Electronically Delivered

January 20, 2026

Licensee
Casseta Home Care Agency LLC
1349 Preston Lane
Shakopee, MN 55379

RE: Project Number SL42462016

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 December 23, 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.

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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H42462	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASSETA HOME CARE AGENCY LLC	1349 PRESTON LN SHAKOPEE, MN 55379

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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: SL42462016-0 On December 22, 2025, through December 23, 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).	
0 470 SS=F	144A.472, Subd. 2 Comprehensive License Applications	0 470		

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0 470	Continued From page 1 In addition to the information and fee required in subdivision 1, applicants applying for a comprehensive home care license must also provide verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures in this subdivision and keep them current: (1) conducting initial and ongoing assessments of the client's needs by a registered nurse or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate; (2) ensuring that nurses and licensed health professionals have current and valid licenses to practice; (3) medication and treatment management; (4) delegation of home care tasks by registered nurses or licensed health professionals; (5) supervision of registered nurses and licensed health professionals; and (6) supervision of unlicensed personnel performing delegated home care tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the temporary comprehensive licensed home care provider failed to ensure the licensee's managerial staff responsible for day-to-day operations, understood the statutes including ensuring required policies and procedures were implemented. 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	0 470		

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0 470	Continued From page 2 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 temporary comprehensive home care license was issued on July 18, 2025. The licensee began providing services to clients on September 12, 2025. During the entrance conference on December 22, 2025, at 1:15 p.m., registered nurse/owner (RN/O)-A stated she was familiar with the home care laws and statutes, and the licensee had one current client. In addition, RN/O-A stated they would provide treatment or therapy management services if requested, but they did not currently have a client requiring assistance with treatments. The licensee failed to develop/implement the following required policies and procedures and keep them current: - treatment management As a result of this survey, the following orders were issued: 0790, 0810, 0815, 0905, 0920, 0940, and 1010 indicating the licensee's understanding of the Minnesota statutes were limited, and not evident for compliance with sections 144A.43 to 144A.4798. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 470		

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0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. 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 is 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: On December 22, 2025, at 1:48 p.m., registered nurse/owner (RN/O)-A stated the licensee had	0 790		

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0 790	Continued From page 4 not yet initiated quality management activities and therefore lacked documentation of ongoing quality management activities relevant to the services provided. The licensee's Quality Assurance policy dated revised May 30, 2025, indicated the licensee would establish a comprehensive quality assurance (QA) program that continuously monitors, evaluates, and improves the quality and safety of client care and services. The policy further noted documentation of QA activities, findings, and outcomes would be maintained and reviewed during licensing inspections. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 790		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (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.	0 810		

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0 810	Continued From page 5 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for the licensee's one client (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: C2 began receiving services on November 3, 2025. C2's diagnoses included diabetes. C2's Service Plan dated November 3, 2025, noted services included RN every week for medication set up. The plan further included home health aide (HHA) weekly to assist with ambulation, accompany to appointments, meal prep, and light housekeeping. C2's record lacked an assessment of the client's susceptibility to abuse by other individuals, client's risk of abusing other vulnerable adults, and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. On December 22, 2025, at 3:00 p.m., registered nurse/owner (RN/O)-A stated C2's record lacked	0 810		

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0 810	Continued From page 6 the above required components. The licensee's Maltreatment Reporting policy dated May 1, 2025, noted all employees are required to immediately report any suspected abuse, neglect, or exploitation of a vulnerable adult or minor. The policy did not include guidelines for the required components of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 815 SS=F	144A.479, Subd. 7 Employee Records The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under	0 815		

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0 815	Continued From page 7 section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record contained all the required content for one of one employee (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: ULP-B began employment on September 23, 2025. ULP-B's employee records lacked documented evidence of: - records of orientation training. On December 23, 2025, at 10:51 a.m., registered nurse/owner (RN/O)-A stated she verbally covers	0 815		

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0 815	Continued From page 8 all the required orientation components but did not have documentation of this for any employee. RN/O-A further stated ULP-B's employee record lacked the above required component. The licensee's Staffing and Training policy dated revised May 30, 2025, noted [The Licensee] employs qualified personnel and provides appropriate orientation, training, and ongoing education to meet the needs of clients in accordance with Minnesota Department of Health (MDH) licensing requirements for Comprehensive Home Care providers. The policy further noted training records would be maintained in each employee's personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 815		
0 905 SS=F	144A.4792, Subd. 2 Provision of Medication Mgt Services (a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions,	0 905		

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0 905	Continued From page 9 and actions to address these issues. (b) The assessment must: (1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and (2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications. "Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment which included all the required content for the licensee's one client (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: During the entrance conference on December 22, 2025, at 1:15 p.m. registered nurse/owner (RN/O)-A stated medication management services were provided to the licensee's one client.	0 905		

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0 905	Continued From page 10 C2 began receiving services on November 3, 2025. C2's diagnoses included diabetes. C2's Service Plan dated November 3, 2025, noted services included RN every week for medication set up. C2's prescriber orders dated October 28, 2025, included two for diabetes, three supplements, two antihypertensives (for high blood pressure), one to lower cholesterol, and a diuretic (removes excess fluid). C2's Comprehensive Physical Assessment Form dated November 3, 2025, identified C2 required weekly medication set up. In addition, C2's record included a Medication Profile/Reconciliation form which included the medication name, dose, route, frequency, and reason prescribed. However, C2's record lacked evidence the RN had conducted a face-to-face review of all medications the client was known to be taking to include: - side effects; - contraindications; - allergic or adverse reactions; and - actions to address these issues. In addition, C2's record failed to identify interventions needed in the management of medications to prevent diversion of medications by the client or others who may have access to the medications. On December 22, 2025, at 2:48 p.m., RN/O-A stated the above content was lacking from C2's record and would need to add the required components to her forms.	0 905		

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0 905	Continued From page 11 The licensee's Medication Management policy dated May 1, 2025, identified [The Licensee] would ensure safe, accurate, and client-centered medication management services in accordance with Minnesota Statutes 144A.4791. The policy did not include guidelines for the required components of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed	0 920		

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0 920	Continued From page 12 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 the required content for the licensee's one client (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: During the entrance conference on December 22,	0 920		

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	H42462	A. BUILDING: _____ B. WING _____	12/23/2025

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0 920	Continued From page 13 2025, at 1:15 p.m., registered nurse/owner (RN/O)-A stated medication management services were provided to the licensee's one client. C2 began receiving services on November 3, 2025. C2's diagnoses included diabetes. C2's Service Plan dated November 3, 2025, noted services included RN every week for medication set up. C2's prescriber orders dated October 28, 2025, included two for diabetes, three supplements, two antihypertensives (for high blood pressure), one to lower cholesterol, and a diuretic (removes excess fluid). C2's record included a Medication Administration Record (MAR) dated December 2025. The MAR identified a weekly medication setup had been completed and that the nurse would order supplies as needed. C2's record lacked a medication management plan to include the following required content: - a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions. On December 22, 2025, at 2:48 p.m., RN/O-A stated the above content was lacking from C2's record and would need to add the required component to her forms. The licensee's Medication Management policy dated May 1, 2025, identified [The Licensee]	0 920		

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0 920	Continued From page 14 would ensure safe, accurate, and client-centered medication management services in accordance with Minnesota Statutes 144A.4791. The policy did not include guidelines for the required components of the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 920		
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 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 documentation of medication setup included all the required content for the licensee's one of one client (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:	0 940		

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0 940	Continued From page 15 During the entrance conference on December 22, 2025, at 1:15 p.m., registered nurse/owner (RN/O)-A stated the licensee provided medication management services to the licensee's one client, including medication setup. C2 began receiving services on November 3, 2025. C2's diagnoses included diabetes. C2's Service Plan dated November 3, 2025, noted services included RN every week for medication set up. C2's Comprehensive Physical Assessment Form dated November 3, 2025, identified C2 required weekly medication set up. C2's prescriber orders dated October 28, 2025, included two for diabetes, three supplements, two antihypertensives (for high blood pressure), one to lower cholesterol, and a diuretic (removes excess fluid). C2's record included a Medication Administration Record (MAR) dated December 2025, and Progress Notes dated November 5, 2025, through December 17, 2025. The MAR and Progress Notes identified the dates the weekly medication setup had been completed. However, C2's MAR and Progress Notes lacked the medication name, dose, times to be administered, route, and frequency. On December 22, 2025, at 3:16 p.m., RN/O-A stated the documented medication set up was completed in C2's MAR and progress notes, but did not include the medication name, dose, route, and frequency as required. RN/O-A further stated	0 940		

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0 940	Continued From page 16 the requirement "makes sense" and would need to change her process. The licensee's Medication Management policy dated May 1, 2025, identified [The Licensee] would ensure safe, accurate, and client-centered medication management services in accordance with Minnesota Statutes 144A.4791. In addition, each medication setup would be documented with initials, dated, time of setup, and expiration date. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	0 940		
01010 SS=F	144A.4792, Subd. 22 Disposition of Medications (a) Any current medications being managed by the comprehensive home care provider must be given to the client or the client's representative when the client's service plan ends or medication management services are no longer part of the service plan. Medications that have been stored in the client's private living space for a client who is deceased or that have been discontinued or that have expired may be given to the client or the client's representative for disposal. (b) The comprehensive home care provider will dispose of any medications remaining with the comprehensive home care provider that are discontinued or expired or upon the termination of the service contract or the client's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including	01010		

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01010	Continued From page 17 the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the client's record regarding the disposition of medication including the medication's name, strength, prescription number, quantity, date of disposition, to whom the medications were given, and names of staff and other individuals involved in the disposition, for licensee's one discharged client (C1). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1 was admitted to the home care provider on September 12, 2025, and discharged on November 10, 2025, to the care of her son. C1's Service Plan dated October 13, 2025, identified C1 received services including medication administration and management. C1's record lacked a medication disposition record at the time of discharge to include the	01010		

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01010	Continued From page 18 medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. On December 22, 2025, at 2:15 p.m., registered nurse/owner (RN/O)-A stated C1's documentation of the disposition of medications was not completed. RN/O-A indicated she was was aware of the requirement but had not thought to complete the task. The licensee's Medication Management policy dated May 1, 2025, indicated the licensee would ensure safe, accurate, and client-centered medication management services in accordance with Minnesota Statutes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01010		