DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 12, 2025

Licensee
Salama Homecare Services LLC
14801 Erkium Streeet Northwest
Anoka, MN 55303

RE: Project Number SL41277016

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 October 21, 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.

In addition, on October 21, 2025, evaluators of this Department's staff visited the above home and community based services (HCBS) provider and there were no correction orders issued. At the time of the evaluation, there were no active clients receiving services under the HCBS license.

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

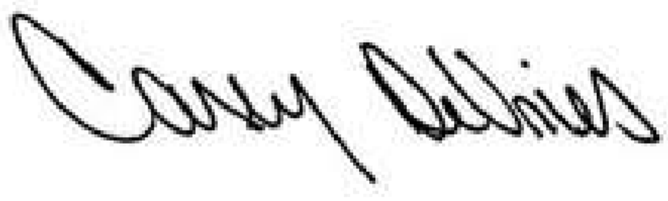
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days 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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41277	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALAMA HOMECARE SERVICES LLC	14801 ERKIUM ST NW ANOKA, MN 55303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL41277016-0 On October 21, 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 zero 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 surveyor's 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 subd. 11 (b) (1) (2)	
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring (a) When the services being provided are	0 860		

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0 860	Continued From page 1 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 an assessment was completed within five days after the date that home care services were first provided, and, continued client monitoring and reassessment was conducted no more than 14 days after the date home care services were first provided 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	0 860		

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0 860	Continued From page 2 failure that has affected or has the potential to affect a large portion or all of the clients). The findings include: C1 began receiving comprehensive services on January 18, 2025. C1's Service Log for June 2025, indicated C1 received services for vent humidifier management, urinary catheter management, bladder irrigation, tube feedings, and ventilator management. C1's record included a Comprehensive Physical Assessment for start of care (SOC) dated December 28, 2024, and an Admission Assessment dated December 28, 2024; both were completed 21 days prior to C1's admission. C1's record included an assessment titled Clinical Update Assessment 14 Days, completed on March 5, 2025, or 30 days after C1's date of admission. C1's record lacked an admission assessment completed within five days after home care services were first provided and a reassessment completed no more than 14 days after home care services were first initiated. On October 21, 2025, at 12:48 p.m., registered nurse (RN)-A and RN-B both stated their assessment schedule was off due to troubles with RTask (charting software); RTask was new to them and were still learning how to use it. On October 21, 2025, at 12:58 p.m., RN-A and RN-B stated they were unaware of the five day assessment requirement and stated it was an honest mistake. The licensee's Comprehensive Client	0 860		

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0 860	Continued From page 3 Assessment policy, undated, indicated: "A thorough, comprehensive and accurate assessment, consistent with the client's immediate needs will be completed by a registered nurse. The initial assessment will be completed within 5 days after the initiation of services. Client monitoring and reassessment must be conducted in the client's home no more than 14 days after initiation of services. Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. All assessments will be included in the client record." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
01165 SS=F	144A.4796, Subd. 1 Orientation of Staff and Supervisors All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff person and is not transferable to another home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to home care licensing requirements and regulations was provided for all the licensee's employees.	01165		

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01165	Continued From page 4 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 of the clients). The findings include: Registered nurse (RN)-B was hired on October 24, 2024, to provide direct care services to clients and supervision to unlicensed personnel (ULP). RN-B's record lacked the following required orientation topics: - review of Home Care statutes; - review of provider's policies and procedures; - handling emergencies and using emergency services; - reporting maltreatment of vulnerable adults or minors; - handing of client complaints, reporting of complaints, where to report; - home care bill of rights; - consumer advocacy services; and - review of types of Home Care services the employee will provide and provider's scope of license. On October 21, 2025, at 11:53 a.m., RN-B stated they did not complete any of the required orientation topics. On October 21, 2025, at 12:05 p.m., RN-B stated they did not think the orientation training was for them to complete as a nurse and owner but	01165		

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01165	Continued From page 5 stated they did understand the topics and information. RN-B stated they would complete the orientation training in Educare (online training platform). The licensee's Agency Employee Orientation policy, undated, indicated, "All employees of the Comprehensive Home Care Agency, including those who provide direct care, supervision of direct care, or management of services for the Agency, shall complete an orientation to home care requirements before providing home care services to clients. If any volunteers provide services to home care clients, they also will receive orientation to home care." It further indicated: "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. 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.	01165		

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01165	Continued From page 6 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." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01165		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and infection control program to	01245		

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01245	Continued From page 7 include employee TB symptom screening for two of two direct care employees (registered nurse (RN)-A, 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 the potential to affect a large portion or all of the clients). The findings include: The licensee's TB risk assessment was completed on January 15, 2025, and indicated the home care provider was at a low risk for TB transmission. RN-A RN-A was hired on October 24, 2024, to provide direct care services to clients and supervision to unlicensed personnel (ULP). RN-A's employee record lacked a TB symptom and history screening. RN-B RN-B was hired on October 24, 2024, to provide direct care services to clients and supervision to ULP. RN-B employee record lacked a TB symptom and history screening. On October 21, 2025, at 12:08 p.m., RN-A stated they did not have a TB symptom or history screening completed for themself or RN-B. RN-A	01245		

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01245	Continued From page 8 stated they found the healthcare worker screening form online and both they and RN-B would complete the form immediately. RN-A stated they thought they had completed the screenings and was aware it was required. On October 21, 2025, at 12:15 p.m., RN-A and RN-B provided completed Baseline TB Screening Tool for Health Care Workers (HCWs) forms dated October 21, 2025. The Minnesota Department of Health TB FAQ dated October 13, 2025, indicated baseline TB screening is required at the time of hire for all health care personnel in Minnesota to include: -assessing for current symptoms of active TB disease; and -assessing TB history. The licensee's Tuberculosis Screening policy, undated, indicated: "2. For all employees or contract personnel providing direct client care, there shall be evidence of baseline TB screening consisting of two components: a. Assessing for current symptoms of active TB disease, (see Baseline TB Screening Tool in Sample Forms) and b. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or a single TB blood test. If the employee has had a TB blood test or negative Chest X-ray within 90 days of employment, it does not have to be repeated at the time of hire. c. Employee history of BCG vaccination should be disregarded when administering and interpreting TST results." No further information was provided.	01245		

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01245	Continued From page 9 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments SL41277016-0 On October 21, 2025, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were no clients that were receiving services under the Integrated licensure; Home and Community Based Service Designation.	0 000		