Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 10, 2025

Licensee
Saham Home Health Care LLC
1720 Slater Lane
Burnsville, MN 55337

RE: Project Number SL40020016

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 February 6, 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.

In addition, on February 6, 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 three 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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	H40020	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAHAM HOME HEALTH CARE LLC	1720 SLATER LANE BURNSVILLE, MN 55337

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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: Project #: SL40020016 On February 4, 2025, through February 6, 2025, the Minnesota Department of Health conducted a survey of the above temporary comprehensive home care licensed provider and the following correction orders were issued. At the time of the evaluation, there was one active client receiving services under the 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 licensee provided. 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 February 6, 2025, at 11:00 a.m., owner (O)-A confirmed that quality management activities had not been completed and documented. O-A stated the licensee's employees had discussed quality improvements including admission of additional	0 790		

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0 790	Continued From page 2 clients, and ensuring compliance with Comprehensive license requirements, but had not documented the discussion. The licensee's undated Quality Management Program policy verified "this Agency shall develop a continuous quality management program to identify and support maintain the agency's quality improvement efforts and provide quality services to our clients. All staff will be involved in the implementation of performance improvement activities. Outcome measurement of these activities will be monitored on a continuous basis and all results will be reported, at least annually, to the Management team." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 870 SS=D	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;	0 870		

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0 870	Continued From page 3 (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 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 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: C1's Service Plan dated May 29, 2024, indicated C1 received services to include medication administration, and assistance with cares. On February 5, 2025, at 1:23 p.m., registered nurse (RN)-B stated they assisted C1 with tube feeding and care of the gastrostomy tube site. C1's service plan lacked documentation of	0 870		

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0 870	Continued From page 4 services the licensee provided, including tube feeding via a gastrostomy tube (surgically placed tube used to give direct access to the stomach for supplemental feeding, hydration, and medication administration) and gastrostomy site care. On February 6, 2025, at 11:00 a.m., owner (O)-A confirmed the service plan lacked documentation of services to include tube feeding and gastrostomy care, and stated they would update the service plan. The licensee's undated Service Plan policy verified the service plan would include a description of the home care services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
0 920 SS=D	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	0 920		

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0 920	Continued From page 5 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 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 medication management plan was developed and contained 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 cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a	0 920		

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0 920	Continued From page 6 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: On February 4, 2025, at 10:00 a.m., owner (O)-A stated the licensee provided medication management services for one client. C1's Service Plan dated May 29, 2024, indicated C1 received services to include medication administration, and assistance with cares. C1's record lacked a medication management plan to include: -a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions -documentation of specific client instructions relating to the administration of medications -identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel -procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and -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. On February 5, 2025, at 1:23 p.m., registered nurse (RN)-B stated a Medication Management plan had not been completed for C1 to include all	0 920		

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0 920	Continued From page 7 required information. RN-B stated she provided the cares and services for C1, and followed the physician orders for all cares and services provided. The licensee's undated Medication Management policy lacked documentation of the content of the medication management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
01035 SS=D	144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to	01035		

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01035	Continued From page 8 documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and maintain a complete individualized treatment or therapy management plan for one of one clients (C1) reviewed with treatments or therapies managed by the provider. 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 February 4, 2025, at 10:00 a.m., owner (O)-A confirmed the licensee provided treatment and therapy services to clients as prescribed. C1's Service Plan dated May 29, 2024, indicated C1 received services to include medication administration, and assistance with cares. On February 5, 2025, at 1:23 p.m., registered nurse (RN)-B stated they assisted C1 with tube	01035		

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01035	Continued From page 9 feeding and care of the gastrostomy tube site. C1's record lacked evidence of a current individualized treatment or therapy management plan for gastrostomy care and tube feedings that included the following content: -a statement of the type of services that will be provided -documentation of specific client instructions relating to the treatments or therapy administration -identification of treatment or therapy tasks that will be delegated to unlicensed personnel -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and -any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On February 5, 2025, at 1:23p.m., RN-B stated a Treatment/Therapy Management plan had not been completed for C1 to include all required information. RN-B stated she provided the cares and services for C1, and followed the physician orders for cares and services provided. The licensee's undated Treatment and Therapy Services policy verified "the agency will develop an individualized plan for each client receiving treatment or therapy services that will be updated as needed to reflect the client needs." The policy verified the treatment and therapy management plan will include the above documentation. No further information was provided.	01035		

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01035	Continued From page 10 TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
0 000	Integrated License (HCBS) Initial Comments On February 4, 2025, through February 6, 2025, the Minnesota Department of Health conducted a survey at the above home and community-based services (HCBS) licensed provider. No correction orders were issued. At the time of the survey, there were three clients receiving services under the HCBS integrated license.	0 000		