Electronically Delivered

August 21, 2025

Licensee
Twinsvision Home Care LLC
3531 Cohansey Street
Shoreview, MN 55126

RE: Project Number SL40414016

Dear Licensee:

This is your **official notice** that you have been **granted your comprehensive home care license.** Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273 or by email at: health.homecare@state.mn.us.

The Minnesota Department of Health (MDH) completed an initial survey on June 17, 2025, for the purpose of assessing compliance with state licensing statutes. At the time of the survey MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A.

The Department of Health concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by..."

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey at your agency**.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's clients/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

Sincerely,

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

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H40414	A. BUILDING: _____ B. WING _____	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWINSVISION HOME CARE LLC	3531 COHANSEY STREET SHOREVIEW, MN 55126

(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: SL40414016 On June, 16, 2025, through June 17, 2025, the Minnesota Department of Health conducted an initial full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two (2) clients receiving services under the provider's temporary comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions	0 865		

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0 865	Continued From page 1 (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 observation, interview, and record review, the licensee failed to ensure the service plan included a signature or other authentication by the client or client's representative to document agreement on the services to be provided 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	0 865		

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0 865	Continued From page 2 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 services on April 1, 2025, and had diagnoses including stroke, chronic respiratory failure with hypoxia (low oxygen), and chronic kidney disease. C1's [Licensee] Service Plan: Part 1, Part 3, and Part 4, were signed on April 2, 3, and 4, 2025, but lacked Part 5 titled "Home Health Aide Care Plan" which was for activities of daily living (activity assistance, bed mobility, incontinence care, laundry, safety checks, and transfer assistance with full body manual lift). C1's Service Plan-Waiver effective date June 16, 2025, which included all the required content, lacked a signature by the licensee and the client and/or client's representative as required. On June 17, 2025, at 1:15 p.m., the surveyor observed C1 in their hospital bed using their phone. The surveyor noted a manual full body lift within the home, manual wheelchair, oxygen equipment, suction machine (used for brushing teeth), and medical supplies stored within C1's room. Licensed practical nurse (LPN)-B was working at the time of the surveyor's visit. During interview on June 16, 2025, at 1:15 p.m., owner/director of nursing (O/DON)-A said she did not complete Part 5 because she had licensed staff and was not aware of the required content, so it was not done for all clients. O/DON-A received assistance through Residex (electronic health record company) on how to print out a	0 865		

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0 865	Continued From page 3 service agreement which contained all the required content. O/DON-A stated going forward, she would use Part 5 of the service plan or use the service agreement from Residex. The licensee's Service Plan policy dated January 2, 2024, noted a service plan would be developed with all clients and would include a signature or other authentication by the home care provider and the client or client's representative. The service plan would include a description of the home care services to be provided. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	0 865		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the	01245		

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01245	Continued From page 4 licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include completion of a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test (TB Gold) for one of three employees (registered nurse (RN)-C). 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: The licensee's TB Risk Assessment completed on April 14, 2025, indicated the home care provider was at a low risk for TB transmission. RN-C was hired April 3, 2025, to provide nursing care to the licensee's clients. The licensee's employee schedule for C1 dated June 8-21, 2025, indicated RN-C was scheduled to work 9 out of 14 days on the overnight shift (7:00 p.m. to 7:00 a.m.). RN-C's employee record included a TB health history and symptom screen dated March 16, 2025. RN-C's record also included a negative chest x-ray (CXR) completed on December 16, 2024. RN-C's employee record lacked documentation of	01245		

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01245	Continued From page 5 a positive two-step TST or TB Gold or documentation of refusal of either test. On June 17, 2025, at 9:06 a.m., owner/director of nursing (O/DON)-A stated she determined the hire date by the employee's first day with a client, not when their job was offered. O/DON-A was informed by RN-C that she had a positive test in the past, so a CXR was completed instead. O/DON-A said staff who had the Bacille Calmette-Guerin (BCG) vaccine (used against TB) always tested positive, so they went straight to CXR. O/DON-A was unaware of the documentation requirement and was shown the Minnesota Department of Health's website for TB documentation requirements. The licensee's Tuberculosis Screening/Prevention policy dated January 2, 2024, indicated the licensee would observe the recommended precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH). The policy also indicated employees with a verbal, but undocumented, history of a previous positive test, would undergo the same screening process as those without previous positive results. Staff should be encouraged to keep copies of the results of the TB screening for future use. The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings" dated July 2013, and based on CDC guidelines, indicated health care workers (HCW) with a verbal (undocumented) history of a previous positive TST or TB Gold should undergo the same screening procedures as HCW's without previous positive results. Results of the screening should be documented in the HCW's	01245		

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01245	Continued From page 6 record. No further information was provided. TIME PERIOD TO CORRECT: Twenty-One (21) days	01245		