Protecting, Maintaining and Improving the Health of All Minnesotans

AMENDED
NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

May 21, 2024

Licensee
Steadfast Care, Inc.
2569 Copper Cliff Trail
Woodbury, MN 55125

RE: Denial of License Number 412035
Health Facility Identification Number (HFID) 39853
Initial Full Survey; Project Number(s) SL39853016

Dear Licensee:

Please Note: This letter amends the previous letter dated May 21,2024. Specifically, this notice corrects the Surveyor Supervisor email address noted throughout the letter.

The Minnesota Department of Health (MDH) completed an initial survey on April 30, 2024 and for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above mentioned provider. Based on the survey, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A. As a result, your authority to continue to operate under a temporary license or be approved for a comprehensive home care license, is being denied.

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 . . ."

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.473, Subd. 3 (b) and/or (c), you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by MDH and Chapter 14 does not apply. **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

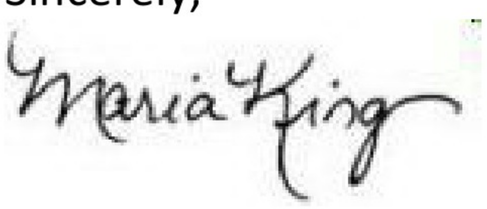
Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF CLIENTS
You must comply with the requirements of notification and transfer of clients and provide the information described in Minn. Stat. § 144A.475, Subd. 5 (1), (2), (3), (4) and (5). Please provide the information to this department's contact, Renee Anderson, Supervisor, via email at: renee.l.anderson@state.mn.us , the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care no later than **May 24, 2024**. Pursuant to Minn. Stat § 144A.473, Subd. 3 (e) (4), a temporary licensee whose license is denied is permitted to continue operating as a home care provider during the period of time when a transfer of home care clients from the temporary licensee to a new home care provider is in process.

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 additional questions, please do not hesitate to contact Renee Anderson, Supervisor, at renee.l.anderson@state.mn.us. Renee Anderson can also be reached by office phone at 651-201-5871.

Sincerely,



Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

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May 21, 2024

Licensee
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Woodbury, MN 55125

RE: Denial of License Number 412035
Health Facility Identification Number (HFID) 39853
Initial Full Survey; Project Number(s) SL39853016

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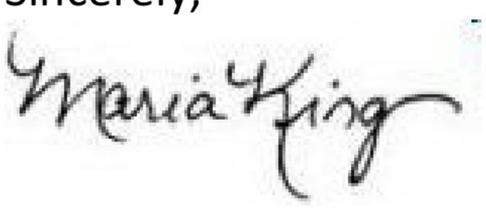

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H39853	A. BUILDING: _____ B. WING _____	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEADFAST CARE INC	2569 COPPER CLIFF TRAIL WOODBURY, MN 55125

(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: SL39853016-0 On April 29, 2024 through April 30, 2024, the Minnesota Department of Health attempted to conduct a full survey at the above provider. The provider did not respond, the survey was terminated, and the following correction order is 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).	
0 645 SS=F	144A.475, Subd. 1 Conditions (a) The commissioner may refuse to grant a	0 645		

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0 645	Continued From page 1 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; (13) has repeated incidents of personnel	0 645		

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0 645	Continued From page 2 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 impeded a representative of the Minnesota Department of Health (MDH) in the enforcement of this chapter and failed to fully cooperate with a full survey April 29, 2024, this had the potential to affect any current clients and/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 of the clients). The findings include: On April 29, 2024, at 9:14 a.m., the surveyor sent an entrance email to the comprehensive home care provider's email address listed on file with MDH. There was no response from the licensee. -At 12:46 p.m., the surveyor attempted to contact the comprehensive home care provider by the phone number on file with MDH and listed on the licensee's website, to arrange for someone to be available at the survey site. The phone call was answered only by a recorded voicemail greeting.	0 645		

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0 645	Continued From page 3 The surveyor left a message to return the phone call. On April 29, 2024, at 1:00 p.m., the surveyor arrived at the licensee's business address. The person who answered the door stated that the licensee was not located at that address, but the licensee must have been located at that address previously because the current residents received mail addressed to the licensee. On April 29, 2024, the surveyor sent another email to the comprehensive home care provider's email address at 1:25 p.m. There was no response from the licensee. On April 30, 2024, the surveyor made attempts to contact the licensee by phone at 8:46 a.m., and 8:52 a.m. At 9:00 a.m., the surveyor sent an email to three email addresses listed on file with MDH for the comprehensive home care provider, directing the licensee to contact the surveyor by noon on April 30, 2024. The surveyor received no contact from the licensee throughout the day and the survey was terminated. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 645		