Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 20, 2026

Licensee
Metro Nursing Services
1322 Burke Circle East
Maplewood, MN 55109

RE: Project Number(s) SL27530014

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 3, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

The enclosed State Form documents no violations. MDH documents the state correction orders using federal software. Please disregard the heading of the fourth column that states, "Provider's Plan of Correction." A plan of correction is not required.

Performance Incentive. In accordance with Minn. Stat. § 144A.474, subd. 10. Performance incentive. A licensee is eligible for a performance incentive when there are no violations identified in a core or full survey. The performance incentive is a ten percent discount on your next home care renewal license fee. Based on the results of your survey, you are eligible for this discount. Please contact the home care inbox (health.homecare@state.mn.us) to inquire about the incentive prior to submitting your next renewal.

Health Regulation Division (HRD) Licensing will contact you with additional information regarding the Performance Incentive. Please contact health.homecare@state.mn.us if you do not receive notice from HRD Licensing prior to your next Renewal Notice; you currently have a pending renewal application; or have questions about the process.

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.

If you have any questions, please contact me.

Sincerely,

Alex Warren, Supervisor
Health Regulation Division
Telephone: 218-302-6186 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
	H27530	A. BUILDING: _____ B. WING _____	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METRO NURSING SERVICES	1322 BURKE CIRCLE E MAPLEWOOD, MN 55109

(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****** INITIAL COMMENTS: SL27530014-0 On March 2, 2026, through March 3, 2026, an evaluator of this Department's staff, visited the above comprehensive home care licensed provider. At the time of the evaluation, there were two active clients receiving services under the comprehensive license. As a result of the survey, no correction orders were issued, and the licensee is in compliance.	0 000		