Electronically Delivered

October 2, 2025

Licensee
Companion Home and Community Services
175 Jackson Ave North Suite 262
Hopkins, MN 55343

RE: Project Number SL41290016

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 July 29, 2025, for the purpose of 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.

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41290	A. BUILDING: _____ B. WING _____	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPANION HOME AND COMMUNITY SERVIC	175 JACKSON AVE N STE 262 HOPKINS, MN 55343

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL41290016-0 On July 28, 2025, through July 29, 2025, the Minnesota Department of Health conducted a 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).	
0 815 SS=F	144A.479, Subd. 7 Employee Records	0 815		

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0 815	Continued From page 1 The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained all required content for two of two	0 815		

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0 815	Continued From page 2 employees (administrator (A)-A, registered nurse (RN)-B). 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 the clients). The findings include: A-A and RN-B were hired by the licensee on July 10, 2024. A-A and RN-B's employee records lacked the following required content: - orientation: - overview of home care statutes; - handling emergencies and using emergency services; - handling client complaints, reporting complaints, where to report; - consumer advocacy services; and - review of types of home care services the employee would provide and providers scope of license. On July 28, 2025, at 10:16 a.m., A-A stated there were two employees who worked for the licensee. On July 29, 2025, at 1:01 p.m., RN-B stated the licensee used EduCare (a training software) to complete orientation requirements with employees. RN-B stated if EduCare courses	0 815		

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0 815	Continued From page 3 were not available via computer, the licensee would review EduCare's training content in person and then certify the course was received. RN-B stated, "I know we did it. I don't know why we don't have the certification for it." On July 29, 2025, at 1:15 p.m., RN-B stated, "We received the training. We both worked with assisted living, and we thought we received it. Not sure what happened." On July 29, 2025, at 1:22 p.m., A-A stated they received training on the orientation topics listed above. The licensee's undated Personnel Records policy indicated the personnel record for an employee shall include records of orientation to the agency, to home care requirements, and their roles and responsibilities. The licensee's undated Agency Employee Orientation policy read, "1. The state required orientation to home care must include the following: a. An overview of Minnesota's home care law (MN Statues 144A.43 to 144.4798) b. An introduction and review of all of agency's policies and procedures related to the provision of home care services. c. Handling of emergencies and use of emergency services. d. Reporting the maltreatment of vulnerable minors or adults under Minnesota Statutes 626.556 and 626.557. e. The home care bill of rights (Minnesota Statutes 144A.44): 1) Overview of the home care statute and licensure rules.	0 815		

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0 815	Continued From page 4 2) Handling of emergencies and use of emergency services. 3) Reporting the maltreatment of vulnerable minors or adults. 4) Home Care Bill of Rights. 5) Handling of clients' complaints and reporting of complaints to the Office of Health Facility Complaints. 6) Consumer advocacy services of the Ombudsman for Long-Term care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates and other relevant advocacy services. 7) A review of the types of home care services the employee will be providing and the scope of the agency's services under the specific license. 2. Completion of the orientation training shall be documented in the employee's personnel file." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
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 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;	0 870		

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0 870	Continued From page 5 (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 service plan included all 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 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 the clients). The findings include:	0 870		

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0 870	Continued From page 6 C1 began receiving comprehensive services on July 8, 2025. C1's Service Plan signed July 8, 2025, indicated C1 received a comprehensive assessment at the start of care, reassessment and monitoring 14 days after the start of care and every 90 days, and weekly medication management services. The service plan included the schedule of assessments however lacked the method assessments would be completed. On July 29, 2025, at 12:41 p.m., registered nurse (RN)-B stated client monitoring and assessments were completed in person by a RN. RN-B stated they were aware the service plan needed to contain the method of how monitoring and assessment were conducted however, the service plan template the licensee used with the client was purchased from a third party. RN-B stated they believed the template contained the required contents and "I was filling in the blanks. That is why we have issues." RN-B stated they would add the method to the current service plan however, the licensee might switch to RTasks (a documenting software) which had the required content built into their service plan templates. The licensee's undated Service Plan policy indicated the service plan would include the schedule and methods of monitoring reviews or assessments of the client. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		

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0 920	Continued From page 7	0 920		
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 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	0 920		

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0 920	Continued From page 8 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 current individualized medication management plan which included 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 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 the clients). The findings include: C1 began receiving comprehensive services on July 8, 2025. C1's Service Plan signed July 8, 2025, indicated C1 received a comprehensive assessment at the start of care, reassessment and monitoring 14 days after the start of care and every 90 days, and weekly medication management services. C1's Comprehensive Physical Assessment dated July 8, 2025, indicated C1 took medication inappropriately and a registered nurse (RN) set up all prescribed medications in a pill organizer or automatic dispenser to promote C1's	0 920		

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0 920	Continued From page 9 compliance. C1's Assessment of Need for Medication Reminders, Assistance, Administration dated July 8, 2025, indicated C1 took medications inappropriately, required assistance with medication, and medications could be stored in C1's apartment. C1's Nursing Care Plan dated July 8, 2025, indicated the following: - a nurse conducted a weekly visit to organize and set up medications in a pill dispenser to ensure accurate dosing for C1; - an automatic timed pill dispenser was implemented for C1 to prompt timely medication intake and reduce missed doses; - medication education was provided to C1; and - coordination with the prescribing provider to review medication regimen as needed. C1's medication management plan comprised of multiple documents lacked identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis. On July 29, 2025, at 12:48 p.m., RN-B stated the licensee worked with a pharmacy to deliver medications to C1 monthly. RN-B stated C1 self-administered creams without the licensee's set up services and if C1's medicated cream was almost empty, C1 would update RN-B to refill the medication or C1 would call the pharmacy and reorder the medication independently. RN-B stated, "I want him to participate in care as long as there is no confusion or mismanagement of the meds." RN-B stated they were aware of the required content of the medication management	0 920		

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0 920	Continued From page 10 plan however, they forgot to document who managed medication refills. The licensee's undated Medication Management policy read, "During the assessment it is determined who will be responsible for managing, setting up, reordering and obtaining medications from the pharmacy." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		