Electronically Delivered

August 8, 2025

Licensee
Allied Support LLC
1805 Prior Avenue North
Falcon Heights, MN 55113

RE: Project Number SL41056016

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 18, 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 June 18, 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 two 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).

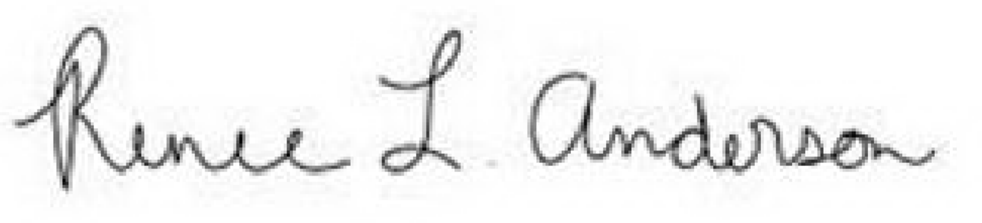
CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing 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,



Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	H41056	A. BUILDING: _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIED SUPPORT LLC	1805 PRIOR AVENUE NORTH FALCON HEIGHTS, MN 55113

(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: SL41056016 On June 16, 2025, through June 18, 2025, the Minnesota Department of Health conducted an initial full survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one client receiving services under the provider's temporary comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2)	
0 920 SS=D	144A.4792, Subd. 5 Individualized Medication Mgt Plan	0 920		

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0 920	Continued From page 1 (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 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 2 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 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 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 occurred only occasionally). The findings include: C1's "Service Recipient Information Cover Sheet," dated April 4, 2025, included a diagnosis of high blood pressure. C1's "Daily Service Plan Home Care Clients," dated August 12, 2025, indicated C1 received services to include medication administration and vital sign monitoring. C1's "Monthly Medication Management Service Agreement", dated April 4, 2025, lacked the following: -documentation of specific client instructions related to the administration of medications -any client-specific requirements related to documenting medication administration On June 16, 2025, at 12:45 p.m., owner (O)-A	0 920		

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0 920	Continued From page 3 and manager (M)-B confirmed the medication management plan was included in the above service agreement, and lacked the above required content. M-B stated she was unsure why the plan was not included in the service agreement. The licensee lacked a policy on the content of the Medication Management Plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
0 940 SS=D	144A.4792, Subd. 9 Documentation of Medication Setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be 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 documentation of medication set up 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 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	0 940		

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0 940	Continued From page 4 situation has occurred only occasionally). The findings include: C1's "Service Recipient Information Cover Sheet," dated April 4, 2025, included a diagnosis of high blood pressure. C1's "Daily Service Plan Home Care Clients," dated August 12, 2025, indicated C1 received services to include medication administration and vital sign monitoring. C1's undated and visit note indicated the following medications were set up for C1 for for the period of "6/3 to 6/30": -Vitamin D3- 1x by mouth, AM -Gabapentin - 1x capsule at bedtime, PM -Pantoprazole- 1x by mouth, AM -Lisinopril- 1x by mouth daily, AM -Hydroxyzine- PRN (as needed). The note lacked a signature or identification of who performed the medication set-up. C1's medical record lacked documentation of the dates of medication setup, quantity of dose, and name of person completing medication setup. On June 16, 2025, at 12:45 p.m., owner (O)-A and manager (M)-B confirmed that documentation with all required information was not completed for medication set up for C1, and that they were not aware of the requirement. The licensee's undated Medication Administration-weekly dosages box set up policy, indicated "the licensed nurse sets up medication on weekly into the dosage boxes" and when the licensed nurse has completed setting up the medications into the dosage box, the set-up is	0 940		

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0 940	Continued From page 5 documented on the MAR." No further information was provided. Time period for correction: Seven (7) days	0 940		
0 980 SS=D	144A.4792, Subd. 16 Written or Electronic Prescription When a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed in the client's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current written or electronically recorded prescription was obtained for medications the provider managed 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 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: C1's "Service Recipient Information Cover Sheet," dated April 4, 2025, included a diagnosis of high blood pressure. C1's "Daily Service Plan Home Care Clients,"	0 980		

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0 980	Continued From page 6 dated August 12, 2025, indicated services to include medication set-up and vital sign monitoring. C1's undated visit note indicated the following medications were set up for C1 for for the period of "6/3 to 6/30": -Vitamin D3 - 1x by mouth, AM -Gabapentin - 1x capsule at bedtime, PM -Pantoprazole - 1x by mouth, AM -Lisinopril - 1x by mouth daily, AM -Hydroxyzine - PRN (as needed). C1's record lacked physician orders for the above-listed medications set up for C1 by the licensee. On June 18, 2025, at 10:22 a.m., registered nurse (RN)-C stated she used the medication bottles at the client's residence to set up the medications, and did not obtain physician orders for the medications. RN-C stated she was not aware she needed the physician orders for medication set-up. The licensee's undated Medication & Treatment Orders policy, indicated "the RN is responsible for assuring the current, authorized prescriber orders for medications or treatments administered by the staff are kept on file in the clients' records, communicated to the client or responsible party, educate client or responsible party on all medication and treatment orders, and that changes in orders are addressed in the client's service plan and are communicated to the other staff." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	0 980		

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0 980	Continued From page 7 days	0 980		
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 establish and maintain a comprehensive tuberculosis (TB) infection control program according to the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include an annual TB facility risk assessment, TB history and symptom screening, and TB baseline testing for two of two employees (registered nurse (RN)-C and manager (M)-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	01245		

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01245	Continued From page 8 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 lacked development of a TB Facility Risk Assessment. M-B M-B was hired on March 1, 2025, to work as the office manager and to initiate and complete initial licensee paperwork in the clients' homes. M-B's employee record lacked evidence a TB symptom screen and TB testing was completed prior to working with the clients. RN-C RN-C was hired on April 15, 2025, and provided medication set-up and vital sign monitoring for the licensee's one client. RN-C's employee record included evidence baseline TB testing was completed on January 19, 2023, greater than 90 days prior to working for the licensee. The record lacked a TB history and symptom screen completed upon hire. On June 16, 2025, at 12:45 p.m., owner (O)-A and M-B stated they were not aware a TB facility risk assessment was required for the licensee. In addition, the licensee did not have M-B complete TB testing because they did not consider her as working directly with clients. O-A verified M-B completed the initial admission paperwork with clients in their homes. O-A stated RN-C provided TB test documentation from another position, and stated they were not aware the licensee needed to complete TB testing within 90 days before, or	01245		

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01245	Continued From page 9 upon hire. The licensee's undated Tuberculosis (TB) Policy & Procedures policy, indicated TB testing is required before hire and annually, and will include a TB risk assessment. The TB testing will be included in the employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER INITIAL COMMENTS: SL41056016 On June 16, 2025 through June 18, 2025, a surveyor of this Department's staff, visited the above provider. At the time of the survey, there were two clients that were receiving services under the Home and Community Based integrated licensure. As a result of the survey, no orders were issued.	0 000		