Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

July 13, 2026

Licensee
Ally Care LLC
5208 165th Street North
Hugo, MN 55038

RE: Denial of License Number 418659
Health Facility Identification Number (HFID) 41682
Initial Full Survey; Project Number(s) SL41682016

Dear Licensee:

The Minnesota Department of Health (MDH) completed an initial survey on May 29, 2026, for the purpose of assessing compliance with state licensing statutes and determine issuance of an initial license to the above mentioned provider. Based on the, MDH found you not in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A. As a result, your authority to continue to operate under a temporary license or be approved for a Basic home care license, is being denied.

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 . . ."

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.473, Subd. 3 (b) and/or (c), you may request a reconsideration by the Minnesota Department of Health. The request for reconsideration process must be conducted internally by MDH and Chapter 14 does not apply. **This is your only ability to request a reconsideration under this enforcement action.**

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

Note requests for reconsideration must be received by the department within 15 calendar days of the date of this notice.

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF CLIENTS

You must comply with the requirements of notification and transfer of clients and provide the information described in Minn. Stat. § 144A.475, Subd. 5 (1), (2), (3), (4) and (5). Please provide the information to this department's contact, Jess Schoenecker, Supervisor, via email at: Jess.Schoenecker@state.mn.us, the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care **no later than July 16, 2026.** Pursuant to Minn. Stat § 144A.473, Subd. 3 (e) (4), a temporary licensee whose license is denied is permitted to continue operating as a home care provider during the period of time when a transfer of home care clients from the temporary licensee to a new home care provider is in process.

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Ally Care LLC to explain the reason for the denial and discuss a more appropriate license. Please contact Jess Schoenecker at 651-201-3789 **on or before Thursday July 16, 2026,** to schedule the conference call.

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.

If you have any additional questions, please do not hesitate to contact Jess Schoenecker, Supervisor, at Jess.Schoenecker@state.mn.us. Jess Schoenecker can also be reached by office phone at 651-201-3789.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41682	A. BUILDING: _____ B. WING _____	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLY CARE LLC	5208 165TH STREET NORTH HUGO, MN 55038

(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, these correction orders are issued pursuant to a survey. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL41682016-0 On May 26, 2026, through May 27, 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 0 clients receiving services under the provider's temporary basic 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 evaluators' 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).	
0 440 SS=F	144A.471, Subd. 6 Basic Home Care License Provider	0 440		

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0 440	Continued From page 1 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: (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). This MN Requirement is not met as evidenced by: Based on interview and record review, the basic home care licensee provided services outside of the scope of their license 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	0 440		

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0 440	Continued From page 2 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 held a Temporary Basic Home Care license, effective December 6, 2024, with an expiration date of December 5, 2025, with two (2) staff - owner/unlicensed personnel (O/ULP)-A and registered nurse (RN)-B. On May 26, 2026, at approximately 10:10 a.m., during the entrance conference, O/ULP-A stated she completed all the client's basic care services and RN-B completed the client's assessment and provided expertise for the licensee. O/ULP-A also stated the licensee provided basic home services to C1 and C1's services were paid for by private pay. C1 was admitted to the licensee on November 27, 2025, and discharged on December 3, 2025. C1's Home Care Service Plan signed on November 26, 2025, indicated C1's services included assistance with bathing, dressing, grooming, and medication reminders. C1's Initial Nursing Assessment, signed by RN-B on November 26, 2025, indicated RN-B completed C1's initial assessment. The assessment indicated RN-B assessed C1's functional status and risk assessments, summarized C1's risks identified, and RN-B's overall clinical impression.	0 440		

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0 440	Continued From page 3 C1's [licensee] Invoice, dated November 26, 2025, indicated a fee of $1,440 for standby care services from November 27, 2025, through December 1, 2025, and an assessment fee of $500 for a total of $1,940. The licensee's bank statement dated November 30, 2025, indicated a deposit of $1,940 on November 28, 2025. On May 22, 2026, at 10:48, by phone interview, O/ULP-A stated the invoice dated November 26, 2025, was for C1's initial assessment and standby services, and the bank deposit on November 28, 2025, was C1's check that paid for C1's assessment and services provided. O/ULP-A also stated the licensee did not have a copy of C1's check to provide for the surveyor. O/ULP-A further stated the licensee was not aware of all the requirements for a basic or a comprehensive home care license. The licensee's Basic Home Care Services Compliance policy, dated October 25, 2024, indicated the licensee would comply with Minnesota statues for providing basic home care services. Minnesota Statute 144A.471, subdivision 7, dated 2025, indicated a provider with a comprehensive home care license may provide any of the basic home care services and services of a registered nurse. Minnesota Statute 148.171, subdivision 20, dated 2025, indicated a registered nurse, abbreviated RN, means an individual licensed by the board to practice professional nursing. Minnesota Statute 148.171, subdivision 15, dated	0 440		

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0 440	Continued From page 4 2025, indicated the practice of professional nursing means the performance, with or without compensation, of those services that incorporates caring for all patients in all settings through nursing standards recognized by the board and includes, but is not limited to providing a comprehensive assessment of the health status of a patient through the collection, analysis, and synthesis of data used to establish a health status baseline and plan of care. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 440		
0 790 SS=F	144A.479, Subd. 3 Quality Management Subd. 3.Quality management. The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 790		

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0 790	Continued From page 5 licensee failed to implement and maintain a quality management program (QMP) appropriate to the size of the licensee and relevant to the type of services provided. This had the potential to affect all clients and staff. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: On May 26, 2026, at approximately 10:20 a.m., during the entrance conference, owner/unlicensed personnel (O/ULP)-A stated the licensee provided ongoing improvement as areas were identified, but no meeting minutes, tracking, or specific improvement projects would be documented. The licensee's QMP policy, undated, indicated the licensee would maintain a QMP in compliance with state regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 810 SS=F	144A.479, Subd. 6(b) Individual Abuse Prevention Plan (b) Each home care provider must develop and	0 810		

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0 810	Continued From page 6 implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an individual abuse prevention plan (IAPP) with the required content for one of one client (C1). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: On May 26, 2026, at approximately 10:15 a.m., during the entrance conference, owner/unlicensed personnel (O/ULP)-A stated registered nurse (RN)-B completed the initial assessment for C1. C1 was admitted on November 26, 2025.	0 810		

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0 810	Continued From page 7 C1's Initial Nursing Assessment dated November 26, 2025, indicated on page three (3), section 9. Risk Assessments, C1 had behavioral/cognitive concerns of non-compliance with activities of daily living (ADLs) and needed reminders. C1's record lacked a IAPP that included: -the client's susceptibility to abuse by another individual, including other vulnerable adults; -the client's risk of abusing other vulnerable adults; and -statements of specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. On May 26, 2026, at approximately 11:15 a.m., O/ULP-A confirmed C1's IAPP was not completed and O/ULP-A stated the licensee was unaware of the IAPP requirement. The licensee's IAPP policy, undated, indicated the licensee would develop and implement an IAPP for each client of the licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 815 SS=F	144A.479, Subd. 7 Employee Records Subd. 7.Employee records. The home care provider must maintain current records of each paid employee, regularly scheduled volunteers providing home care services, and of each individual contractor providing home care services. The records must include the following information:	0 815		

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0 815	Continued From page 8 (1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff providing supervision; (4) documentation of annual performance reviews which identify areas of improvement needed and training needs; (5) for individuals providing home care services, verification that any health screenings required by infection control programs established under section 144A.4798 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. Each employee record must be retained for at least three years after a paid employee, home care volunteer, or contractor ceases to be employed by or under contract with the home care provider. If a home care provider ceases operation, employee records must be maintained for three years. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain current employee records which included annual performance	0 815		

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0 815	Continued From page 9 review documentation for two of two employees (owner/unlicensed personnel (O/ULP)-A, registered nurse (RN)-B). 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 held a temporary basic home care (HC) license with two staff - O/ULP-A and RN-B. On May 26, 2026, at approximately 10:25 a.m., during the entrance conference, O/ULP-A stated she was responsible for all the employee records for the licensee. O/ULP-A O/ULP-A was hired on December 6, 2024. O/ULP-A's employee record lacked documentation of a completed annual performance review for 2025. RN-B RN-B was hired on December 6, 2024. RN-B's employee record lacked documentation of a completed annual performance review for 2025. On May 26, 2026, at approximately 12:45 p.m., O/ULP-A verified O/ULP-A and RN-B did not receive an annual performance review for 2025.	0 815		

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0 815	Continued From page 10 O/ULP-A stated it was an oversight by the licensee and she was unaware of the annual performance review requirement for the licensee's employees. The licensee's Employee Records policy, undated, indicated the licensee would complete performance reviews for all employees. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 815		
01170 SS=F	144A.4796, Subd. 2 Content of Orientation Subd. 2.Content. (a) The orientation must contain the following topics: (1) an overview of sections 144A.43 to 144A.4798; (2) introduction and review of all the provider's policies and procedures related to the provision of home care services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of minors or vulnerable adults under sections 626.556 and 626.557; (5) home care bill of rights under section 144A.44; (6) handling of clients' complaints, reporting of	01170		

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01170	Continued From page 11 complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point; (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and (8) review of the types of home care services the employee will be providing and the provider's scope of licensure. (b) In addition to the topics listed in paragraph (a), orientation may also contain training on providing services to clients with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research-based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.	01170		

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01170	Continued From page 12 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation with all the required content was completed for two of two employees (owner/unlicensed personnel (O/ULP)-B, registered nurse (RN)-B). 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 held a temporary basic home care (HC) license with two staff - O/ULP-A and RN-B. On May 26, 2026, at approximately 10:25 a.m., during the entrance conference, O/ULP-A stated she was responsible for all orientation requirements for the licensee. O/ULP-A O/ULP-A was hired on December 6, 2024. O/ULP-A's employee record lacked documentation of a completed orientation to HC regulations with the required content related to: -overview of HC statues; -reporting maltreatment of vulnerable adults or minors; -HC Bill of Rights; and -consumer advocacy services.	01170		

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	H41682	A. BUILDING: _____ B. WING _____	05/29/2026

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ALLY CARE LLC	5208 165TH STREET NORTH HUGO, MN 55038

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01170	Continued From page 13 RN-B RN-B was hired on December 6, 2024. RN-B's employee record lacked documentation of a completed orientation to HC regulations with the required content related to: -overview of HC statues; -reporting maltreatment of vulnerable adults or minors; -HC Bill of Rights; and -consumer advocacy services. On May 26, 2026, at approximately 12:30 p.m., O/ULP-A verified O/ULP-A and RN-B's orientations lacked the listed above content. O/ULP-A stated it was an oversight by the licensee and she was unaware of all the required orientation content. The licensee's Employee Orientation policy, undated, indicated the required orientation content would be provided to all employees. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
01190 SS=F	144A.4796, Subd. 6 Required Annual Training 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:	01190		

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01190	Continued From page 14 (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; (2) review of the home care bill of rights in section 144A.44; (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 (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. (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: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual	01190		

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01190	Continued From page 15 and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for two of two employees (owner/unlicensed personnel (O/ULP)-A, registered nurse (RN)-B). 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 held a temporary basic home care (HC) license with two staff - O/ULP-A and RN-B. On May 26, 2026, at approximately 10:25 a.m., during the entrance conference, O/ULP-A stated she was responsible for all training requirements for the licensee. O/ULP-A O/ULP-A was hired on December 6, 2024. O/ULP-A's employee record lacked documentation of the required HC annual training for 2025 to include the following:	01190		

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01190	Continued From page 16 -Reporting maltreatment of vulnerable adults or minors; -HC Bill of Rights; -Infection control techniques; and -Review of provider's policies and procedures. RN-B RN-B was hired on December 6, 2024. RN-B's employee record lacked documentation of the required HC annual training for 2025 to include the following: -Reporting maltreatment of vulnerable adults or minors; -HC Bill of Rights; -Infection control techniques; and -Review of provider's policies and procedures. On May 26, 2026, at approximately 12:40 p.m., O/ULP-A verified O/ULP-A and RN-B did not complete the required HC annual training for 2025. O/ULP-A stated it was an oversight by the licensee and was unaware of the required HC annual training. The licensee's Employee Annual Training policy, undated, indicated the required HC annual training would be completed by all employees. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control Subdivision 1.Tuberculosis (TB) infection control. (a) A home care provider must establish and maintain a comprehensive tuberculosis infection	01245		

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01245	Continued From page 17 control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) when the licensee failed to complete TB history and symptom screening and TB testing for two of two employees (owner/unlicensed personnel (O/ULP)-A, registered nurse (RN)-B). 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 held a temporary basic home care	01245		

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01245	Continued From page 18 (HC) license with two staff - O/ULP-A and RN-B. O/ULP-A O/ULP-A was hired on December 6, 2024, to provide direct care to the licensee's clients. O/ULP-A's employee record lacked documented evidence of the required TB history and symptom screen and TB testing. RN-B RN-B was hired on December 6, 2024, to provide direct care to licensee's clients. RN-B's employee record lacked documented evidence of the required TB history and symptom screen and TB testing. On May 26, 2026, at approximately 12:00 p.m. O/ULP-A confirmed O/ULP-A and RN-B had not completed a TB history and symptom screen or TB testing. O/ULP-A stated the licensee was unaware of the TB screening requirement for employees. The licensee's Tuberculosis policy, undated, indicated baseline screening is completed at time of hire for all employees and testing results will be kept in each employee's file. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and the CDC guidelines, indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker)	01245		

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01245	Continued From page 19 starts working with patients. Baseline TB screening should be documented in the employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		