DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 14, 2025

Licensee
Bela Home Care LLC
12188 Bataan Street Northeast
Blaine, MN 55449

RE: Project Number(s) SL40748016

Dear Licensee:

On September 11, 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 corrected all of the state licensing orders issued pursuant to the June 20, 2025 survey.

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.

Also, at the time of this follow-up survey completed on September 11, 2025, we identified the following violation(s):

0855 - Basic Individualized Client Review/monitoring - 144a.4791, Subd. 7
0865 - Service Plan, Implementation & Revisions - 144a.4791, Subd. 9(a-E)
0870 - Content Of Service Plan - 144a.4791, Subd. 9(f)
1170 - Content Of Orientation - 144a.4796, Subd. 2
1245 - Tb Infection Control - 144a.4798, Subd. 1

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.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

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

We urge you to review these orders carefully. If you have questions, please contact Kelly Thorson at 320-223-7336.

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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 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
	H40748	A. BUILDING: _____ B. WING _____	R 09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELA HOME CARE LLC	12188 BATAAN ST NE BLAINE, MN 55449

(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: Project # SL40748016-1 On September 8, 2025, through September 11, 2025, the Minnesota Department of Health conducted a full follow-up survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two (2) clients receiving services under the provider's Temporary Basic Home Care license.	{0 000}	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License 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 144G.31 SUBDIVISION 1-3.	
0 855 SS=F	144A.4791, Subd. 7 Basic Individualized Client Review/Monitoring	0 855		

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0 855	Continued From page 1 Subd. 7.Basic individualized client review and monitoring. (a) When services being provided are basic home care services, an individualized initial review of the client's needs and preferences must be conducted at the client's residence with the client or client's representative. This initial review must be completed within 30 days after the date that home care services are first provided. (b) Client monitoring and review must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the date of the last review. The monitoring and review 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 complete an individualized client on-going 30-day review and monitoring as required 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 failure that has affected or has potential to affect a large portion or all of the clients). The findings include:	0 855		

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0 855	Continued From page 2 During the entrance conference on September 9, 2025, at 9:00 a.m., owner (O)-A stated they were familiar with the basic home care license laws and regulations. O-A stated the licensee completed an initial client intake and a client review with any changes in client condition or services. C1 was admitted for Basic Home Care services on June 25, 2025, with diagnosis of dementia. C1's record contained an initial assessment dated June 26, 2025, and an individual abuse prevention plan dated June 26, 2025. C1's record lacked a 30-day on-going monitoring of services provided by the licensee. On September 11, 2025, at 9:14 a.m., O-A stated the licensee completed an initial intake to see if the client was appropriate for basic home care services; however, was unaware an ongoing review of client needs and preferences was required within 30 days and every 90 days. The licensee's dated 2023; 3.9 Monitoring and Follow-up policy indicated the initial review would be completed within 30 days after initiation of services and review would be done based on changes of the client and not to exceed 90 days from the date of the last review. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 855		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions	0 865		

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0 865	Continued From page 3 Subd. 9.Service plan, implementation, and revisions to service plan. (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one client's (C1) service plan was dated and authenticated by the home care provider and by the client or the client's representative documenting agreement on the services to be provided.	0 865		

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0 865	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 potential to affect a large portion or all of the clients). The findings include: C1 was admitted for Basic Home Care services on June 25, 2025, with diagnoses of dementia. C1's unsigned Care Plan dated June 26, 2025, included dressing, grooming, mobility, showers, and behavior monitoring. The care plan lacked a date and authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. On September11, 2025, at 9:13 a.m., owner (O)-A stated they did not sign the service plan or have the client sign it as she was not aware of the requirement. The licensee's 3.8 Service Plan dated 2023; read "the client or the financially responsible party shall sign the Service Plan." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 865		

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0 870	Continued From page 5	0 870		
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	0 870		

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0 870	Continued From page 6 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 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 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 on June 25, 2025, and began receiving basic home care services. C1's unsigned Care Plan dated June 26, 2025, included dressing, grooming, mobility, showers, and behavior monitoring. The care plan lacked the following required content: - 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; - 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:	0 870		

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0 870	Continued From page 7 - 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; - information and a method for a client or client's representative to contact the home care provider; - 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 services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. On September 11, 2025, at 9:13 a.m., owner (O)-A stated they were not aware of the required content of the service plan. The licensee's 3.8 Service Plan dated 2023; read the following: - contact information for the agency and procedures for contacting the Administrator. Information and a method for the client or client's representative to contact the home care provider; -date services will commence; -identification of the staff or categories of staff who will provide the services; -the schedule and methods of monitoring staff providing home care services; -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; - a contingency plan which includes; -the action to be taken by the agency and the client or client representative if the scheduled service cannot be provided; -information and a method for the client or the	0 870		

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0 870	Continued From page 8 clients representative to contact the agency; -the client's right to cancel services at any time; -the fees for services; and -the client or the financially responsible party shall sign the service plan. No further information was provided. TIME PERIOD TO CORRECT- Twenty-one (21) days	0 870		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation Subd. 2.Content. (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 sections 626.556 and 626.557; (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;	01170		

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01170	Continued From page 9 (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: (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	01170		

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01170	Continued From page 10 by: Based on interview and record review, the licensee failed to ensure one of one employee, (unlicensed personnel (ULP)-B) received orientation to home care to include all the required topics. 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 was hired on June 25, 2025, to provide direct cares to licensee's clients. ULP-B's employee record lacked documented evidence of required orientation to include: - overview of Home Care statutes - home Care bill of rights - consumer advocacy services - review of types of Home Care services the employee will provide and provider's scope of license - hearing loss training (optional) - orientation to each specific client and services provided (144A.4796, Subd. 4) On September 11, 2025, at 9:14 a.m., owner (O)-A stated the licensee was not aware of all the required orientation content and planned to update the employee orientation content.	01170		

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01170	Continued From page 11 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01170		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control Subdivision 1.Tuberculosis (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 tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included completion of a TB risk assessment, and completion of a TB screening test 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	01245		

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01245	Continued From page 12 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 did not have a written a TB risk assessment. ULP-B started employment with the licensee on June 25, 2025, to provide basic home care services to the licensee's client (C1). On September 10, 2025, at 10:33 a.m. owner (O)-A licensee provided ULP-B's employee record. ULP-B's employee record lacked a TB history and symptoms screening. On September 11, 2025, at 9:14 a.m., O-A stated they were unaware of the requirement and would correct moving forward. The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings," dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB	01245		

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(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 13 screening should be documented in the employee's record." The licensee's undated Tuberculosis Infection Control policy read, "it shall be the policy of this agency to adhere to the Occupational Safety and Health Administration (OSHA) standards related to respiratory protection and the current CDC guidelines for tuberculosis infection control." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		

Electronically Delivered

August 14, 2025

Licensee
Bela Home Care LLC
12188 Bataan Street Northeast
Blaine, MN 55449

RE: Project Number SL40748016

Dear Licensee:

This is your **official notice** that you have been **granted your basic 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,

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 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
	H40748	A. BUILDING: _____ B. WING _____	06/20/2025

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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: Project # SL40748016-0 On June16, 2025, through June 17, 2025, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five (5) clients receiving services under the provider's temporary basic license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License 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 144G.31 SUBDIVISION 1-3.	
0 645 SS=F	144A.475, Subd. 1 Conditions Subdivision 1.Conditions. (a) The commissioner	0 645		

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0 645	Continued From page 1 may refuse to grant a temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider: (1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482; (2) permits, aids, or abets the commission of any illegal act in the provision of home care; (3) performs any act detrimental to the health, safety, and welfare of a client; (4) obtains the license by fraud or misrepresentation; (5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the home care provider's clients; (8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department; (9) destroys or makes unavailable any records or	0 645		

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0 645	Continued From page 2 other evidence relating to the home care provider's compliance with this chapter; (10) refuses to initiate a background study under section 144.057 or 245A.04; (11) fails to timely pay any fines assessed by the department; (12) violates any local, city, or township ordinance relating to home care services; (13) has repeated incidents of personnel performing services beyond their competency level; or (14) has operated beyond the scope of the home care provider's license level. (b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to fully cooperate with the survey process by the Minnesota Department of Health (MDH). This had the potential to affect all of the licensee's current clients and staff. 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	0 645		

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0 645	Continued From page 3 a large portion or all of the clients). The findings include: On June 16, 2025, at 6:53 a.m. the surveyor sent an entrance email indicating the time of arrival for surveyor at 9:30 a.m. On June 16, 2025, at 9:30 a.m. surveyor arrived at the licensee's office and rang the doorbell and knocked on the door with no answer. On June 16, 2025, at 9:47 a.m. surveyor placed a call to the licensee's first phone number indicated on the office door with no answer. On June 16, 2025, at 9:49 a.m. surveyor placed a call to the licensee's second phone number indicated on the office door with no answer. On June 16, 2025, at 9:52 a.m., the surveyor sent an email to the licensee indicating the initiation of a full basic home care survey starting on June 16, 2025. On June 16, 2025, at 11:17 a.m., owner (O)-A returned the surveyor's and stated licensee had five (5) clients receiving care under the temporary basic license. On June 17, 2025, at 8:11 a.m. O-A stated they were unable to proceed with the survey due to personal reasons. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 645		