Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 28, 2025

Licensee
Harmony & Hope Ltd.
1485 7th Street East Apt. 121
Saint Paul, MN 55106

RE: Project Number SL40729016

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 April 3, 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,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	H40729	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY & HOPE LTD	1485 7TH ST E APT 121 SAINT PAUL, MN 55106

(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 HOME CARE PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL#40729016 On March 31, 2025, to April 3, 2025, the Minnesota Department of Health conducted a routine survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two clients who received services under the provider's Temporary Comprehensive Home Care 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 PURSUANT TO 144A.474 SUBDIVISION 11(b)(1)(2).	
0 860 SS=D	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 observation, interview and record review, the licensee failed to ensure a registered nurse (RN) completed an initial assessment within five days after the date that home care services were first provided for one of two clients (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) 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).	0 860		

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0 860	Continued From page 2 The findings include: C1's service plan, dated October 21, 2024, indicated C1 received services including medication management. On April 2, 2025, at 10:15 a.m., clinical nurse supervisor (CNS)-B was observed setting up medications and monitoring vital signs for C1. C1's record contained an initial assessment, dated October 17, 2024, (four days prior to admission), and a subsequent reassessment, dated October 29, 2024. (eight days after the initiation of services). C1's record lacked an initial assessment completed within five days after the date home care services were first provided. CNS-B stated she had tried to do an assessment upon admission, but the client refused. CNS-B further stated she was not sure if she documented the refusal, and she would look in her notes. The licensee's Assessment-Comprehensive Services policy, dated July 15, 2024, indicated the initial assessment would be completed within five days after the date home care services were first provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 870 SS=D	144A.4791, Subd. 9(f) Content of Service Plan (f) The service plan must include:	0 870		

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0 870	Continued From page 3 (1) a description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; (2) the identification of the staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring reviews or assessments of the client; (4) the schedule and methods of monitoring staff providing home care services; and (5) a contingency plan that includes: (i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided; (ii) information and a method for a client or client's representative to contact the home care provider; (iii) names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included the required content for one of two clients (C2). 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) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of	0 870		

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0 870	Continued From page 4 staff are involved, or the situation has occurred only occasionally). The findings include: C2's service plan, dated January10, 2025, indicated C2 received medication management services including education. C2's service plan lacked: -the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences; and - the identification of the staff or categories of staff who will provide the services. On April 3, 2025, at 11:00 a.m., owner (O)-A stated the service plan for C2 should have been completed by the registered nurse and he was not sure why they did not complete it. The licensee's Service Plan policy dated July 15, 2024, indicated the service plan would include the fees for services and the frequency of each service. The policy further indicated the service plan would identify the staff who would provide the services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
01080 SS=F	144A.4794, Subd. 3 Contents of Client Record Contents of a client record include the following for each client: (1) identifying information, including the client's name, date of birth, address, and telephone	01080		

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01080	Continued From page 5 number; (2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified; (3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) client's advance directives, if any; (6) the home care provider's current and previous assessments and service plans; (7) all records of communications pertinent to the client's home care services; (8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (9) documentation of incidents involving the client and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional; (10) documentation that services have been provided as identified in the service plan; (11) documentation that the client has received and reviewed the home care bill of rights; (12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3; (13) documentation of complaints received and resolution; (14) discharge summary, including service termination notice and related documentation, when applicable; and	01080		

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01080	Continued From page 6 (15) other documentation required under this chapter and relevant to the client's services or status. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the client record included the required content for two of two clients (C1, C2). 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 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 and C2's service plans, dated October 21, 2024, and January 1, 2025, respectively, indicated each client received services including medication management. C1 and C2's records lacked the following required content: -all records of communication pertinent to the client's home care services. On April 2, 2025, at 10:15 a.m., clinical nurse supervisor (CNS)-B was observed setting up medications and monitoring vital signs for C1. -at 11:03 a.m., CNS-B was observed taking a notebook out of a shoulder bag. CNS-B stated she documented client information in the	01080		

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01080	Continued From page 7 notebook after each visit and carried the notebook with her. CNS-B stated she had not transferred any of the records in the notebook into the clients' record in the office. CNS-B further stated she had been talking with the owner to come up with a better system for the notes. On April 2, 2025, at 4:15 p.m., owner (O)-A stated there was not a good reason the clients' progress notes were not kept in their record in the office, and they were tying to develop a better process. The licensee's Client Record policy dated January 15, 2024, indicated client records would be entered into the clinical record no later than two weeks after the end of the day service was provided. The policy further indicated the record would include documentation of communication/coordination pertinent to the client's home care services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01080		