Electronically Delivered

December 31, 2025

Licensee
BetterHealth LLC
6385 Old Shady Oak Road #250
Eden Prairie, MN 55344

RE: Project Number(s) SL40854016

Dear Licensee:

On December 16, 2025, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders from the survey completed on June 20, 2025. This follow-up survey verified that the agency is back in compliance..

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

Electronically Delivered

November 3, 2025

Licensee
Betterhealth LLC
6385 Old Shady Oak Road #250
Eden Prairie, MN 55344

RE: Project Number(s) SL40854016

Dear Licensee:

On September 26, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your agency to determine correction of orders found on the survey completed on June 20, 2025. The follow-up survey determined your agency had not corrected all of the state licensing orders issued pursuant to the June 20, 2025 survey.

In accordance with Minn. Stat. § 144A.474, Subd. 11, state licensing orders issued pursuant to the last survey, completed on June 20, 2025, found not corrected at the time of the September 26, 2025, follow-up survey and/or subject to penalty assessment are as follows:

0870 - Content Of Service Plan - 144a.4791, Subd. 9(f) - $500.00
0920 - Individualized Medication Mgt Plan - 144a.4792, Subd. 5 - $500.00

The details of the violations noted at the time of this follow-up survey completed on September 26, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on September 26, 2025, we identified the following violation(s):

0715 - Employees, Contractors, And Volunteers - 144a.476, Subd. 2 - $1,000.00
1145 - Training/competency Evals All Staff - 144a.4795, Subd. 7(b)
1170 - Content Of Orientation - 144a.4796, Subd. 2

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders. It is not necessary to develop a plan of correction.

The total amount you are assessed is $2,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144A.475;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144A.475.

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order 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 the Department of Health 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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the

website listed above.

We urge you to review these orders carefully. If you have questions, please contact Jess Schoenecker at 651-201-3789.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40854	A. BUILDING: _____ B. WING _____	R 09/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTERHEALTH LLC	6385 OLD SHADY OAK ROAD #250 EDEN PRAIRIE, MN 55344

(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, these correction order(s) have 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: SL# 40854016-1 On September 24, 2025, through September 26, 2025, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on June 20, 2025. At the time of the follow-up, there were three (3) clients receiving services under the provider's Comprehensive license. As a result of the follow-up survey, the following correction order(s) are reissued/issued. On September 24, 2025, an immediate correction order was issued for tag identification 0715. During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.	{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).	

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0 715	Continued From page 1	0 715		
0 715 SS=G	144A.476, Subd. 2 Employees, Contractors, and Volunteers (a) Employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information. (b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a Minnesota Department of Human Services (DHS) NETStudy 2.0 background study was conducted prior to staff providing services for one of three employees (unlicensed personnel (ULP)-G). This practice resulted in a level three violation (a violation that harmed a client's health or safety but had the potential to cause more than minimal harm to the resident), and was issued at an isolated scope (when one or a limited number of client's are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-G was hired on August 11, 2025 to provide direct care and services to the licensee's clients.	0 715	During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged.	

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0 715	Continued From page 2 A NETStudy 2.0 roster for health facility identification number (HFID) 40854 was run on September 24, 2025, at 11:12 a.m., and lacked background study information for ULP-G. A NETStudy 2.0 Person Summary run on September 24, 2025, at 11:23 a.m., indicated ULP-G had been separated from HFID 40854 on August 5, 2025. ULP-G's employee file lacked a cleared DHS NETStudy 2.0 background study. On September 24, 2025, at 11:42 a.m., administrator (ADM)-A stated they were unaware that ULP-G did not have a cleared background study. ADM-A stated ULP-G had decided to resign and would be removed from the schedule immediately. The licensee's Background Studies policy, undated, indicated all employees would have a completed background study prior to providing services to clients. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 715		
{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	{0 870}		

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{0 870}	Continued From page 3 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 service plan included the required content for three of three clients (C1, C2, C4). 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).	{0 870}		

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{0 870}	Continued From page 4 The findings include: C1 C1 was admitted on February 25, 2025, and began receiving comprehensive home care services. C1's Service Plan Addendum dated February 25, 2025, indicated C1's services included RN 24-hour nursing services. C1's Service Plan Addendum lacked the following required content: -a description of the home care services to be provided including medication management, the fees for service, and the frequency of each service, according to the client's current review or assessment and the client preferences; -the identification of the staff or categories of staff who will provide the services; -the schedule and methods of monitoring reviews or assessments of the client; -the schedule and methods of monitoring staff providing the home care services; and -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. C2 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services. C2's Service Plan Addendum dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change.	{0 870}		

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{0 870}	Continued From page 5 C2's Service Plan Addendum lacked the following required content: -a description of medication setup services to include the fees for service, and the frequency of each service, according to the client's current review or assessment and the client preferences; -the schedule and methods of monitoring reviews or assessments of the client; and -the schedule and methods of monitoring staff providing the home care services. C4 C4 was admitted on June 23, 2025, and began receiving comprehensive home care services. On September 24, 2025, at 2:16 p.m., the surveyor requested C4's service plan and was provided an ADL-IADL Services - Addendum to Service Plan by administrator (ADM)-A. C4's service plan lacked the following required content: -fees for services; -the identification of the staff or categories of staff who will provide the services; -the schedule and methods of monitoring reviews or assessments of the client; -the schedule and methods of monitoring staff providing home care services; and -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; -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 - the circumstances in which emergency medical	{0 870}		

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{0 870}	Continued From page 6 services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. On September 24, 2025, at 12:17 p.m., ADM-A stated they had not revised their service plans since their last survey. ADM-A stated they were unaware of the required contents of service plans. The licensee's undated Service Plan policy indicated service plans would include: -a description of the homecare services to be provided; -the staff or categories of staff that will provide the services; -they type and frequency of visits/services proposed to be furnished according to the client's current review/assessment and client preferences; -the fees for services; -the schedule and methods of monitoring reviews or assessments of the client; -the frequency of sessions of supervision of staff and type of personnel who will supervise staff; - the extent to which payment may be expected from a third-party payer; -the charges for services that will not be covered by a third-party payer; - the charges the individual may have to pay, and -a contingency plan for circumstances when services cannot be provided. No further information was provided.	{0 870}		
{0 920} SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication	{0 920}		

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{0 920}	Continued From page 7 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 changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing	{0 920}		

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{0 920}	Continued From page 8 medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current and individualized medication management plan was developed and maintained with 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 failure that has affected or has the potential to affect a large number or all the clients). The findings include: C1 C1 was admitted on February 25, 2025, and began receiving comprehensive home care services. C1's Service Plan dated February 25, 2025, indicated C1's services included RN 24-hour nursing services. C1's record lacked a medication management plan. C2 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services.	{0 920}		

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{0 920}	Continued From page 9 C2's Service Plan dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change. C2's record included a Medication Management Services plan dated February 10, 2025. The Medication Management Services plan lacked the following required content: -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; and -any client-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to precent possible complications or adverse reactions. On September 24, 2025, at 12:17 p.m., administrator (ADM)-A stated they had not revised medication management plans for clients since the last survey. ADM-A stated they were not sure if the nurse was aware of the required contents of individualized medication management plans. The licensee's undated Medication Management policy did not address the development or maintenance of an individual medication management plan. No further information was provided.	{0 920}		
01145 SS=F	144A.4795, Subd. 7(b) Training/Competency Evals All Staff	01145		

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01145	Continued From page 10 (b) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the client's condition to the supervisor designated by the home care provider; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and clients and the client's family; (14) procedures to utilize in handling various emergency situations; and	01145		

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01145	Continued From page 11 (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure the unlicensed personnel (ULP) completed training and competency evaluations in all the required areas for two of two employees (ULP-H, ULP-I). 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: ULP-H ULP-H was hired on June 28, 2025, and began providing comprehensive home care services. ULP-H's employee record lacked training and competency evaluation completed by a registered nurse (RN) for the following required content: -training on the prevention of falls for providers working with the elderly or individuals at risk for falls; -communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; and -understanding appropriate boundaries between	01145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40854	A. BUILDING: _____ B. WING _____	R 09/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTERHEALTH LLC	6385 OLD SHADY OAK ROAD #250 EDEN PRAIRIE, MN 55344

(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
01145	Continued From page 12 staff and clients and the client's family. ULP-I ULP-I was hired on August 11, 2025, and began providing comprehensive home care services. ULP-I's employee record lacked training and competency evaluations completed by a RN for the following required content: -communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; and -understanding appropriate boundaries between staff and clients and the client's family. On September 30, 2024, at approximately 2:45 p.m., manager (M)-A stated the files were missing training content and they had not implemented all training topics yet. M-A stated they had recently hired a nurse who had started the training for staff. On September 24, 2025, at 3:29 p.m., administrator (ADM)-A stated they were unaware that required content was missing from their orientation program and they would assign the missing education to ULP-H and ULP-I. The licensee's policy for staff training and competency validation was requested and not received. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01145		

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01170	Continued From page 13	01170		
01170 SS=E	144A.4796, Subd. 2 Content of Orientation (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under section 626.557 and chapter 260E; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of 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, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics:	01170		

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01170	Continued From page 14 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure home care orientation included all required content including for two of three employees (unlicensed personnel (ULP)-G, ULP-I). 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 pattern scope (when more than a limited number of clients are affected or more than a limited number of staff are involved, or the situation has occurred repeatedly, but is not found to be pervasive). The findings include: ULP-G ULP-G was hired on August 11, 2025, and began providing comprehensive home care services.	01170		

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01170	Continued From page 15 ULP-G's employee record lacked evidence of completion of the following required content of orientation to home care services: -overview of home care statutes; -introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; -handing of emergencies and use of the emergency services; -home care bill of rights; -handling of client complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints (OHFC) and the common entry point; -consumer advocacy services of the Office of 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, or other relevant advocacy services; and -review of the types of home care services the employee will be providing and the provider's scope of licensure. ULP-I ULP-I was hired om August 11, 2025, and began providing comprehensive home care services. ULP-I's employee record lacked evidence of completion of home care bill of rights training during orientation. On September 24, 2025, at 3:29 p.m., administrator (ADM)-A stated they were unaware ULP-G and ULP-I were missing required orientation content. ADM-A stated they would	01170		

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01170	Continued From page 16 assign the missing module to ULP-I. ADM-A also stated ULP-G was no longer scheduled to care for clients and had resigned their position. The licensee's undated Agency Employee Orientation policy indicated all employees would complete an orientation to home care requirements before providing home care services to clients. The state required orientation to home care would include the following: -an overview of Minnesota's home care laws; -an introduction of agency policies and procedures; -handling of emergencies and use of emergency services; - home care bill of rights; - handling of clients' complaints and reporting of complaints to the Office of Health Facility Complaints; and - 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; and - 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. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01170		

Electronically Delivered

August 26, 2025

Licensee
Betterhealth LLC
6385 Old Shady Oak Road #250
Eden Prairie, MN 55344

RE: Project Number SL40854016

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 June 20, 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.

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40854	A. BUILDING: _____ B. WING _____	06/20/2025

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BETTERHEALTH LLC	6385 OLD SHADY OAK ROAD #250 EDEN PRAIRIE, MN 55344

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0 000	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL40854016-0 On June 16, 2025, through June 20, 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 were 3 clients 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).	
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan	0 810		

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0 810	Continued From page 1 (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 completed for three of three clients (C1, C2, C3). 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 the potential to affect a large portion or all the clients). The findings include: C1 C1 was admitted on February 25, 2025, and began receiving comprehensive home care services.	0 810		

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0 810	Continued From page 2 C1's Service Plan dated February 25, 2025, indicated C1's services included registered nurse (RN) 24-hour nursing services. C2 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services. C2's Service Plan dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change. C3 C3 was admitted on April 4, 2025, and began receiving comprehensive home care services. C3's record lacked a service plan. C1, C2, and C3's records lacked an IAPP to include an assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults, the person's risk of abusing other vulnerable individuals, and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable individuals. On June 17, 2025, at 10:37 a.m., administrator (ADM)-A and director of nursing (DON)-B stated they had not yet implemented an IAPP on any of their clients. ADM-A provided surveyor with a blank IAPP form and stated they thought the form needed to be completed when there was an incident. The licensee's undated Vulnerable Adult policy indicated clients would be assessed for vulnerability of abuse or neglect and a specific	0 810		

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0 810	Continued From page 3 plan would be developed to minimize the risk of abuse or neglect to that client. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) days	0 810		
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 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 a registered nurse (RN) completed a reassessment within 14 days after the date that homecare services were provided	0 860		

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0 860	Continued From page 4 for two of three clients (C2, C3). 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 the potential to affect a large number or all the clients). The findings include: C2 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services. C2's Service Plan dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change. C3 C3 was admitted on April 4, 2025, and began receiving comprehensive home care services. C3's record lacked a service plan. C2 and C3's records lacked a 14-day assessment completed by a RN. On June 17, 2024, at 1:04 p.m., director of nursing (DON)-B stated they could not locate a 14-day assessment for C2 and that they cannot remember completing a 14-day assessment for C3. DON-B stated the 14-day assessment for C2 could have been completed in a former electronic documentation system and they were unable to	0 860		

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0 860	Continued From page 5 retrieve it. The licensee's undated Comprehensive Client Assessment policy indicated client reassessment would be conducted in the client's home no more than 14 days after initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 860		
0 865 SS=D	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.	0 865		

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0 865	Continued From page 6 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a signed current service plan was implemented for one of three clients (C3). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: C3 was admitted on April 4, 2025, and began receiving comprehensive homecare services. C3's admission paperwork was signed by C3's responsible party on March 22, 2025. C3's record lacked a service plan documenting services to be provided and signed by C3's representative and a representative of the licensee. On June 17, 2025, at 1:07 p.m., director of nursing (DON)-B stated there was not a service plan in C3's record and they did not remember initiating a service plan for C3. The licensee's undated Service Plan policy indicated a service plan would be developed no later than 14 days after the start of services. The policy also indicated service plans would include	0 865		

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	H40854	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTERHEALTH LLC	6385 OLD SHADY OAK ROAD #250 EDEN PRAIRIE, MN 55344

(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
0 865	Continued From page 7 authentication by licensee and the client or client's representative, documenting agreement on services to be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 865		
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; (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.	0 870		

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0 870	Continued From page 8 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for 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 failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1 C1 was admitted on February 25, 2025, and began receiving comprehensive home care services. C1's Service Plan dated February 25, 2025, indicated C1's services included registered nurse (RN) 24-hour nursing services. C1's service plan lacked the following required content: -a description of the home care services to be provided including medication management, the fees for service, and the frequency of each service, according to the client's current review or assessment and the client preferences; -the identification of the staff or categories of staff who will provide the services; -the schedule and methods of monitoring reviews or assessments of the client;	0 870		

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0 870	Continued From page 9 -the schedule and methods of monitoring staff providing the home care services; and -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. C2 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services. C2's Service Plan dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change. C2's service plan lacked the following required content: -a description of medication setup services to include the fees for service, and the frequency of each service, according to the client's current review or assessment and the client preferences; -the schedule and methods of monitoring reviews or assessments of the client; and -the schedule and methods of monitoring staff providing the home care services. On June 17, 2025, at 1:07 p.m., director of nursing (DON)-B stated they were unaware service plans were incomplete and was unaware of required content of service plans. The licensee's undated Service Plan policy indicated service plans would include the following content: -a description of the home care service to be provided; -the staff or categories of staff that will provide the service;	0 870		

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0 870	Continued From page 10 -the type and frequency of visits; -fees for services; -schedule and methods of monitoring and reviews or assessments of the client; -the frequency of sessions of supervision of staff and type of personnel who will supervise staff; - a contingency plan for circumstances when services cannot be provided; and -name and contact information of persons the client wishes to have notified in an emergency or if there is a significant change in the client's condition. 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	0 920		

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0 920	Continued From page 11 monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current and individualized medication management plan was developed and maintained with all required content for three of three clients (C1, C2, C3). 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 the potential to affect a large number or all the clients).	0 920		

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0 920	Continued From page 12 The findings include: C1 C1 was admitted on February 25, 2025, and began receiving comprehensive home care services. C1's Service Plan dated February 25, 2025, indicated C1's services included registered nurse (RN) 24-hour nursing services. C1's record lacked a medication management plan. C2 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services. C2's Service Plan dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change. C2's Medication Management Services plan dated February 10, 2025, lacked the following required content: -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; and -any client-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to precent possible complications or adverse reactions.	0 920		

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0 920	Continued From page 13 C3 C3 was admitted on April 4, 2025, and began receiving comprehensive home care services. C3's record lacked a service plan and a medication management plan. On June 17, 2025, at 11:07 a.m., director of nursing (DON)-B stated C1 and C2 were receiving medication set up services and C3 was receiving medication administration services. DON-B stated they were unaware of the content required in medication management plans. The licensee's Medication Management policy, undated, did not address the development or maintenance of an individual medication management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 935 SS=F	144A.4792, Subd. 8 Documentation of Administration of Medication Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet	0 935		

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0 935	Continued From page 14 the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the client's medication administration documentation included all required content for two of three clients (C2, C3). 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 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services. C2's Service Plan dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change. C2's record lacked a medication administration record. C2's progress notes included RN documentation of bowel care and number of suppositories given with bowel care. C2's medication administration lacked medication name, dosage, date and time administered, and method and route of administration.	0 935		

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0 935	Continued From page 15 C3 C3 was admitted on April 4, 2025, and began receiving comprehensive home care services. C3's record lacked a service plan. C3's record lacked signed physician orders. C3's record included a medication administration record (MAR) dated May 2025. The MAR lacked documentation of medication and tube feeding dosage and methods and routes of administration. On June 17, 2025, at 12:44 p.m., director of nursing (DON)-B stated C2's medication administration was documented in the progress notes and did not include content required for documentation of medication administration. DON-B also stated registered nursing staff were providing medications and tube feedings to C3 and stated C3's MAR did not include all required content. The licensee's Medication Management policy, undated, lacked information related to documentation of medication administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 935		
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	0 940		

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0 940	Continued From page 16 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: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) documented medication set up to include 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) 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 the clients). The findings include: C1 C1 was admitted on February 25, 2025, and began receiving comprehensive home care services. C1's Service Plan dated February 25, 2025, indicated C1's services included RN 24-hour nursing services. C2 C2 was admitted on February 10, 2025, and began receiving comprehensive home care services. C2's Service Plan dated February 10, 2025, indicated C2's services included bathing, dressing, transfer assistance, bowel care, and foley catheter change.	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 940	Continued From page 17 C1 and C2's records lacked documentation of medication setup to include dates of medication setup, name of medications, quantity of dose, times to be administered, route of administration, and name of person completing the medication setup. On June 17, 2025, at 12:44 p.m., director of nursing (DON)-B stated they provided medication setup services for C1 and C2. DON-B stated they did not document the medication set up and were unaware that documentation of the service was required. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 965 SS=D	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 ensure prescriber's orders were complete and current for one of three clients (C3). 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 18 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 on April 4, 2025, and began receiving comprehensive home care services. C3's record lacked a service plan. C3's record included a Home Health Certification and Plan of Care dated February 12, 2025, through April 12, 2025. C3's record lacked signed provider orders for all medications. On June 17, 2025, at 1:14 p.m., director of nursing (DON)-B stated they were unaware C3's orders did not include a physician signature. DON-B stated C3's "mother is managing medications" and the surveyor explained if licensee staff are administering medications, prescriber orders are required. The licensee's undated Medication Management policy indicated written orders must be legible and clearly documented to include name of medication, dosage and time drug is to be given, indications and special instructions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 965		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control	01245		

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01245	Continued From page 19 (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 establish and maintain a TB (tuberculosis) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC) guidelines which included TB screening and testing was completed for two of two employees (registered nurse (RN)-C, RN-D). 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's TB Facility Risk Assessment dated	01245		

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01245	Continued From page 20 April 21, 2025, indicated the facility was at a low risk for TB transmission. RN-C RN-C was hired on April 16, 2025, to provide home care services to licensee's clients. RN-C's record included a QUantiFERON-TB Gold lab test (a TB blood test) dated January 19, 2023, indicating a negative result. RN-C's record lacked a TB history and symptom screen. RN-C's TB test was completed greater than 90 days prior to date of hire. RN-D RN-D was hired May 12, 2025, and began providing home care services to licensee's clients. RN-D's record included a chest x-ray dated September 13, 2024. RN-D's record lacked a TB symptom screen, TB history, and a TB test. RN-D's chest x-ray was completed greater than 90 days prior to employment. On June 17, 2025, at 1:36 p.m., administrator (ADM)-A stated they required potential employees to provide evidence of no TB disease as licensee did not wish to cover the costs of pre-employment testing. ADM-A stated they were unaware TB symptom and history screening was required as part of the TB program. The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, indicated TB screening is required for all healthcare workers and consists of the following:	01245		

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BETTERHEALTH LLC	6385 OLD SHADY OAK ROAD #250 EDEN PRAIRIE, MN 55344

(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
01245	Continued From page 21 -assessing for current symptoms of active TB disease; -assessing TB history; and testing for the presence of infection by administering a two-step tuberculin skin test (TST) or a single interferon gamma release assay (IGRA: a blood test for TB disease). The licensee's undated Tuberculosis Screening policy indicated all employees having direct contact with clients must have documentation of baseline health screening prior to providing care for clients. Baseline health screening includes: -assessing for current symptoms of active TB; and -testing for the presence of infection through a two-step TST or a single TB blood test No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		