Electronically Delivered

October 13, 2025

Licensee
Manasseh Home Healthcare LLC
11555 Boulder Court
Maple Grove, MN 55311

RE: Project Number SL41198016

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 August 7, 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

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.

Sincerely,

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 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
	H41198	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANASSEH HOME HEALTHCARE LLC	11555 BOULDER CT MAPLE GROVE, MN 55311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL41198016-0 On August 4, 2025, through August 7, 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 one client receiving services under the provider's temporary comprehensive license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	0 860		

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0 860	Continued From page 1 (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment 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 ensure an initial assessment was conducted within five days after the date home care service were first provided and failed to ensure client monitoring and reassessment was conducted no more than 14 days after the date home care services were first 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	0 860		

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0 860	Continued From page 2 cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: C1 began receiving comprehensive home care services on June 2, 2025. C1's Service Plan signed June 17, 2025, indicated C1 received assistance with medication set up, treatment per prescribed orders, bathing assistance, hygiene, grooming, dressing, personal laundry, housekeeping, food preparation, and skin care. C1's initial assessment titled Comprehensive physical assessment (SOC) was completed on May 16, 2025, 17 days prior to receiving the first comprehensive services. C1's record did not contain additional monitoring or assessments. 63 days passed since C1 began receiving comprehensive services and the start of the survey. On August 6, 2025, at 11:50 a.m., owner/registered nurse (O/RN)-A stated C1's assessment was complete prior to the start of service so the licensee could submit a 485 assessment (a home health certification and plan of care) before services started to receive payments. O/RN-A stated a 14-day assessment was completed in June 2025 however, "I would consider I didn't do it cause I cannot find the paper work." O/RN-A stated they were aware a 14-day assessment was required.	0 860		

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0 860	Continued From page 3 The licensee's comprehensive Client Assessment policy dated 2014 indicated the initial assessment would be completed within 5 days after the initiation of services. In addition, client monitoring and reassessment must be conducted in the clients home no more than 14 days after initiation of services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions (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	0 865		

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0 865	Continued From page 4 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 the service plan accurately reflected the frequency of services being 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 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 began receiving comprehensive home care services on June 2, 2025. C1's Service Plan signed June 17, 2025, indicated C1 received assistance with medication set up weekly, treatment per prescribed orders daily and/or as prescribed by provider, bathing assistance daily, hygiene daily, grooming daily, dressing daily, personal laundry weekly, housekeeping weekly or as needed (PRN), food preparation daily, and skin care daily or PRN. In addition, hygiene, grooming, dressing, and skin care was performed during, or after bathing. On August 6, 2025, at 10:34 a.m., owner/registered nurse (O/RN)-A stated they visited C1 one time per week and completed vital signs, bathing, medication set up and assisted	0 865		

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0 865	Continued From page 5 with laundry PRN. On August 6, 2025, at 11:30 a.m., C1 stated O/RN-A visited one time per week and assisted with medication, bathing, dressing, and housekeeping. On August 6, 2025, at 12:01 p.m., the surveyor inquired why the frequency for bathing, hygiene, grooming, and dressing was set up for daily verses weekly. O/RN-A stated, "I did not catch the fact that I wrote it down daily. I just noticed it was written daily when shown." The licensee's Service Plan policy dated 2014 indicated the service plan would include the type and frequency of visits/services proposed to be furnished according to the client's current assessment and preferences. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 865		
0 940 SS=F	144A.4792, Subd. 9 Documentation of Medication Setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to accurately document and include required content for medication setup for	0 940		

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0 940	Continued From page 6 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 began receiving comprehensive home care services on June 2, 2025. C1's Service Plan signed June 17, 2025, indicated C1 received assistance with medication set up, treatment per prescribed orders, bathing assistance, hygiene, grooming, dressing, personal laundry, housekeeping, food preparation, and skin care. C1's medication administration record (MAR) dated August 2025 included atorvastatin 40 milligrams (mg), gabapentin 300 mg, vitamin D3 1,000 units (U), metformin 1,000 mg, omeprazole 20 mg, Rifampin 600 mg, insulin glargine 22 U, fish oil omega 3 fatty acids 1000 mg, and rizatriptan 5 to 10 mg. The MAR indicated the above medications were set up by owner/registered nurse (O/RN)-A on August 5, 2025. The MAR lacked information regarding how many days the medications were set up for. In addition, the MAR indicated insulin glargine 22 U was set up by O/RN-A. On August 6, 2025, at 9:06 a.m., O/RN-A stated	0 940		

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0 940	Continued From page 7 they completed medication set up for C1 on August 5, 2025. On August 6, 2025, at 10:43 a.m., O/RN-A stated they set up C1's medications for 7 days at a time and documented the date of set up on the MAR. O/RN-A stated when they come back the following week to set up the medications again, they review the medi-planner (pill organizer). O/RN-A stated if they noticed a day where the medications were not taken, they would circle that day on the MAR and if all medications were gone from the medi-planner they would draw a line across the dates they were taken by the client. On August 6, 2025, at 11:30 a.m., C1 stated O/RN-A visited one time per week. C1 stated their medication was set up for them to take in the morning. C1 stated their insulin was in a pen. On August 6, 2025, at 12:01 p.m., O/RN-A stated C1 had an insulin pen and insulin supplies in their medication cabinet. O/RN-A stated insulin, "is difficult to set it up cause the next day she would have to scroll to get the 22 U. I have seen her do it multiple times. Her personal care assistant (PCA) also knows how to do that." O/RN-A stated they do not set up C1's insulin pen. C1's MAR did not accurately reflect that O/RN-A did not set up C1's insulin glargine and C1 was preparing and self-administering their insulin. In addition, it did not indicate how many days of medications were set up with each nurse set up visit. The licensee's undated Medication Set up Policy	0 940		

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0 940	Continued From page 8 indicated MAR or other medication documentation should be used to set up medications. In addition, all clients would be assessed to determine their need for assistance with medication management. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 940		
0 000	Integrated License (HCBS) Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, 144A.484 Integrated Licensure; Home and Community Based Service Designation, these correction orders have 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: SL41198016-0 On August 4, 2025, through August 7, 2025, a surveyor of this Department's staff, visited the above provider. At the time of the survey, there were no clients that were receiving services	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	

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0 000	Continued From page 9 under the integrated licensure, Home and Community Based Service Designation. As a result of the survey, the licensee was in substantial compliance. No correction orders were issued.	0 000	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)	