Electronically Delivered

December 16, 2025

Licensee
Local Nurses Home Health LLC
13128 Drumcliffe Path
Rosemount, MN 55068

RE: Project Number SL42047016

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 November 25, 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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
	H42047	A. BUILDING: _____ B. WING _____	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCAL NURSES HOME HEALTH LLC	13128 DRUMCLIFFE PATH ROSEMOUNT, MN 55068

(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: SL42047016-0 On November 24, 2025, through November 25, 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 client receiving services under the provider's temporary Comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	0 860		

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0 860	Continued From page 1 (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing nursing assessments not to exceed 90 days from the previous assessment for the licensee's one client (C1). 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, 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 the potential to affect a large portion or all of the residents).	0 860		

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0 860	Continued From page 2 The findings include: C1 was admitted to the licensee on June 2, 2025, with diagnoses that included traumatic brain injury and chronic respiratory failure. C1's Service Plan dated August 1, 2025, indicated C1 received services to include dressing, bed mobility, repositioning, float heels, vital sign checks, tracheostomy (surgical opening made in the neck to create a direct airway into the windpipe) cares, gastrostomy tube (feeding tube to deliver nutrition, medication, or fluids) cares. C1's ongoing nursing assessments were requested. Assessments dated June 2, 2025, June 16, 2025, August 11, 2025, and November 20, 2025, were provided. The November 20, 2025, assessment was completed 101 days after the date of the previous assessment, thus exceeding 90 calendar days. On November 15, 2025, at 10:02 a.m., owner (O)/RN-A stated C1's November assessment was completed late. O/RN-A stated the electronic health system being used was new and had set up the due dates incorrectly. They now have it set up correctly and it will remind the licensee of when each assessment is due to ensure it is completed within the 90-day requirement. The licensee's undated, Comprehensive Client Assessment policy indicated client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services. Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and	0 860		

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0 860	Continued From page 3 cannot exceed 90 days from the last date of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan. (d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable. (e) Staff providing home care services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	0 865		

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0 865	Continued From page 4 review, the licensee failed to ensure the service plan was revised to include all services received for the licensee's one client (C1). 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, 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 the potential to affect a large portion or all of the residents The findings include: C1 was admitted to the licensee on June 2, 2025, with diagnoses that included traumatic brain injury and chronic respiratory failure. C1's Service Plan dated August 1, 2025, indicated C1 received services to include dressing, bed mobility, repositioning, float heels, vital sign checks, tracheostomy (surgical opening made in the neck to create a direct airway into the windpipe) cares, gastrostomy tube (feeding tube to deliver nutrition, medication, or fluids) cares. On November 24, 2025, at 9:43 a.m., the surveyor observed owner/registered nurse (O/RN)-A suction C1. C1's Service Recap Summary dated November 2025, indicated the licensee completed range of motion (ROM) three times a day. C1's service plan did not include suctioning or ROM. On November 25, 2025, at 10:05 a.m., O/RN-A	0 865		

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0 865	Continued From page 5 reviewed C1's service plan and stated it did not include suctioning or ROM. O/RN-A stated the electronic health system being used was new to her and she was still learning how to use it and add all services. The licensee's undated, Service plan policy indicated the service plan, and any revisions must include a signature or other authentication by the home care provider, and by the client or client representative documenting agreement on the services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 865		
01035 SS=F	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	01035		

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01035	Continued From page 6 appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) 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. 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 implement a treatment or therapy management plan to include all required content for the licensee's one client (C1). 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, 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 the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on November 24, 2025, at 9:30 a.m., owner/registered nurse (O/RN)-A stated the licensee provided treatment management services to their one client. C1 was admitted to the licensee on June 2, 2025, with diagnoses that included traumatic brain injury	01035		

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01035	Continued From page 7 and chronic respiratory failure. C1's Service Plan dated August 1, 2025, indicated C1 received services to include dressing, bed mobility, repositioning, float heels, vital sign checks, tracheostomy (surgical opening made in the neck to create a direct airway into the windpipe) cares, gastrostomy tube (feeding tube to deliver nutrition, medication, or fluids) cares. C1's service plan did not include range of motion (ROM) or suctioning. On November 24, 2025, at 9:43 a.m., the surveyor observed O/RN-A suction C1. C1's Service Recap Summary dated November 2025, indicated the licensee completed ROM three times a day. The surveyor was provided and Individualized Treatment and Therapy Plan dated November 24, 2025, (created after the start of survey) indicated C1 received the following treatments: -G Tube Feeding -Blood Pressure Check -Oxygen Saturation Check -Pulse Check -Temperature Check The treatment plan did not include ROM, suctioning, or tracheostomy (surgical opening made in the neck to create a direct airway into the windpipe) cares. C1's records lacked a treatment management plan to include the following required content: - statement of the type of service that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration;	01035		

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01035	Continued From page 8 - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse when a problem arose with treatments or therapy services; and - any resident-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 November 25, 2025, at 10:04 a.m., O/RN-A stated C1's treatment plan did not include ROM or suctioning and was created after the start of survey. O/RN-A stated she was still learning how to use the electronic health system and would update C1's record to include the required content for treatment plans. The licensee's undated, Treatment and Therapy management Services policy indicated the agency will develop and individualized plan for each client receiving treatment or therapy services that will be updated as needed to reflect the client needs. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01035		
01050 SS=F	144A.4793, Subd. 6 Treatment and Therapy Orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a	01050		

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01050	Continued From page 9 description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronically recorded orders were maintained for the licensee's one client (C1) receiving treatments. 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, 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 the potential to affect a large portion or all of the residents). The findings include: C1 was admitted to the licensee on June 2, 2025, with diagnoses that included traumatic brain injury and chronic respiratory failure. C1's Service Plan dated August 1, 2025, indicated C1 received services to include dressing, bed mobility, repositioning, float heels, vital sign checks, tracheostomy (surgical opening made in the neck to create a direct airway into the windpipe) cares, gastrostomy tube (feeding tube to deliver nutrition, medication, or fluids) cares. C1's service plan did not include range of motion (ROM) or suctioning.	01050		

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01050	Continued From page 10 On November 24, 2025, at 9:43 a.m., the surveyor observed O/RN-A suction C1. C1's record lacked signed prescriber orders for suctioning. On November 25, 2025, at 9:59 a.m., owner/registered nurse (O/RN)-A stated C1's record lacked prescriber orders for suctioning. O/RN-A stated she would contact C1's primary care provider to obtain a current order. The licensee's undated, Treatment and Therapy Management Services policy indicated orders must be obtained for medications, treatments or therapies that would require orders from an authorized provider before the services are provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01050		
01245 SS=D	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.	01245		

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01245	Continued From page 11 (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 maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) by failing to complete a two-step TST (tuberculin skin test) or other evidence of tuberculosis (TB) screening such as a blood test for one of three employees (registered nurse (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, 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 residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: RN-B RN-B was hired on June 3, 2025, to provide direct care and services to the licensee's residents. RN-B's employee record contained a negative one step tuberculin skin test (TST) dated June 24, 2025; however, RN-B's employee record lacked evidence of the following: -second step TST On November 25, 2025, at 12:41 p.m., owner (O)/RN-A stated she thought RN-B had	01245		

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01245	Continued From page 12 completed a blood test and not a TST. O/RN-A stated she would have RN-B make an appointment to have a blood test completed. The licensee's Tuberculosis Screening/Prevention policy dated March 20, 2025, indicated employees would receive baseline TB screening upon hire to test for infection with M. tuberculosis. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		