Electronically Delivered

July 22, 2025

Licensee
Aledict Health Care Agency LLC
4124 Quebec Ave North Suite 302c
New Hope, MN 55427

RE: Project Number SL40788016

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 May 28, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

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

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

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s)

identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's clients/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

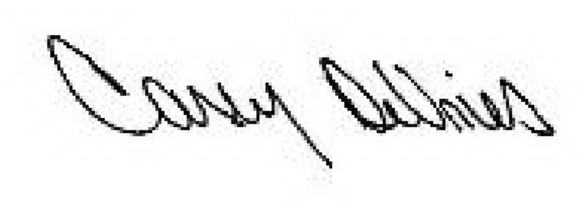
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us 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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40788	A. BUILDING: _____ B. WING _____	05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEDICT HEALTH CARE AGENCY LLC	4124 QUEBEC AVE N STE 302C NEW HOPE, MN 55427

(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: SL40788015-0 On May 27, 2025, through May 28, 2025, the Minnesota Department of Health conducted an initial full survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one discharged client who had received 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).	
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality	0 790		

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0 790	Continued From page 1 management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provides. This had the potential to affect all clients and 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 of the clients). The findings include: On May 27, 2024, at 12:44 p.m., the surveyor inquired about quality management activity minutes. Registered nurse (RN)-B provided the surveyor with the licensee's policy Quality	0 790		

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0 790	Continued From page 2 Assessment and Performance Improvement (QAPI) Program with some blank papers and stated that was their quality management. On May 27, 2024, at 1:44 p.m., RN-B stated they had not started quality management activities as they were not aware they needed to do so. The licensee's undated Quality Assessment and Performance Improvement (QAPI) Program policy indicated the program was designed to have a method of objectivity and systematically monitor and evaluate the quality and appropriateness of client care. It also demonstrates the Agency's commitment to continually provide quality health care. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 835 SS=C	144A.4791, Subd. 3 Statement of Home Care Services Prior to the date that services are first provided to the client, a home care provider must provide to the client or the client's representative a written statement which identifies if the provider has a basic or comprehensive home care license, the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. The home care provider shall obtain written acknowledgment from the clients that the provider has provided the statement or must document why the provider could not obtain the acknowledgment.	0 835		

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0 835	Continued From page 3 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a complete Statement of Home Care Services to include the required content for one of one client (C1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1 was admitted on September 30, 2024, for comprehensive home care services. C1's service plan dated October 2, 2024, indicated C1 received nurse services once a week. C1's record lacked a Statement of Home Care Services to include the services the provider is authorized to provide, and which services the provider cannot provide under the scope of the provider's license. On May 28, 2025, at 2:00 p.m., registered nurse (RN)-B stated they did not provide a Statement of Home Care Services to C1 as they were not aware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 835		

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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 including specific services to be provided and fees for those services for one of one client (C1). This practice resulted in a level two violation (a	0 870		

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0 870	Continued From page 5 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 September 30, 2024, for comprehensive home care services. C1's service plan dated October 2, 2024, indicated C1 received nurse services once a week. C1's service plan lacked the following content: - the fees for services; - the schedule and methods of monitoring reviews or assessments of the client; - the schedule and methods of monitoring staff providing home care services; and - a contingency plan that includes: 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; information and a method for a client or client's representative to contact the home care provider; 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 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. On May 28, 2025, at 2:10 p.m., registered nurse	0 870		

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0 870	Continued From page 6 (RN)-B stated they were unaware their service plan was lacking required content. The licensee's undated policy Service Plan indicated the service plan will identify the services to be provided, charges and expected sources of reimbursement for services. The agency will ensure compliance with State regulations which stipulate that no later than 14 days after the date that home care services are first provided, the agency must finalize a current written service plan. The service plan lacked to include the required content. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
0 885 SS=F	144A.4791, Subd. 12 Disaster/Emergency Preparedness Planning The home care provider must have a written plan of action to facilitate the management of the client's care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider's ability to provide care or services. The licensee must provide adequate orientation and training of staff on emergency preparedness. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written plan of action to facilitate the management of the client's care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider's ability to	0 885		

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0 885	Continued From page 7 provide care or services. This had the potential to affect all clients and 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 of the clients). The findings include: On May 27, 2025, at 1:50 p.m., the surveyor requested the emergency plan for the licensee. Registered nurse (RN)-A stated licensee did not have an overall emergency plan. RN-A stated C1 resided in home with their family, and that the family would assist in the event of an emergency. The licensee's undated Emergency Management policy indicated licensee would have an identified plan in place to ensure the safety and well-being of clients and employees during periods of an emergency or disaster that disrupts licensee services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 885		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to	01170		

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01170	Continued From page 8 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations,	01170		

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01170	Continued From page 9 isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to home care included all of the required topics for two of two employees (registered nurse (RN)-A, RN-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: RN-A started employment with the licensee on June 30, 2023, to provide comprehensive home care services. RN-B started employment with the licensee on June 30, 2023, to provide comprehensive home care services. RN-A and RN-B's record lacked orientation in the following topics: - overview of Home Care statutes; - handling emergencies and using emergency services; - reporting maltreatment of vulnerable adults or	01170		

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01170	Continued From page 10 minors; - Home Care bill of rights; - handing of client complaints, reporting of complaints, where to report; - consumer advocacy services; and - orientation to each specific client and services provided. On May 28, 2025, at 1:55 p.m., RN-B stated they thought they had all the required orientation training. RN-B also stated the topics covered in their orientation were assigned to them by their consultant, however, they did not include the missing topics above. The licensee's undated policy Orientation Guidelines for Governing Body Members indicated the licensee shall provide orientation to members of its governing body. This orientation shall minimally include: - agency philosophy and objectives; - orientation to the agency; - agency purpose; - policies and procedures; review of manuals; and - quality improvement plan and activities. The policy did not include the missing topics noted above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
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	01245		

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01245	Continued From page 11 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 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) which included tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers for two of two employees (registered nurse (RN)-A, RN-B). 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: The licensee's facility risk assessment worksheet dated January 3, 2025, indicated the licensee's TB risk level was "none".	01245		

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01245	Continued From page 12 RN-A started employment with the licensee on June 30, 2023, to provide comprehensive home services. RN-B started employment with the licensee on June 30, 2023, to provide comprehensive home services. RN-A and RN-B's record lacked the following required content: - TB history and symptom screen; - baseline screening; and - TB Training at hire. The Centers for Disease Control and Prevention's TB Screening and Testing of Health Care Personnel dated August 30, 2022, indicated all U.S. health care personnel should be screened for TB upon hire to include: - a baseline individual TB risk assessment; - TB symptom evaluation; - a TB test (TB gold or a TB skin test); and - additional evaluation for TB as needed. The Minnesota Department of Health's Regulations for TB Control in Minnesota Health Care Settings: Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings: referencing the Centers for Disease Control and Prevention's (CDC) Additional guidance for determining your setting's TB risk classifications Appendix C dated December 30, 2005, indicated risk classification for health care settings included low, medium, and high. On May 28, 2025, at 2:20 p.m., RN-B stated they were not aware of the requirement and that they had learned of it from a survey conducted in	01245		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40788	A. BUILDING: _____ B. WING _____	05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01245	Continued From page 13 another of their co-owned basic home care license. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		