Electronically Delivered

May 19, 2026

Licensee
Village Caregiving LLC
321 2nd Avenue South #444
Minneapolis, MN  55401

RE:  Project Number(s) SL38671017

Dear Licensee:

On April 8, 2026, 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 January 8, 2026. The follow-up survey determined your agency had not corrected all of the state licensing orders issued pursuant to the January 8, 2026 survey.

In accordance with Minn. Stat. § 144A.474, Subd. 11, state licensing orders issued pursuant to the last survey, completed on January 8, 2026, found not corrected at the time of the April 8, 2026, follow-up survey and/or subject to penalty assessment are as follows:

**0440-Basic Home Care License Provider-144a.471, Subd. 6 - $1,000.00**
**0855-Basic Individualized Client Review/monitoring-144a.4791, Subd. 7 - $500.00**
**0870-Content Of Service Plan-144a.4791, Subd. 9(f) - $500.00**

The details of the violations noted at the time of this follow-up survey completed on April 8, 2026 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on April 8, 2026, we identified the following violation(s):

**0560-Correction Orders-144a.474, Subd. 8 - $1,000.00**

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.

**The total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**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.

**IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144A.475;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144A.475.

**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**

**REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

**We urge you to review these orders carefully. If you have questions, please contact Jess**

**Schoenecker at 651-201-3789.**

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 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 |
|---|---|---|---|
| | H38671 | A. BUILDING: _____ B. WING _____ | R 04/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VILLAGE CAREGIVING LLC | 321 2ND AVENUE SOUTH #444 MINNEAPOLIS, MN 55401 |

| (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 |
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| {0 000} | Initial Comments<br><br>*****ATTENTION******<br><br>HOME CARE PROVIDER LICENSING CORRECTION ORDER<br><br>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>Project # SL38671017-1<br><br>On April 6, 2026, through April 8, 2026, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 8, 2026. At the time of the survey, there were 42 clients that were receiving basic services. As a result of the revisit, the following orders were issued. | {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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL USED PURSUANT TO 144A.474 SUBD. 11 (b) (1) (2). | |
| {0 440} SS=I | 144A.471, Subd. 6 Basic Home Care License Provider | {0 440} | | |

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| {0 440} | Continued From page 1<br><br>Subd. 6.Basic home care license provider. Home care services that can be provided with a basic home care license are assistive tasks provided by licensed or unlicensed personnel that include:<br><br>(1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing;<br><br>(2) providing standby assistance;<br><br>(3) providing verbal or visual reminders to the client to take regularly scheduled medication, which includes bringing the client previously set-up medication, medication in original containers, or liquid or food to accompany the medication;<br><br>(4) providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises;<br><br>(5) preparing modified diets ordered by a licensed health professional; and<br><br>(6) assisting with laundry, housekeeping, meal preparation, shopping, or other household chores and services if the provider is also providing at least one of the activities in clauses (1) to (5).<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the basic home care license provider provided services outside the scope of their license for two of four clients (C3, C7).<br><br>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, | {0 440} | | |

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| {0 440} | Continued From page 2<br>or a violation that has the potential to lead to 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).<br><br>The findings include:<br><br>NURSING ASSESSMENTS<br>C3's diagnoses included multiple sclerosis.<br><br>C3's Veterans Nursing Assessment dated January 26, 2026, indicated the registered nurse (RN) completed a comprehensive quarterly re-assessment for homemaker/home health aide services. The assessment included a review of C3's medical history/recent hospitalizations, medications, medical equipment, therapy, personal history, communication abilities, psychological, personal care abilities, mobility tasks, nutritional tasks, environmental tasks, and physical assessment. Under the comments section, it indicated C3 was incontinent of bowel and urine, had a foley catheter, and relied on help for all cares. The assessment was signed by executive director/RN (ED/RN)-G.<br><br>C3's Veterans Plan of Care signed by ED/RN-G on January 26, 2026, indicated C3 required total cares, bed baths, total dressing assistance, incontinent and Foley catheter cares, housekeeping/laundry, and meal prep.<br><br>C7<br>C7 was admitted for home care services on March 23, 2026, and had a diagnosis of dementia.<br><br>C7's Veteran Nursing Assessment dated March | {0 440} | | |

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| {0 440} | Continued From page 3<br><br>28, 2026, indicated the RN completed a comprehensive initial nurse assessment. The assessment included a review of C7's medical history/recent hospitalizations, medications, medical equipment, current therapies, personal history, communication abilities, psychological, personal care abilities, mobility tasks, nutritional tasks, environmental tasks, and physical assessment. The assessment was signed by RN-J on March 31, 2026.<br><br>C7's Veterans Plan of Care signed by RN-J on March 31, 2026, indicated C7 required assistance with bathing three days per week, meal preparation 4 days per week, and laundry three days per week.<br><br>During phone interview on April 6, 2026, with director of compliance operations (DCO)-A stated all United States Department of Veterans Affairs (VA) clients received RN assessments every 90 days.<br><br>On April 7, 2026, at 8:23 a.m., by email, DCO-A indicated again that VA clients received RN assessments and private pay clients had plan of care assessments completed.<br><br>DELEGATED TASK<br>C3's Daily Care Notes dated March 25 and 26, 2026, indicated unlicensed personnel (ULP)-I provided assistance with meal preparation, feeding, light housekeeping, and laundry. In the "Notes" section dated March 26, a note indicated they were being taught how to empty C3's bag.<br><br>During phone interview on April 7, 2026, at 12:58 p.m., ULP-I stated they worked with C3 four to five days a week. They completed tasks such as meal prep, housekeeping, laundry, empty | {0 440} | | |

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| {0 440} | Continued From page 4<br>catheter bag, and companionship.<br><br>During phone interview on April 7, 2026, at 1:10 p.m., ULP-H stated they worked with C3 two days a week. ULP-H stated they did not provide personal cares or bathing, but provided meals, sat with C3 while they ate, empty catheter bag 1-2 times per shift, housekeeping, laundry, and companionship.<br><br>During observation and interview on April 8, 2026, at 9:30 a.m., C3's family member (FM)-F, a neighbor/friend, and ULP-H were present. FM-F welcomed the surveyor in and stated ULPs provided housekeeping, meal preparation, and emptying the catheter bag. During the conversation, the surveyor observed ULP-H prepare a meal for C3 and wash dishes. At 9:50 a.m., the surveyor and FM-F entered C3's room and saw C3 lying in bed watching television. C3 welcomed the surveyor in and introductions were completed. FM-F explained to the surveyor what tasks she completed (wound care, changing catheter, bathing, and transfers). The surveyor observed a foley catheter bag hanging from a grab bar next to the right side of the bed near the floor. The bag was about half full of urine. At 10:08 a.m., the surveyor asked if ULP-H had emptied the catheter bag yet, and ULP-H stated no. When the surveyor asked if the bag could be emptied, ULP-H had just washed hands, grabbed the basin holding a urinal and emptied the urine into the urinal without wearing gloves. While the urine was emptying, ULP-H stated the current bag in use had the best valve because it was the easiest to use. ULP-H then emptied the urine into the toilet and sprayed a bleach cleaner into the urinal and returned the items into C3's room.<br><br>During video interview on April 8, 2026, DCO-A | {0 440} | | |

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| {0 440} | Continued From page 5<br><br>and DCO-C were both present for questions and both were not aware staff were emptying C3's catheter bag and DCO-C stated staff were trained not to touch catheters. DCO-C also stated they were required to complete RN assessments by the VA for VA clients. DCO-A and DCO-C were not aware completing nursing assessments were outside the scope of a basic home care license.<br><br>The licensee's Assessment of Client Policy updated March 1, 2026, indicated in accordance with Minnesota (MN) statute 144A.471 Subd. (subdivision) 7 and Subd 8, [licensee] shall monitor and assess the client's needs initially on an ongoing basis. The initial assessment: an individual initial review of the client's needs and preferences shall be conducted at the client's home with the client or client's representative. This review shall be completed within 30 days of the client's first day of receiving services. Additionally, [licensee] shall monitor and review the client as needed based on any changes in the needs of the client. Reassessments are required every 90 days.<br><br>The licensee's Scope of Service policy updated March 1, 2026, indicated in accordance with MN statute 144A.471 subd 6, [licensee] shall only provide services within its scope. [Licensee] is a Basic Home Care licensed provider. [Licensee] shall provide services that are assistive tasks provided by licensed and unlicensed personnel including: 1. assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing; 2. providing standby assistance; 3. providing verbal or visual reminders to the client to take regularly scheduled medication, which includes bringing the client previously set-up medication, medication in original containers, or liquid or food to accompany the medication; 4. | {0 440} | | |

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| {0 440} | Continued From page 6<br><br>providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises; 5. preparing modified diets ordered by a licensed health professional; and 6. assisting with laundry, housekeeping, meal preparation, shopping, or other household chores and services if the provider is also providing at least one of the activities in clauses (1) to (5).<br><br>The licensee's Staff Qualifications and Competency Policy updated March 1, 2026, indicated ULP providing basic home care services for a basic home care provider may not perform delegated nursing or therapy tasks.<br><br>No further information was provided. | {0 440} | | |
| 0 560 SS=I | 144A.474, Subd. 8 Correction Orders<br><br>Subd. 8.Correction orders. (a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a home care provider, a managerial official, or an employee of the provider is not in compliance with sections 144A.43 to 144A.482. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.<br><br>(b) The commissioner shall mail copies of any correction order to the last known address of the home care provider, or electronically scan the correction order and e-mail it to the last known home care provider e-mail address, within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the home care provider, and public documents shall be made available for | 0 560 | | |

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| 0 560 | Continued From page 7<br><br>viewing by any person upon request. Copies may be kept electronically.<br><br>(c) By the correction order date, the home care provider must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the home care provider's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the correction orders for a survey completed January 8, 2026, and a revisit completed on April 8, 2026.<br><br>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).<br><br>The findings include:<br><br>On February 18, 2026, the licensee received results from the initial survey which concluded on January 8, 2026. The longest time period of correction (time frame by which the licensee must document and correct orders) was 21 days from the date the licensee received their results, which March 11, 2026. The licensee's correction orders included tag identifier 0440 related to 144A.471 | 0 560 | | |

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| 0 560 | Continued From page 8<br><br>Subd. 6 Basic home care licensure provider, 0855 related to 144A.4791 Subd. 7 Basic individualized client review/monitoring, and 0870 related to 144A.4791 Subd. 9 (f) Contents of service plan.<br><br>During the revisit entrance conference on April 6, 2026, at 11:12 a.m., director of compliance operations (DCO)-C stated there had been role changes since the last survey and DCO-A was the person to contact regarding the revisit.<br><br>On April 6, 2026, at 1:09 p.m., by email, DCO-A provided two documents both titled "[Licensee's] Plan of Compliance and Correction," one was dated January 8, 2026, and reviewed by DCO-A, and the other document, undated, reviewed by DCO-C. The documents indicated what corrections were made and changes to their system and practices to ensure compliance in the future.<br><br>During the revisit survey from April 6, 2026, through April 8, 2026, a review of the licensee's policies and procedures, client observations, and client records, lacked evidence to indicate the licensee had attempted to correct the following orders issued on January 8, 2026: 0440, 0855, and 0870.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 560 | | |
| {0 855} SS=D | 144A.4791, Subd. 7 Basic Individualized Client Review/Monitoring<br><br>Subd. 7.Basic individualized client review and | {0 855} | | |

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| {0 855} | Continued From page 9<br><br>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.<br><br>(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<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to complete ongoing basic individualized client review and monitoring not to exceed 90 days from the date of the last review for two of three clients (C5, C6).<br><br>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).<br><br>The findings include:<br><br>Upon survey initiation on April 6, 2026, at 1:09 p.m., by email, director of compliance operations (DCO)-A provided the licensee's plan of | {0 855} | | |

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| VILLAGE CAREGIVING LLC | 321 2ND AVENUE SOUTH #444 MINNEAPOLIS, MN 55401 |

| (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 |
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| {0 855} | Continued From page 10<br><br>compliance and correction pursuant to survey completed on January 8, 2026. The document indicated the non-compliance resulted from a misunderstanding of the requirements and indicated the licensee received a significant number of clients through the Veterans Community Care Network and assessment policies vary across individual United States Department of Veterans Affairs (VA) facilities and state jurisdictions. Evidence of correction included re-education to its executive director and the licensee's internal auditing team was conducting regular audits of client records to verify that monitoring took place every 90 days.<br><br>C5<br>C5 had diagnosis of previous falls.<br><br>C5's Plan of Care and Assessment dated August 14, 2025, indicated C5 required assistance with bathing, meal preparation, housekeeping, laundry, and dressing.<br><br>During phone interview on April 7, 2026, at 12:13 p.m., C5 stated they received assistance daily for a few hours to assist with showers and ambulating hallways to increase their strength.<br><br>C6<br>C6 had diagnosis of type two diabetes.<br><br>C6's Veterans Plan of Care dated October 16, 2025, indicated C6 required assistance with meal preparation, general cleaning, and laundry.<br><br>C5 and C6's record lacked evidence monitoring and review was completed every 90 days as required.<br><br>During phone interview on April 7, 2026, at 9:09 | {0 855} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| {0 855} | Continued From page 11<br><br>a.m., when surveyor asked DCO-A about C5's monitoring visits, they were not sure what the surveyor was referencing. After explanation, DCO-A stated the licensee had a turnover of staff and they were lagging behind on completing monitoring visits, so they did not have an updated monitoring visit for C5. DCO-A stated they were in the process of completing the corrections but not all were completed.<br><br>During video interview on April 8, 2026, at 12:30 p.m., DCO-C stated they had changed their internal auditing process but were not able to get the monitoring visits completed in time.<br><br>The licensee's Assessment of Client Policy updated March 1, 2026, indicated reassessments were required every 90 days.<br><br>No further information was provided. | {0 855} | | |
| {0 870} SS=F | 144A.4791, Subd. 9(f) Content of Service Plan<br><br>(f) The service plan must include:<br><br>(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;<br><br>(2) the identification of the staff or categories of staff who will provide the services;<br><br>(3) the schedule and methods of monitoring reviews or assessments of the client;<br><br>(4) the schedule and methods of monitoring staff providing home care services; and | {0 870} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| {0 870} | Continued From page 12<br>(5) a contingency plan that includes:<br><br>(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;<br><br>(ii) information and a method for a client or client's representative to contact the home care provider;<br><br>(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<br><br>(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 chapters.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure the service plan included all the required content for three of four clients (C3, C5, C6).<br><br>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).<br><br>The findings include: | {0 870} | | |

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| {0 870} | Continued From page 13<br><br>Upon survey initiation on April 6, 2026, at 1:09 p.m., by email, director of compliance operations (DCO)-A provided the licensee's plan of compliance and correction pursuant to survey completed on January 8, 2026. The document indicated the licensee had corrected this deficiency by revisiting and updating its current service plan to include all required content. Additionally, C3's service plan was re-done and in compliance.<br><br>C3<br>C3's diagnoses included multiple sclerosis.<br><br>C3's Veterans Plan of Care signed by ED/RN-G on January 26, 2026, indicated C3 required total cares, bed baths, total dressing assistance, incontinent and Foley catheter cares, housekeeping/laundry, and meal prep.<br><br>During observation and interview on April 8, 2026, at 9:30 a.m., C3's family member (FM)-F, a neighbor/friend, and ULP-H were present. FM-F welcomed the surveyor in and stated ULPs provided housekeeping, meal preparation, and emptying the catheter bag. During the conversation, the surveyor observed ULP-H prepare a meal for C3 and wash dishes.<br><br>C5<br>C5 had diagnosis of previous falls.<br><br>C5's Plan of Care and Assessment dated August 14, 2025, indicated C5 required assistance with bathing, meal preparation, housekeeping, laundry, and dressing.<br><br>During phone interview on April 7, 2026, at 12:13 p.m., C5 stated they received assistance daily for | {0 870} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| {0 870} | Continued From page 14<br><br>a few hours to assist with showers and ambulating hallways to increase their strength.<br><br>C6<br>C6 had diagnosis of type two diabetes.<br><br>C6's Veterans Plan of Care dated October 16, 2025, indicated C6 required assistance with meal preparation, general cleaning, and laundry.<br><br>C3, C5, and C6's service plans lacked the following required content:<br>-frequency of each service, according to the client's current review or assessment and client preferences<br>-the identification of the staff or categories of staff who will provide the services;<br>-the schedule and methods of monitoring reviews or assessments of the client;<br>-the schedule and methods of monitoring staff providing home care services; and<br>-a contingency plan.<br><br>During video interview on April 8, 2026, at 12:30 p.m., DCO-A and DCO-C acknowledged that some United States Department of Veterans Affairs (VA) clients had an updated service plan with the required content, but not all including C3. They stated they begun implementing the new form for new clients but did not implement them for existing clients.<br><br>The licensee's Service Plan Policy updated March 1, 2026, indicated the service plan must include:<br>a. 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;<br>b. the identification of the staff or categories of | {0 870} | | |

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| {0 870} | Continued From page 15<br>staff who will provide the services;<br>c. the schedule and methods of monitoring reviews or assessments of the client;<br>d. the schedule and methods of monitoring staff providing home care services; and<br>e. a contingency plan.<br><br>No further information was provided. | {0 870} | | |
| {01190} SS=D | 144A.4796, Subd. 6 Required Annual Training<br><br>Subd. 6.Required annual training. (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include:<br>(1) training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided;<br>(2) review of the home care bill of rights in section 144A.44;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and<br>(4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures. | {01190} | | |

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| {01190} | Continued From page 16<br>(b) In addition to the topics listed in paragraph (a), annual training 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:<br>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;<br>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or<br>(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.<br><br>This MN Requirement is not met as evidenced by: | {01190} | | |
| {01245} SS=D | 144A.4798, Subd. 1 TB Infection Control<br><br>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 | {01245} | Not reviewed during this survey. | |

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| {01245} | Continued From page 17<br>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.<br><br>(b) The home care provider must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by: | {01245} | Not reviewed during this survey. | |

Electronically Delivered

February 18, 2026

Licensee
Village Caregiving LLC
321 2nd Avenue South #444
Minneapolis, MN 55401

RE: Project Number(s) SL38671017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 8, 2026, 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.

**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 . . ."

**IMPOSITION OF FINES**
In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144A.475;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144A.475.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, the following fines are assessed pursuant to this survey:

**St - 0 - 0440 - 144a.471, Subd. 6 - Basic Home Care License Provider - $1,000.00**

**The total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**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**

**REQUESTING A HEARING**
Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

CLN

Electronically Delivered

February 12, 2026

Licensee
Village Caregiving LLC
321 2nd Avenue South #444
Minneapolis, MN 55401

RE: Project Number(s) SL38671017

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 8, 2026, 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 Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. 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 . . ."

**IMPOSITION OF FINES**
In accordance with Minn. Stat. §144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement;
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20;
Level 3: a fine of $1,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 4: a fine of $3,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20;
Level 5: a fine of $5,000 per violation, in addition to any enforcement mechanism authorized in § 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed

pursuant to this survey:

**St - 0 - 0440 - 144a.471, Subd. 6 - Basic Home Care License Provider - $1,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**DOCUMENTATION OF ACTION TO COMPLY**
In accordance with Minn. Stat. § 144G.30, Subd. 5(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 resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(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. § 144G.31, Subd. 2, 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 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

**REQUESTING A HEARING**
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in

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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,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 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 |
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| 0 000 | Initial Comments<br><br>*****ATTENTION******<br><br>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey/a complaint investigation.<br><br>Determination of whether violations are 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.<br><br>INITIAL COMMENTS:<br><br>SL38671017-0<br><br>On January 5, 2026, through January 8, 2026, 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 thirty-seven (37) clients receiving services under the provider's basic home care license.<br><br>On January 8, 2026, an immediate correction order was issued for tag identification 0440.<br><br>During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged. | 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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). | |
| 0 440 SS=I | 144A.471, Subd. 6 Basic Home Care License Provider | 0 440 | | |

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| 0 440 | Continued From page 1<br><br>Subd. 6.Basic home care license provider. Home care services that can be provided with a basic home care license are assistive tasks provided by licensed or unlicensed personnel that include:<br><br>(1) assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing;<br><br>(2) providing standby assistance;<br><br>(3) providing verbal or visual reminders to the client to take regularly scheduled medication, which includes bringing the client previously set-up medication, medication in original containers, or liquid or food to accompany the medication;<br><br>(4) providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises;<br><br>(5) preparing modified diets ordered by a licensed health professional; and<br><br>(6) assisting with laundry, housekeeping, meal preparation, shopping, or other household chores and services if the provider is also providing at least one of the activities in clauses (1) to (5).<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the basic home care license provider provided services outside the scope of their license for two of three clients (C2, C3).<br><br>This practice resulted in a level three violation (a violation that harmed a client's health or safety, | 0 440 | During the course of the survey, the licensee took action to mitigate the imminent risk. Noncompliance remained and the scope and level remain unchanged. | |

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| 0 440 | Continued From page 2<br><br>not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).<br><br>The findings include:<br><br>C2<br>C2's diagnoses included falls.<br><br>C2's Plan of Care and Assessment signed November 6, 2025, indicated C2 required assistance with transfers in and out of sponge bath, toileting, grooming, dressing, hygiene, two-person hands-on transfer, transferring-currently 2-person transfer, hands on, and ambulation (including elevated toilet seat, wheelchair, and canes).<br><br>C2's Daily Care Notes dated November 7, 8, 9, 10, 11, and 13, 2025, and December 11 and 13, 2025, indicated staff provided the service of hands-on assistance with transferring.<br><br>On January 6, 2026, at 10:47 a.m., C2's family member (FM)-E confirmed that C2 received assistance from the licensee's staff with transfers using a Sara Stedy (a mobility aid that support standing and transferring) lift. FM-E stated C2 held onto the Sara Study while the licensee's staff moved C2 on the device during transfers.<br><br>On January 6, 2026, at 1:33 p.m., unlicensed personnel (ULP)-D stated that they have been helping C2 with transfers using a transfer belt (a belt worn around the waist to help caregivers safely assist during transfers or walking) and the | 0 440 | | |

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| 0 440 | Continued From page 3<br>Sara Stedy lift.<br><br>C3<br>C3's diagnoses included multiple sclerosis.<br><br>C3's Veterans Plan of Care, dated July 18, 2025, indicated C3 received assistance with transfers from Monday to Thursday during the week.<br><br>C3's Veterans Community Care Nursing Assessment dated July 18, 2025, indicated C3 was non ambulatory and required total assistance with transferring.<br><br>C3's Daily Care Notes dated December 1, 2025, included transfer assistance.<br><br>On January 7, 2026, at 11:13, a.m., FM-F stated she was the primary caregiver for C3 and completed grooming, dressing, catheter care, toileting, wound care, and medication management by herself. FM-F stated she has recently been trained and was practicing how to change C3's catheter using sterile technique. The surveyor asked for clarification if the licensee's staff were assisting with services that were listed on C3's service plan (grooming, bathing, dressing, toileting, and transfers) and FM-F stated the licensee's staff helped with repositioning C3 in bed.<br><br>On January 7, 2026, at 3:56 p.m., director of compliance operations (DOC)-C stated C2's Plan of Care and Assessment and C3's Veterans Community Care Nursing Assessment were considered their service agreements.<br><br>On January 8, 2026, at 9:35 a.m., DOC-C stated they were not aware that the unlicensed staff were helping clients with transfers and operating | 0 440 | | |

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| 0 440 | Continued From page 4<br><br>a lift device. DOC-C acknowledged C2 and C3's Plans of Care, or service agreements, included assistance with transfers. DOC-C stated caregivers were supposed to do standby transfer assistance and were not permitted to assist with a lift. DOC-C stated caregivers had been educated and received written notice that they were not allowed to assist with lifts.<br><br>The licensee's Scope of Service policy, dated December 10, 2025, indicated "[Licensee] is a Basic Home Care licensed provider. [Licensee] shall provide services that are assistive tasks provided by licensed and unlicensed personnel including: 1. assisting with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, and bathing; 2. providing standby assistance; 3. providing verbal or visual reminders to the client to take regularly scheduled medication, which includes bringing the client previously set-up medication, medication in original containers, or liquid or food to accompany the medication; 4. providing verbal or visual reminders to the client to perform regularly scheduled treatments and exercises; 5. preparing modified diets ordered by a licensed health professional; and 6. assisting with laundry, housekeeping, meal preparation, shopping, or other household chores and services if the provider is also providing at least one of the activities in clauses (1) to (5). Importantly, [licensee] is not authorized to provide "Skilled Medical Treatment" with a basic home care license, this includes the following activities: 1. Hoyer lift 2. BRODA Chair 3. Compression stocking."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Immediate | 0 440 | | |

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| 0 855 | Continued From page 5 | 0 855 | | |
| 0 855 SS=D | 144A.4791, Subd. 7 Basic Individualized Client Review/Monitoring<br><br>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.<br><br>(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<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to complete ongoing basic individualized client review and monitoring not to exceed 90 days from the date of the last review for one of one client (C3).<br><br>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). | 0 855 | | |

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| 0 855 | Continued From page 6<br>The findings include:<br><br>C3's diagnoses included multiple sclerosis.<br><br>C3's Veterans Plan of Care signed July 18, 2025, indicated C3 receives services including grooming, bathing, dressing, toileting, and assistance with transfers from Monday to Thursday during the week.<br><br>C3's Veterans Community Care Nursing Assessment dated May 22, 2024, and July 18, 2025, indicated C3 was non ambulatory and required total assistance with transferring.<br><br>C3's record lacked evidence monitoring and review was completed every 90 days as required.<br><br>On January 8, 2026, at 1:30p.m. and 2:48 p.m., director of compliance operations (DOC)-C and executive director (ED)-A acknowledged C3's record was missing ongoing monitoring and review at least every 90 days as required. DOC-C stated that they are aware of the required monitoring, but families sometimes canceled appointments.<br><br>The licensee's Assessment of Client Policy, undated, indicated "Reassessments are required every 90 days."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 855 | | |
| 0 870 SS=F | 144A.4791, Subd. 9(f) Content of Service Plan<br><br>(f) The service plan must include: | 0 870 | | |

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| 0 870 | Continued From page 7<br><br>(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;<br><br>(2) the identification of the staff or categories of staff who will provide the services;<br><br>(3) the schedule and methods of monitoring reviews or assessments of the client;<br><br>(4) the schedule and methods of monitoring staff providing home care services; and<br><br>(5) a contingency plan that includes:<br><br>(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;<br><br>(ii) information and a method for a client or client's representative to contact the home care provider;<br><br>(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<br><br>(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 chapters.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the | 0 870 | | |

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| 0 870 | Continued From page 8<br><br>licensee failed to ensure the service plan included all the required content for two of two clients (C2, C3).<br><br>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).<br><br>The findings include:<br><br>C2<br>C2's diagnoses included falls.<br><br>C2's Plan of Care and Assessment signed November 6, 2025, indicated C2 required assistance with transfers in and out of sponge bath, toileting, grooming, dressing, hygiene, two-person hands-on transfer, transferring-currently 2-person transfer, hands on, and ambulation (including elevated toilet seat, wheelchair, and canes).<br><br>C3<br>C3's diagnoses included multiple sclerosis.<br><br>C3's Veterans Plan of Care, dated July 18, 2025, indicated C3 received assistance with personal care, mobility including transfers, nutritional support, and environmental including housekeeping and laundry.<br><br>On January 7, 2026, at 3:56 p.m., director of compliance operations (DOC)-C stated C2's Plan of Care and Assessment and C3's Veterans | 0 870 | | |

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| 0 870 | Continued From page 9<br><br>Community Care Nursing Assessment were considered their service agreements.<br><br>C2 and C3's service plans lacked the following required content:<br>-frequency of each service, according to the client's current review or assessment and client preferences<br>-the identification of the staff or categories of staff who will provide the services;<br>-the schedule and methods of monitoring reviews or assessments of the client;<br>-the schedule and methods of monitoring staff providing home care services; and<br>-a contingency plan.<br><br>On January 8, 2026, at 1:30 p.m., DOC-C verified C2 and C3's service plans were missing the required content mentioned above and would incorporate the required content in all clients' records.<br><br>The licensee's Service Plan Policy, undated, indicated the service plan must include:<br>a. 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;<br>b. the identification of the staff or categories of staff who will provide the services;<br>c. the schedule and methods of monitoring reviews or assessments of the client;<br>d. the schedule and methods of monitoring staff providing home care services; and<br>e. a contingency plan.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 870 | | |

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| 01190 SS=D | 144A.4796, Subd. 6 Required Annual Training<br><br>Subd. 6.Required annual training. (a) All staff that perform direct home care services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the home care provider or another source and must include topics relevant to the provision of home care services. The annual training must include:<br>(1) training on reporting of maltreatment of minors under section 626.556 and maltreatment of vulnerable adults under section 626.557, whichever is applicable to the services provided;<br>(2) review of the home care bill of rights in section 144A.44;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand-washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting of communicable diseases; and<br>(4) review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.<br>(b) In addition to the topics listed in paragraph (a), annual training 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:<br>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and | 01190 | | |

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| 01190 | Continued From page 11<br><br>challenges it poses to communication;<br>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure completion of a minimum of eight hours of training to include the required topics for each twelve months of employment as required for one of two employees (executive director (ED)-A, unlicensed personnel (ULP)-B).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).<br><br>The findings include:<br><br>ED-A<br>ED-A had a hire date of August 19, 2024, to provide direct home care services to the licensee's clients. | 01190 | | |

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| 01190 | Continued From page 12<br><br>ED-A's employee record lacked documentation of eight hours of annual training completed within the last 12 months, as required, to include:<br>-review of the home care bill of rights in section 144A.44;<br>-review of provider's policies and procedures;<br>-reporting maltreatment of vulnerable adults or minors;<br>-infection control techniques; and<br>-review of provider's policies and procedures.<br><br>ULP-B<br>ULP-B had a hire date of November 29, 2023, to provide direct home care services to the licensee's clients.<br><br>ULP-B's employee record lacked documentation of annual training completed within the last 12 months, as required, to include:<br>-review of the home care bill of rights in section 144A.44; and<br>-review of provider's policies and procedures<br><br>On January 8, 2026, at 1:30 p.m., director of compliance operations (DOC)-C verified ULP-B and ED-A's employee records were missing the required content mentioned above. Also, DOC-C stated ED-A had training on file at the office and she would send them to the surveyor, but no annual training documentation was provided.<br><br>The licensee's Annual Training policy, undated, indicated staff must complete eight (8) hours of annual training each year.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01190 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | H38671 | A. BUILDING: _____ B. WING _____ | 01/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VILLAGE CAREGIVING LLC | 321 2ND AVENUE SOUTH #444 MINNEAPOLIS, MN 55401 |

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| 01245 | Continued From page 13 | 01245 | | |
| 01245 SS=D | 144A.4798, Subd. 1 TB Infection Control<br><br>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.<br><br>(b) The home care provider must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current Centers for Disease Control (CDC) and Minnesota Department of Health (MDH) guidelines to include: a current provider TB facility risk assessment; completion of a two-step tuberculin skin test (TST) or other evidence of a single interferon gamma release assay (IGRA) blood test for one of one employee (executive director (ED)-A).<br><br>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 | 01245 | | |

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| 01245 | Continued From page 14<br><br>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).<br><br>The findings include:<br><br>ED-A had a hire date of August 19, 2024, to provide direct home care services to the licensee's clients.<br><br>ED-A's employee record included an Infectious Disease Screening (symptoms screening) dated July 9, 2025.<br><br>ED-A's record lacked evidence of a TB blood test or TST (two steps) dated within 90 days before hire.<br><br>On January 8, 2026, at 1:30 p.m., director of compliance operations (DOC)-C stated ED-A's record was missing a blood test or two step skin test. DOC-C stated they were aware of the required TB testing, but it was an oversite.<br><br>The licensee's Disease Prevention and Infection Control Policy, undated, indicated all personnel undergo an initial health screening and are administered a QuantiFERON-TB Gold Plus (blood test).<br><br>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 | 01245 | | |

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|---|---|---|---|---|
| 01245 | Continued From page 15<br><br>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 screening should be documented in the employee's record.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01245 | | |