Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 12, 2025

Licensee
Strive Services LLC
6809 Timber Ridge Drive South
Cottage Grove, MN 55016

RE: Project Number SL40508016

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 April 30, 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.

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
	H40508	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRIVE SERVICES LLC	6809 TIMBER RIDGE DRIVE SOUTH COTTAGE GROVE, MN 55016

(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: Project #SL40508016-0 On April 28, 2025, through April 30, 2025, an evaluator of this Department's staff, visited the above temporary comprehensive home care licensed provider and the following correction orders are issued. At the time of the evaluation, there were three active clients receiving services under the temporary Comprehensive Home Care 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).	
0 465 SS=F	144A.472, Subd. 1 License Applications Each application for a home care provider license	0 465		

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0 465	Continued From page 1 must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the applicant's name, email address, physical address, and mailing address, including the name of the county in which the applicant resides and has a principal place of business; (2) the initial license fee in the amount specified in subdivision 7; (3) the email address, physical address, mailing address, and telephone number of the principal administrative office; (4) the email address, physical address, mailing address, and telephone number of each branch office, if any; (5) the names, email and mailing addresses, and telephone numbers of all owners and managerial officials; (6) documentation of compliance with the background study requirements of section 144A.476 for all persons involved in the management, operation, or control of the home care provider; (7) documentation of a background study as required by section 144.057 for any individual seeking employment, paid or volunteer, with the home care provider; (8) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (9) documentation of liability coverage, if the provider has it; (10) identification of the license level the provider is seeking; (11) documentation that identifies the managerial official who is in charge of day-to-day operations and attestation that the person has reviewed and understands the home care provider regulations; (12) documentation that the applicant has designated one or more owners, managerial	0 465		

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0 465	Continued From page 2 officials, or employees as an agent or agents, which shall not affect the legal responsibility of any other owner or managerial official under this chapter; (13) the signature of the officer or managing agent on behalf of an entity, corporation, association, or unit of government; (14) verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures and keep them current: (i) requirements in chapter 260E, reporting of maltreatment of minors, and section 626.557, reporting of maltreatment of vulnerable adults; (ii) conducting and handling background studies on employees; (iii) orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance; (iv) handling complaints from clients, family members, or client representatives regarding staff or services provided by staff; (v) conducting initial evaluation of clients' needs and the providers' ability to provide those services; (vi) conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (vii) orientation to and implementation of the home care client bill of rights; (viii) infection control practices; (ix) reminders for medications, treatments, or exercises, if provided; and (x) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with	0 465		

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0 465	Continued From page 3 current United States Centers for Disease Control and Prevention standards; and (15) other information required by the department. This MN Requirement is not met as evidenced by: Based on interview and record review, the temporary comprehensive licensed home care provider failed to ensure the required policies and procedures were in place, and failed to implement the policies and procedures and keep them current. This had the potential to affect all clients and employees. 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 had a temporary comprehensive home care license issued on January 26, 2024. During the entrance conference on April 28, 2025, at 10:00 a.m., owner/registered nurse (RN)-A stated she was familiar with some of the home care laws and statutes. The licensee's application for Home Care Licensure, received September 25, 2023, directed in the section titled "Managerial Official Verification" (page 12 of the application), "Read the following statements, initial each one that is	0 465		

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0 465	Continued From page 4 true, and sign below." RN-A initialed attesting she read and understood Minnesota Home Care statutes. RN-A further initialed, indicating, "I verify that the applicant has the following policies and procedures in place, so that if a license is issued, the applicant will implement the policies and procedures and keep them current:" The licensee lacked development of the following required policies: -conducting background studies on employees; -orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance; -conducting initial evaluations of clients' needs and the providers' ability to provide those services; -conducting initial and ongoing client evaluations and assessments and how changes in the client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; -orientation to and implementation of the home care client bill of rights; -reminders for medications, treatments, or exercises, if provided; -conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate; -ensuring that nurses and licensed health professionals have current and valid licenses to practice; -delegation of home care tasks by registered nurse or licensed health professionals; -supervision of registered nurses and licensed health professionals; Refer to licensing order at Statute 144A.4791 Sub	0 465		

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0 465	Continued From page 5 1. The licensee lacked documentation of receipt of the Minnesota Bill of Rights for Home Care Provider's for two of two clients (C1 and C2). On April 28, 2025, at 10:00 a.m., RN-A stated she had not provided a copy of the Minnesota Bill of Rights to clients, and was not aware she needed to document receipt of the Bill or Rights in the client record. Refer to licensing order at Statute 144A.4791 Sub 3. The licensee lacked documentation of receipt of the Statement of Home Care Services for two of two clients (C1 and C2). Refer to licensing order at Statute 144A.4791 Subd. 8. The licensee failed to ensure the registered nurse completed required assessments for two of two clients (C1 and C2). On April 30, 2025, at 10:00 a.m., RN-A verified a policy on client assessments had not been developed. Refer to licensing order at Statute 144A.4791 Subd 9f. The licensee failed to ensure the service plan contained the required content for two of two clients (C1 and C2). Refer to licensing order at Statute 144A.4792 Subd 5. The licensee failed to ensure a medication management plan was developed for two of two clients (C1 and C2). The licensee's Safe Medication Assistance and Administration Policy, dated April 4, 2025, lacked information related to development of a medication management plan, as required under 144A statutes. Refer to licensing order at Statue 144A.4796 Subd. 2. The licensee failed to ensure Orientation To Home Care training was provided for one of	0 465		

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0 465	Continued From page 6 one employees (owner/registered nurse (RN)-A). On April 30, 2025, at 10:00 a.m., RN-A verified no policy was developed regarding the requirements for orientation of staff and supervisors to home care requirements. Refer to licensing order at Statute 144A.4798, Subd. 1. The licensee failed to ensure a TB risk assessment was completed, and a history and symptom screening and documentation of a negative IGRA (blood test, interferon gamma release assay) or the first of a two-step tuberculin skin test (TST) at the time of hire for one of one employees (owner/registered nurse (RN)-A). On April 30, 2025, at 10:00 a.m., RN-A verified the above listed policies and procedures had not been developed and/or implemented. RN-A stated she was not aware of the requirement to have policies and procedures in place for all of the above. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 465		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality 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	0 790		

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0 790	Continued From page 7 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, to evaluate the quality of care and determine whether changes in services or other procedures needed to be made in order to ensure safe and competent services to clients. 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 is 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 clients). The findings include: On April 28, 2025, at 10:00 a.m., during the entrance conference, a request was made to review documentation of the licensee's quality management activities. During the entrance conference on September 21, 2021, at approximately 2:00 p.m., owner/registered nurse (RN)-A stated she was familiar with some of the home care laws and statutes and verified the licensee's current client census was three. RN-A further stated she was currently working on business development and the Comprehensive	0 790		

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0 790	Continued From page 8 license requirements. RN-A stated no documentation of quality management had been developed by the licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current individualized abuse prevention plan (IAPP) was developed for two of two clients (C1, C2). 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	0 810		

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0 810	Continued From page 9 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 services on May 1, 2024, and had diagnoses including schizophrenia (disorder characterized by disruptions in thought processes, perceptions, and social interactions). C1's Service Plan, dated May 14, 2024, indicated C1 received services to include medication setup and monitoring. C2 began receiving services on March 6, 2024, and had diagnoses including a cerebral vascular accident (CVA). C2's Service Plan, dated April 21, 2024, indicated C2 received services to include medication setup and monitoring. C1 and C2's records lacked an IAPP to include: -an individualized review or assessment of the person's susceptibility to abuse by another individual; -the person's risk of abusing other vulnerable adults or minors; and -statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. On April 30, 2025, at 10:00 a.m., owner/registered nurse (RN)-A confirmed C1 and C2's records did not include an assessment or review of their risk of abusing other vulnerable adults, nor the clients' current areas of	0 810		

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0 810	Continued From page 10 vulnerability and interventions to be taken to minimize the risk of abuse to the client and other vulnerable adults as required. RN-A stated she was not aware of the requirement, and did not have a policy regarding development of the abuse prevention plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 825 SS=C	144A.4791, Subd. 1 HBOR Notification to Client (a) The home care provider shall provide the client or the client's representative a written notice of the rights under section 144A.44 before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand. (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision 1, the notice shall also contain the following statement describing how to file a complaint with these offices. "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." The statement should include the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota	0 825		

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0 825	Continued From page 11 Department of Health, the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities. The statement should also include the home care provider's name, address, email, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed. It must also include a statement that the home care provider will not retaliate because of a complaint. (c) The home care provider shall obtain written acknowledgment of the client's receipt of the home care bill of rights or shall document why an acknowledgment cannot be obtained. The acknowledgment may be obtained from the client or the client's representative. Acknowledgment of receipt shall be retained in the client's record. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the Minnesota Bill of Rights for Home Care Provider's was provided to the licensee clients, before the date services were first provided, and a written acknowledgement received for two of two clients (C1 and C2). 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 and C2 had admission dates of May 1, 2024,	0 825		

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(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
0 825	Continued From page 12 and March 6, 2024, respectively. C1's Service Plan, dated May 14, 2024, indicated C1 received services to include medication setup and monitoring. C2's Service Plan, dated April 21, 2024, indicated C2 received services to include medication setup and monitoring. The client records lacked documentation of receipt of the Home Care Bill of Rights upon admission. On April 28, 2025, at 10:00 a.m., owner/registered nurse (RN)-A stated she had not provided a copy of the Minnesota Bill of Rights to clients, and was not aware she needed to document receipt of the Bill or Rights in the client record. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 825		
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	0 835		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40508	A. BUILDING: _____ B. WING _____	04/30/2025

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0 835	Continued From page 13 provider has provided the statement or must document why the provider could not obtain the acknowledgment. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide written acknowledgement that a Statement of Home Care Services was provided to two of two client (C1 and C2). 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 began receiving services on May 1, 2024, and had diagnoses including schizophrenia (disorder characterized by disruptions in thought processes, perceptions, and social interactions). C1's Service Plan, dated May 14, 2024, indicated C1 received services to include medication setup and monitoring. C2 began receiving services on March 6, 2024, and had diagnoses including a cerebral vascular accident (CVA). C2's Service Plan, dated April 21, 2024, indicated C2 received services to include medication setup and monitoring.	0 835		

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0 835	Continued From page 14 C1 and C2's records lacked evidence to indicate the client and/or the client's representative were provided with a written statement that identified the licensee as a Comprehensive home care provider, and the services provided under their license. On April 30, 2025, at 10:00 a.m., owner/registered nurse (RN)-A stated she was familiar with the statement of home care services. RN-A verified the record lacked evidence that the client or the client's representative had been provided and acknowledged that they had received the Statement of Home Care Services, as required. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	0 835		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (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	0 860		

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0 860	Continued From page 15 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 completion of required comprehensive assessments no more than 14 days after the date that home care services are first provided by the registered nurse (RN), and ongoing client monitoring and reassessment that did not exceed 90 days from the last date of the assessment for two of two clients (C1 and C2). 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 services on May 1, 2024, and had diagnoses including schizophrenia (disorder characterized by disruptions in thought processes, perceptions, and social interactions). C1's Service Plan, dated May 14, 2024, indicated C1 received services to include medication setup and monitoring.	0 860		

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0 860	Continued From page 16 C2 began receiving services on March 6, 2024, and had diagnoses including a cerebral vascular accident (CVA). C2's Service Plan, dated April 21, 2024, indicated C2 received services to include medication setup and monitoring. C1 and C2's records lacked documentation of a comprehensive assessments completed by the RN within 14 days after the date that home care services are first provided. The records further lacked ongoing client monitoring and reassessment, conducted as needed based on changes in the needs of the client, not to exceed 90 days from the date of the last assessment. On April 30, 2025, at 10:00 a.m., owner/registered nurse (RN)-A stated she visited with each client weekly to set up medications, and ensure the clients were taking their medications, as ordered. RN-A stated she completed a comprehensive assessment upon admission for each client. RN-A stated following the initial assessment, she documented weekly notes regarding medication setup and medication compliance. RN-A verified a policy on client assessments had not been developed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
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	0 870		

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0 870	Continued From page 17 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 client service plan contained all required content for two of two clients (C1, C2). 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	0 870		

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0 870	Continued From page 18 failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1 began receiving services on May 1, 2024, and had diagnoses including schizophrenia (disorder characterized by disruptions in thought processes, perceptions, and social interactions). C1's Service Plan, dated May 14, 2024, indicated C1 received services to include medication setup and monitoring. C2 began receiving services on March 6, 2024, and had diagnoses including a cerebral vascular accident (CVA). C2's Service Plan, dated April 21, 2024, indicated C2 received services to include medication setup and monitoring. C1 and C2's service plans lacked: -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; -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; -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 April 30, 2025, at 10:00 a.m.,	0 870		

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0 870	Continued From page 19 owner/registered nurse (RN)-A indicated she was not aware the service plan was missing required content, and stated she was not familiar with all the requirements for the content of the service plan. 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 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	0 920		

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0 920	Continued From page 20 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 develop a medication management plan for two of two clients (C1 and C2). 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 C1 had diagnoses including schizophrenia (disorder characterized by disruptions in thought processes, perceptions, and social interactions).	0 920		

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0 920	Continued From page 21 C1's Service Plan, dated, May 14, 2024, indicated C1 received medication set up and monitoring. The service plan read, "Home care nurse checks in with [C1] weekly to ensure he is taking his medications as prescribed." C2 C2 had diagnoses including a cerebral vascular accident (CVA). C2's Service Plan, dated, April 21, 2024, indicated C2 received medication set up and monitoring. The service plan read, "Skilled nursing will come in once a week to check in with [C2] to ensure he is taking his medications by checking the weekly pill container with the medications, along with having open discussions on how self-administering medications is going. [C2] knows the importance of taking his medications and the consequences of when he does not take his medications." C1 and C2's records lacked documentation a medication management plan had been developed to include the following: -a statement describing the medication management services that will be provided; -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; -any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use	0 920		

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0 920	Continued From page 22 to prevent possible complications or adverse reactions. On April 28, 2025, at 10:00 a.m., during the entrance conference, owner/registered nurse (RN)-A stated she provided medication set up and weekly medication monitoring for the licensee's clients. RN-A stated she had not completed a medication management plan for the licensee's clients. The licensee's Safe Medication Assistance and Administration Policy, dated April 4, 2025, indicated that it is the policy of the licensee to provide safe medication setup, and assistance, "when assigned responsibility to do so in the person's coordinated service and support plan and using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor." The policy lacked information related to development of a medication management plan, as required under 144A statutes. No further information was provided. TIME PERIOD TO CORRECT: 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:	0 940		

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0 940	Continued From page 23 Based on interview and record review, the licensee failed to ensure documentation of medication setup included the required content for one of one clients (C2). 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: C2's Service Plan, dated, April 21, 2024, indicated C2 received medication setup and monitoring. C2's Summary of Visit dated April 23, 2025, indicated the date and names of medications set up. The documentation further indicated, "[C2] states he has taken his medications as prescribed. Based off medication check in the weekly pill pack this is accurate. Medications set for another week. No other concerns at this time." The summary further indicated the medication setup was completed by owner/registered nurse (RN)-A. Documentation of medication set up lacked the following: -quantity of dose; -times to be administered; and -route of administration. On April 30, 2025, at 10:00 a.m., RN-A stated she completed medication setup for the licensee's three clients weekly. RN-A verified the medication setup lacked the above required documentation.	0 940		

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0 940	Continued From page 24 The licensee's Safe Medication Assistance and Administration policy, dated April 4, 2025, indicated "when [licensee]is responsible for medication setup, staff must document the following in the person's summary 1. Dates of set-up; 2. Name of medication; 3. Anything noticed about residents behavior during visit." The policy did not include all statutory requirements according to 144A Home Care laws. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 965 SS=F	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 maintain a current written or electronically recorded prescription for clients receiving medication management services, for two of two clients (C1, C2). 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	0 965		

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0 965	Continued From page 25 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 services on May 1, 2024, and had diagnoses including schizophrenia (disorder characterized by disruptions in thought processes, perceptions, and social interactions). C1's Service Plan, dated May 14, 2024, indicated C1 administered his own medications and, "Home care nurse checks in with [C1] weekly to ensure he is taking his medications as prescribed." C2 C2 began receiving services on March 6, 2024, and had diagnoses including a cerebral vascular accident (CVA). C2's Service Plan, dated April 21, 2024, indicated C2 "is able to self administer his own medications. Skilled nursing will come in once a week to check in with [the client] to ensure he is taking his medications by checking the weekly pill container with the medications, along with having open discussions on how self administering medications is going. [The client] knows the importance of taking his medications and the consequences of when he does not take his medications." On April 30, 2025, at 10:00 a.m., owner/registered nurse (RN)-A confirmed C1 and C2 did not have current prescriber's orders for the medications they set-up for the clients. RN-A stated she verified the medications received from	0 965		

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0 965	Continued From page 26 the pharmacy were accurate according to the pharmacy documention, but did not obtain orders from the clients' physicians. The licensee's Safe Medication Assistance and Administration Policy, dated April 4, 2025, indicated, "either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber." The policy did not reflect current requirements under 144A statutes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01080 SS=D	144A.4794, Subd. 3 Contents of Client Record Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans;	01080		

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	H40508	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRIVE SERVICES LLC	6809 TIMBER RIDGE DRIVE SOUTH COTTAGE GROVE, MN 55016

(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
01080	Continued From page 27 (7) all records of communications pertinent to the client's home care services; (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the client's services or status. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure the client record contained all required documentation, to include a discharge summary, including service termination notice and related documentation for one of one client (C3). This practice resulted in a level two violation (a violation that did not harm a client's health or	01080		

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01080	Continued From page 28 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: C3 was admitted to home care services on January 1, 2024, and discharged on July 3, 2024. C3's Service Plan, dated January 2024 to January 2025, indicated C3 received assistance with medication management and education. C3's record lacked a discharge summary, including service termination notice and related documentation. On April 30, 2025, at 10:00 a.m., owner/registered nurse (RN)-A stated she had not completed a discharge summary for C3 upon discharge. RN-A verified a policy on the client discharge procedure had not been developed by the licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01080		
01165 SS=F	144A.4796, Subd. 1 Orientation of Staff and Supervisors All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and	01165		

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01165	Continued From page 29 regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff person and is not transferable to another home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure all staff who provided and supervised direct home care services had completed an orientation to home care licensing requirements and regulations before providing home care services to clients, for one of one employee (owner/registered nurse (RN)-A). 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: RN-A began working January 1, 2024, and provided medication setup and medication management for clients. RN-A's employee record lacked evidence they had completed orientation to home care licensing requirements and regulations prior to providing home care services and oversight to clients and staff. On April 30, 2025, at 10:00 a.m., RN-A confirmed	01165		

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01165	Continued From page 30 she had not completed the orientation to home care as required. RN-A stated she reviewed the Minnesota Home Care Statutes, but had not completed all required training. RN-A verified no policy was developed regarding the requirements for orientation of staff and supervisors to home care requirements. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01165		
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 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 documentation	01245		

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01245	Continued From page 31 of a TB facility risk assessment and baseline screening for one of one employee (owner/registered nurse (RN)-A). 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: TB Facility Risk Assessment On April 30, 2025, at 10:00 a.m., RN-A verified the licensee had not completed a facility TB risk assessment. RN-A stated she was not aware of the requirement. RN-A RN-A's record lacked a completed history and symptom screening and documentation of a negative IGRA (blood test, interferon gamma release assay) or the first of a two-step tuberculin skin test (TST), completed prior to working with clients. On April 30, 2025, at 10:00 a.m., RN-A stated she was not aware of the requirement to complete a TB facility risk assessment. RN-A stated she had TB testing completed for another RN position, but had not completed TB testing under the requirements for Comprehensive Home Care. The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care	01245		

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01245	Continued From page 32 Settings", dated July 2013, and based on CDC guidelines, indicated an employee may begin working with clients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (blood test, interferon gamma release assay) or a two-step TST. Baseline TB screening should be documented in the employee's record. The guidelines indicated a facility TB risk assessment should be completed initially and then for low-risk settings the risk assessment should be updated every other year. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		