O/RN-A stated C1 was aware the RN was completing all services however, the licensee "should have had in in writing." The licensee's Contents of Service Plans policy dated January 2020, read, "2. Service Plan. A service plan established after completion of full individualized initial assessment and each subsequent reassessment includes: a. A description of the home care services, including nursing and medication management services, treatments and or therapy services, to be provided by our agency. b. The frequency of each service, according to the client's current assessment and preferences. c. The fees for the home care services our agency is providing. d. Identification of the expected source of payment (private pay by the client or client's representative, insurance, public programs, etc.). e. The identification of the staff or categories of staff that will provide the services. f. The schedule and methods of monitoring reviews or re-assessments of the client, including if the method is face to face or via telemonitoring. g. The frequency of supervision of staff providing services and the identification of the supervisor(s) who will be providing the supervision. h. A contingency plan that includes: i. The action to be taken by our agency, the client and/or client's representative if the scheduled service cannot be provided;	0 870		

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0 870	Continued From page 6 ii. Information and method for a client or client's representative to contact our agency. 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, including identification of and information as to who has authority to sign for the client in an emergency. iv. The circumstances in which emergency medical services are not to be summoned pursuant to provider orders related thereto." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (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: (1) a statement describing the medication management services that will be provided; (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; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that	0 920		

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0 920	Continued From page 7 medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (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 reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current and individualized medication management plan was developed and maintained with all required content 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).	0 920		

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0 920	Continued From page 8 The findings include: C1 began receiving comprehensive services on May 10, 2025. C1's Service Plan signed May 10, 2025, indicated C1 would receive a nursing assessment within the first five days of start of care, one time per week medication set up services, and one time per week diabetic education from the registered nurse (RN). C1's initial and 14-day assessment dated May 10, 2025, and May 25, 2025, respectively, lacked information related to C1's medication management plan. C1's Individualized Medication Management Plan dated May 10, 2025, indicated a registered nurse (RN) or licensed practical nurse (LPN) would set up C1's medications weekly and medications would be stored in a temperature-controlled cabinet. C1's Documentation of Weekly Medication Set up dated May 11, 2025, through May 17, 2025, and May 18, 2025, through May 24, 2025, included specific instruction for medications. C1's individual medication management plan comprised of multiple documents lacked identification of person responsible for monitoring medication supplies and ensuring that medications refills were ordered on a timely basis. On August 5, 2025, at 11:05 a.m., O/RN-A stated C1 was responsible for their medication refills. O/RN-A stated they did not document who was responsible for medication monitoring and refills	0 920		

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0 920	Continued From page 9 because they believed it did not need to be addressed if the client was responsible for it. The licensee's Medication Management Services policy dated January 20, 2025, indicated based on the nursing assessment, the registered nurse (RN) would develop an individualized medication management plan for each client receiving any type of medication management services, consistent with current practice standards and guidelines, and would develop specific procedures for medication management services that staff would provide. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of medication setup included all the required content 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	0 940		

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0 940	Continued From page 10 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 began receiving comprehensive services on May 10, 2025. C1's Service Plan signed May 10, 2025, indicated C1 would receive a nursing assessment within the first five days of start of care, one time per week medication set up services, and one time per week diabetic education from the registered nurse (RN). C1's Documentation of Weekly Medication Set up dated May 11, 2025, through May 17, 2025, and May 18, 2025, through May 24, 2025, included C1's medication names, dosages, routes, times medications were to be administered, and owner/registered nurse (O/RN)-A's signature at the bottom of the last page. The document lacked the date the medication setup occurred on. On August 5, 2025, at 10:44 a.m., O/RN-A stated they completed medication setup services for C1 one time per week. The surveyor inquired what date C1's medications were setup on. O/RN-A stated medications were setup on the first date listed on the Documentation of Weekly Medication Set Up document and they believed they wrote the date of setup on C1's copy however, "my copy it looks like I may have missed it." The licensee's Documentation of Medication Management Services policy dated January 2020	0 940		

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0 940	Continued From page 11 indicated the RN or the licensed practical nurse (LPN) would document each medication as it was setup. The documentation would include: - date of the medication setup; - name of the medication; - quantity of dose of the medication; - dates and times the medication is to be administered; - route of administration; - any specific directions for the medication for the client; and - name and title of the person doing the medication setup. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
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 substances.	01010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41293	A. BUILDING: _____ B. WING _____	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIORITY CARE NURSING LLC	8220 MITCHELL ROAD EDEN PRAIRIE, MN 55347

(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
01010	Continued From page 12 (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 provide documentation in the client's record regarding the disposition of medication including the medication name, strength, prescription number, quantity, and names of staff and other individuals involved in the disposition 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 began receiving comprehensive services on March 10, 2025. C1's Service Plan signed May 10, 2025, indicated C1 would receive a nursing assessment within the first five days of start of care, one time per week medication set up services, and one time per week diabetic education from the registered nurse (RN).	01010		

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01010	Continued From page 13 C1's Individualized Medication Management Plan dated May 10, 2025, indicated a registered nurse (RN) or licensed practical nurse (LPN) would set up C1's medications weekly and medications would be stored in a temperature-controlled cabinet. C1's Documentation of Weekly Medication Set up dated May 11, 2025, through May 17, 2025, and May 18, 2025, through May 24, 2025, indicated acetaminophen 1,000 milligrams (mg), atorvastatin 20 mg, calcium carbonate 600 mg-200 mg, dapagliflozin 20 mg, famotidine 20 mg, glipizide extended release (XR) 5 mg, ibuprofen 800 mg, metformin XR 500 mg, multivitamin 1 tablet, omeprazole 20 mg was set up by owner/registered nurse (O/RN)-A for C1 to self-administer. C1's Disposition Record of Controlled and Uncontrolled Substances dated May 25, 2025, read, "No medications disposed of for client." The document lacked medication names, strength, prescription numbers, name to whom medications where provided to and the quantity of medications provided. On August 5, 2025, at 10:50 a.m., O/RN-A stated medications were left with C1. O/RN-A stated they were not aware a medication disposition needed to be completed if medications were provided to the clients. O/RN-A stated they believed it was only needed if medications were destroyed. The licensee's Disposition or Disposal of Medication policy dated January 2020 read, "Drugs Given to Clients When the Medication Management Services Have Been Terminated:	01010		

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01010	Continued From page 14 a. A client's current medications that are secured or stored by our agency will be given to the client or the client's representative when the client's medication management services are terminated, except that the conditions listed below must be met before controlled medications belonging to a client will be given to the client or the client's representative. b. Staff will document in the client's record the name of the person to whom the medications were given, the time and date, the name of each medication and the amount of medication remaining. (See form 05-605)." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01010		
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		

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0 000	Continued From page 15 INITIAL COMMENTS: SL41293016-0 On August 4, 2025, through August 5, 2025, a surveyor of this Department's staff, visited the above provider. At the time of the survey, there were six clients that were receiving services under the Integrated licensure; Home and Community Based Service Designation. As a result of the survey, the licensee was in substantial compliance. No correction orders were issued.	0 000		