Electronically Delivered

October 31, 2025

Licensee
Independent Home Care Agency
3300 County Road 10 Suite 300E
Brooklyn Center, MN 55429

RE: Project Number(s) SL28566010

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 25, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

MDH 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
In accordance with 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 client(s)/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 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.

If you have any questions, please contact me.

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
	H28566	A. BUILDING: _____ B. WING _____	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT HOME CARE AGENCY	3300 COUNTY ROAD 10 STE 300E BROOKLYN CENTER, MN 55429

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL28566016-0 On September 23, 2025, through September 25, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were no clients receiving services under the provider's comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 815 SS=D	144A.479, Subd. 7 Employee Records The home care provider must maintain current	0 815		

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

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0 815	Continued From page 2 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: ANNUAL TRAINING ULP-D was hired on August 13, 2019, to provide direct care services. ULP-D's employee record lacked evidence of the following required annual training: -reporting maltreatment of vulnerable adults or minors; -home care bill of rights; -infection control techniques, and; -review of provider's policies and procedures. On September 24, 2025, at 12:22 p.m., the surveyor attempted to contact ULP-D via telephone but was only able to leave a voicemail. On September 24, 2025, at 1:53 p.m., director (D)-E stated they were responsible for the annual training. D-E stated they completed the training with staff but shredded the documentation when ULP-D's employment ended in July 2024. D-E stated they were unaware they were required to retain employee records for three years. The licensee's Annual Training Requirements dated 20214 indicated staff would receive eight hours of training annually and records would be maintained for at least three years.	0 815		

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0 815	Continued From page 3 ANNUAL REVIEW ULP-D's employee record lacked documentation of an annual reviews. On September 25, 2025, at 11:48 a.m., D-E stated they were responsible for the annual reviews for employees. D-E stated their process was to complete the annual review around employee's anniversary date of hire. D-E stated the process was to document the annual review on a paper form. The surveyor observed D-E looking through ULP-D's employee file and stated if the annual review document was not located in the employee record then it was probably not completed, or the annual review documentation was missing or misplaced. The licensee's undated Performance Evaluations policy indicated licensee would complete a competency-based performance review for all employees after one year of employment and the original copy would be kept in the employee file. ORIENTATION TRAINING ULP-D's employee record lacked evidence the following training was completed: -overview of home care statutes; -review of provider's policies and procedures; -handling emergencies and using emergency services; -reporting maltreatment of vulnerable adults or minors; -home care bill of rights; -handing of client complaints, reporting of complaints, where to report; -consumer advocacy services; -review of types of Home Care services the employee will provide and provider's scope of license;	0 815		

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0 815	Continued From page 4 -orientation to each specific client and services provided, and; initial dementia training required for all direct care staff and supervisors. On September 24, 2025, at 11:07 a.m., D-E stated the orientation training process was for staff to watch a digital video disc (DVD). The surveyor observed D-E try to play the DVD but D-E was unable to get it to play. On September 24, 2025, at 11:26 a.m., ULP-A stated for the orientation training, they watched a DVD then would answer questions but they were unable to remember all the topics. On September 24, 2025, at 1:52 p.m., D-E provided a document titled Company Name Orientation to Home Care Requirements and stated it was the content for the DVD. The document listed the following topics: -overview of the statute; -types of home care license - basic and comprehensive; -agency responsibilities to clients including home care bill of rights, statement of home care services, acceptance of clients, service plan, client complaint process, delegation of nursing tasks, disaster planning/emergency preparedness, vulnerable adult/child, abusive prevention plan, infection control, dementia and related diseases, employee records, and client records. On September 24, 2025, at 1:53 p.m., D-E stated they were unsure why they were unable to find the documentation that confirmed ULP-D watched the orientation training DVD. On September 25, 2025, at 12:46 p.m., the	0 815		

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0 815	Continued From page 5 Minnesota Department of Health (MDH) concluded the survey. As of that time, the surveyor did not receive a call back from ULP-D. The licensee's Orientation, Training, and Competency Evaluation policy dated 2014 indicated staff would receive training in the above missing topics. The licensee's undated Personnel Records policy indicated licensee was required to maintain employee record content for three years. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
01090 SS=C	144A.4794, Subd. 5 Record Retention Following the client's discharge or termination of services, a home care provider must retain a client's record for at least five years, or as otherwise required by state or federal regulations. Arrangements must be made for secure storage and retrieval of client records if the home care provider ceases business. This MN Requirement is not met as evidenced by: Based on interview and record review, licensee failed to retain a client's complete record for one of one client (C1). This practice resulted in a level one violation (a violation that will cause only minimal impact on the clientand does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic	01090		

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01090	Continued From page 6 failure that has affected or has the potential to affect a large portion or all the clients). The findings include: C1 was admitted to the licensee on November 23, 2001, and began receiving comprehensive home care services. C1's Statement of Home Care Services dated November 23, 2021, indicated C1 received assistance with hands on transfers, dressing, self-feeding, oral hygiene, haircare, grooming, toileting, bathing, standby assistance, verbal or visual cue for medications, laundry, housekeeping, and meal preparation. C1's record did not contain a service plan. C1's diagnoses included anxiety, hypertension (high blood pressure), and fluid retention (where fluid accumulates in body's tissues or organs). C1's record included an assessment completed on July 12, 2024. C1's record indicated they were discharged on July 16, 2025. On September 25, 2025, at 10:13 a.m., clinical nurse supervisor (CNS)-C stated they were completing the assessments every 90 days. Director (D)-E stated CNS-C was completing the assessments and handing them to D-E to file. D-E stated they would shred the previous assessment and only keep the current assessment. D-E stated there would be no way to refer back to the previous assessment and it never occurred to them they would need to refer back to the previous assessment. D-E stated they did not know they were required to maintain	01090		

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01090	Continued From page 7 records for a period of time. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01090		
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 ensure the provider established and maintained a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include an updated facility TB risk assessment. 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	01245		

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01245	Continued From page 8 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: On September 23, 2025, at 12:04 p.m., director (D)-E presented a document titled Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for [licensee]. The form indicated it was completed on January 5, 2023. D-E stated they had no additional Facility TB Risk Assessment Worksheets completed but was aware the worksheet was required to be completed annually. On September 25, 2025, at 11:14 a.m., clinical nurse supervisor (CNS)-C stated they would print out and complete the Minnesota Department of Health (MDH) Facility TB Risk Assessment Instruction Worksheet for Health Care Settings Licensed by MDH. CNS-C stated the reason for completing the Facility TB Risk Assessment Worksheet was to determine the rates of infection for TB which would dictate the required screenings the licensee would have to perform on staff. CNS-C stated it was required to be completed annually, and the reason for not completing the facility risk assessment, "slipped by mind." On September 25, 2025, at 12:46 p.m., director (D)-E stated they did not have a policy related to TB facility risk assessments. The Center for Disease Control Tuberculosis Infection Control dated December 15, 2023, recommended assisted living facilities (ALF)	01245		

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01245	Continued From page 9 complete a TB risk assessment. The Minnesota Department of Health (MDH) Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for Health Care Settings Licensed by MDH dated April 2025 recommended the facility risk assessment be completed annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		