Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

August 13, 2026

Licensee
Life Jornee Home Health Care LLC
12411 Jackson Street Northeast
Minneapolis, MN 55443

RE: Temporary Conditional License Number 418423
Health Facility Identification Number (HFID) 41634
Project Number(s) SL41634016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on July 22, 2026, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result, pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is extending the temporary license for 90 days and applying conditions necessary to bring the facility into substantial compliance. The temporary license extension and conditional license are due to expire **November 11, 2026.**

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $500.00. **MDH is not imposing these fines against your license at this time.**

8000-Applicability Of Home,community-Based Serv Rq-144a.484, Subd. 4 **- $500.00**

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144A.474, Subd. 8(c), the temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes Chapter 144A.**

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 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

CONDITIONAL LICENSE EXTENDED:
Life Jornee Home Health Care LLC holds a temporary basic home care license with a Home and Community Based Services Designation (HCBS). Pursuant to Minn. Stat. § 144A.43, subd. 4, home care licensees must provide at least one home care service to each client for a fee. The provision of 245D HCBS basic support services cannot substitute for the obligation under Minn. Stat. § 144A.484, Subd. 4, to comply with the requirements for home care services governed by Chapter 144A, including the provision of a home care service to each client.

Based on the Department's findings, Life Jornee Home Health Care LLC is not in compliance with this requirement. MDH will issue Life Jornee Home Health Care LLC a conditional temporary basic home care license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144A.474, Subd. 2(e). Based on the results of the follow-up survey, MDH will determine if Life Jornee Home Health Care LLC is in substantial compliance.

The following conditions apply on the conditional temporary basic license:

a. **No new admissions:** Life Jornee Home Health Care LLC will not admit any new clients under its conditional home care license until MDH removes the "no new admissions"

condition. Life Jornee Home Health Care LLC must provide the Department:

i. A list of the names and birthdates of any individuals Life Jornee Home Health Care LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

ii. A list of all current clients including:
    1. Name and birthdate of each client
    2. Current payment source for services
    3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
    4. If the client is not able to make informed decisions, the name of their representative and how to contact the representative

b. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Life Jornee Home Health Care LLC to correct the violations cited during the follow-up survey as well as to determine the overall practice of Life Jornee Home Health Care LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

c. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3, 4 or 5 violations or widespread care related violations.

d. **Corrective Action Plan:** Life Jornee Home Health Care LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens
    v. Current status of correction work
    vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD:
MDH will determine if Life Jornee Home Health Care LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Life Jornee Home Health Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Life Jornee Home Health Care LLC's temporary basic home care license, grant the license, and Life Jornee Home Health Care LLC will correct any violations identified during the survey. If MDH determines Life Jornee Home Health Care LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144A.473, Subd. 3 (a).

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144A.473, Subd. 3 (b)-(d), If the temporary licensee whose basic or comprehensive license has been denied or extended with conditions disagrees with the conclusions of the commissioner, then the temporary licensee may request a reconsideration no later than 15 calendar days after the temporary licensee receives notice of the action. **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

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8, 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 Life Jornee Home Health Care LLC. Please contact Jess Schoenecker at 651-201-3789 **on or before August 18, 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 questions, please contact the survey Jess Schoenecker directly at: 651-201-3789 or email at: Jess.Schoenecker@state.mn.us.

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
	H41634	A. BUILDING: _____ B. WING _____	R 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE JORNEE HOME HEALTH CARE LLC	12411 JACKSON ST NE MINNEAPOLIS, MN 55443

(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: SL41634016-2 On July 21, 2026, through July 22, 2026, surveyors of this Department's staff conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 23, 2236. At the time of the survey, there one (1) client that was receiving 144A home care basic services. Life Jornee Home Health Care LLC was found to be in compliance with 144A Home Care state regulations.	{0 000}		
{0 000}	Integrated License (HCBS) Initial Comments INITIAL COMMENTS: SL41634016-2 On July 21, 2026, through July 22, 2026, surveyors of this Department's staff conducted a	{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	

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}	Continued From page 1 revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 23, 2236. At the time of the survey, there were three (3) clients receiving receiving services under the Integrated licensure; 245D Home and Community Based Service Designation. The following correction order is reissued for SL41634016-2; tag identification 8000.	{0 000}	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).	
{08000} SS=F	144A.484, Subd. 4 Applicability of Home,Community-based Serv Rq A home care provider with a home and community-based services designation must comply with the requirements for home care services governed by this chapter. For the provision of basic support services, the home care provider must also comply with the following	{08000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{08000}	Continued From page 2 home and community-based services licensing requirements: (1) service planning and delivery requirements in section 245D.07; (2) protection standards in section 245D.06; (3) emergency use of manual restraints in section 245D.061; and (4) protection-related rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b). A home care provider with the integrated license-home and community-based services designation may utilize a bill of rights which incorporates the service recipient rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b) with the home care bill of rights in section 144A.44. This STANDARD is not met as evidenced by: Based on interview and record review, the licensee did not provide any home care services to those identified as clients who received services under the home and community-based service (HCBS) integrated license designation that would otherwise require (separate) licensure under chapter 245D. This affected three (3) of four (4) of the licensee's clients. 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:	{08000}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE JORNEE HOME HEALTH CARE LLC	12411 JACKSON ST NE MINNEAPOLIS, MN 55443

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{08000}	Continued From page 3 On July 22, 2026, at 10:21 a.m., owner (O)-A stated the licensee had identified clients who received 245D HCBS only services and was working with case managers to identify if home care services could be provided under the 144A home care basic license. O-A stated the licensee could not add 144A home care services to the clients and the licensee then attempted to obtain a 245D HCBS standalone license but was informed by the licensing department that it would not be possible to obtain the standalone 245D HCBS license for the counties the licensee serviced. O-A stated the licensee then applied for a 144A comprehensive license and would work with case managers to identify 144A comprehensive nursing services that would be able to be provided to the clients. O-A stated if 144A comprehensive nursing services could not be provided, the licensee would discharge the clients that received 245D HCBS only services in coordination with each client's case managers. The licensee was in the process of obtaining the 144A comprehensive home care license during the course of the survey. No further information was provided.	{08000}		

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

April 30, 2026

Licensee
Life Jornee Home Health Care LLC
12411 Jackson Street Northeast
Minneapolis, MN 55443

RE: Temporary Conditional License Number 418423
Health Facility Identification Number (HFID) 41634
Project Number(s) SL41634016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on January 23, 2026, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result, pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is extending the temporary license for 90 days and applying conditions necessary to bring the facility into substantial compliance. The temporary license extension and conditional license are due to expire on **July 29, 2026**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $1,000.00. **MDH is not imposing these fines against your license at this time.**

St - 0 - 0440 - 144a.471, Subd. 6 - Basic Home Care License Provider - $500.00
St - 0 - 8000 - 144a.484, Subd. 4 - Applicability Of Home,community-Based Serv Rq - $500.00

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines and enforcement actions 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 temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes Chapter 144A.**

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 the Department of Health within 15 business days of the correction order receipt date.

A state correction order under Minn. Stat. § 144A.44 Subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

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.

CONDITIONAL LICENSE ISSUED:
Life Jornee Home Health Care LLC holds a temporary basic, home care license with a Home and Community Based Services Designation (HCBS). Pursuant to Minn. Stat. § 144A.43, subd. 4, home care licensees must provide at least one home care service to each client for a fee. The provision of 245D HCBS basic support services cannot substitute for the obligation under Minn. Stat. § 144A.484, Subd.4 to comply with the requirements for home care services governed by Chapter 144A, including the provision of a home care service to each client.

Based on the Department's findings, Life Jornee Home Health Care LLC is not in compliance with this requirement. MDH will issue Life Jornee Home Health Care LLC a conditional temporary basic home care license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144A.474, Subd. 2(e). Based on the results of the follow-up survey, MDH will determine if Life Jornee Home Health Care LLC is in substantial compliance.

The following conditions apply on the conditional temporary basic license:

a. **No new admissions:** Life Jornee Home Health Care LLC will not admit any new clients under its conditional home care license until MDH removes the "no new admissions" condition. Life Jornee Home Health Care LLC must provide the Department:

    i. A list of the names and birthdates of any individuals Life Jornee Home Health Care LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current clients including:

1. Name and birthdate of each client
2. Current payment source for services
3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
4. If the client is not able to make informed decisions, the name of their representative and how to contact the representative

b. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Life Jornee Home Health Care LLC to correct the violations cited during the follow-up (remove if not LOF) survey as well as to determine the overall practice of Life Jornee Home Health Care LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive temporary licensed home care services. The OOLTC will share their findings with MDH.

c. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3, 4 or 5 violations or widespread care related violations.

d. **Corrective Action Plan:** Life Jornee Home Health Care LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
   i. A statement of the concern
   ii. A description of what will happen to correct the concern
   iii. A target date for when each correction will be complete
   iv. Who is responsible to make sure it happens
   v. Current status of correction work
   vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD: MDH will determine if Life Jornee Home Health Care LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Life Jornee Home Health Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Life Jornee Home Health Care LLC's temporary basic home care license, grant the license, and Life Jornee Home Health Care LLC will correct any violations identified during the survey. If MDH determines Life Jornee Home Health Care LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144A.473, Subd. 3 (a).

REQUEST FOR RECONSIDERATION:
Pursuant to Minn. Stat. §144A.473, Subd. 3 (b)-(d), If the temporary licensee whose basic or comprehensive license has been denied or extended with conditions disagrees with the conclusions of the commissioner, then the temporary licensee may request a reconsideration no later than 15 calendar days after the temporary licensee receives notice of the action. **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

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8, 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 Life Jornee Home Health Care LLC. Please contact Kelly Thorson at 320-223-7336 on or before May 4, 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 questions, please contact survey directly at: 320-223-7336 or email at: kelly.thorson@state.mn.us.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager
Minnesota Department of Health
Health Regulation Division

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41634	A. BUILDING: _____ B. WING _____	R 01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE JORNEE HOME HEALTH CARE LLC	12411 JACKSON ST NE MINNEAPOLIS, MN 55443

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{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: SL41634016-1 On January 22, 2026, through January 23, 2026, a surveyor of this Department's staff visited the above provider. At the time of the survey, there were three (3) clients that were only receiving services under the Integrated licensure; Home and Community Based Service Designation. As a result of the survey, the licensee was determined not to be in compliance with 144A.484 Integrated Licensure; Home and Community Based Service Designation.	{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)	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41634	A. BUILDING: _____ B. WING _____	R 01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE JORNEE HOME HEALTH CARE LLC	12411 JACKSON ST NE MINNEAPOLIS, MN 55443

(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
08000	Continued From page 1 community-based services designation must comply with the requirements for home care services governed by this chapter. For the provision of basic support services, the home care provider must also comply with the following home and community-based services licensing requirements: (1) service planning and delivery requirements in section 245D.07; (2) protection standards in section 245D.06; (3) emergency use of manual restraints in section 245D.061; and (4) protection-related rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b). A home care provider with the integrated license-home and community-based services designation may utilize a bill of rights which incorporates the service recipient rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b) with the home care bill of rights in section 144A.44. This STANDARD is not met as evidenced by: Based on interview and record review, the licensee failed to provide a basic home care service to clients who received serivces under the home and community-based service (HCBS) integrated license designation. 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).	08000		

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08000	Continued From page 2 The findings include: The licensee's Application for Licensure Temporary Basic Home Care was signed August 15, 2024, by owner (O)-A. On page three (3) the licensee indicated there were no Other Minnesota Licenses and/or Enrollments. On page four (4) the licensee indicated they would provide each Basic Home Care Service and each Home Management Service. On page eleven (11) of the licensee's application under the section titled, "Managerial Official Verification," read "I certify that I have read and understand the following Minnesota Statutes," [initials of O-A were placed before the following]: Home Care Statues (a link to Home Care Laws webpage was included and opens upon clicking with all laws and regulations linked). The licensee's Application Integrated License: Home and Community-Based Services (HCBS) Designation signed August 15, 2024, by O-A, was submitted simultaneously with the licensee's Application for Licensure Temporary Basic Home Care. On page 3 it read, "Licensed home care provider with an integrated license: HCBS designation (designation) must comply with the requirements for home care providers governed by Minnesota Statutes, sections 144A.43 - 144A.484. On January 22, 2025, at 1:30 p.m., O-A stated during a phone call, the licensee had 4 total clients. O-A stated of the 4 clients, one (1) received basic home care services and the other 3 received services under the HCBS designation integrated license. The surveyor requested O-A provide a current client roster for the licensee's current clients.	08000		

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08000	Continued From page 3 On January 22, 2026, at 8:20 p.m., O-A emailed the requested Current Client Roster which included 4 total clients but did not clearly identify which clients received HCBS or basic home care services. An email dated January 23, 2026, at 9:16 a.m., sent by O-A verified C3 was the only client who received basic home care services and the other 3 clients received only HCBS serivces without any basic home care services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	08000		

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE RESCINDED

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

November 19, 2025

Licensee
Life Jornee Home Health Care LLC
12411 Jackson Street Northeast
Minneapolis, MN 55443

RE: Denial of License Number 418423
Health Facility Identification Number (HFID) 41634
Initial Full Survey; Project Number(s) SL41634016

Dear Licensee:

Please Note: Upon review of additional information, including a Notice of Providing Services dated October 27, 2025, the Notice of License Denial dated November 18, 2025, is hereby rescinded, pending an initial survey under Minn. Stat. 144A.473-144A.474.

The Minnesota Department of Health (MDH) completed an initial survey on October 17, 2025, for the purpose of assessing compliance with state licensing statutes and to determine issuance of an initial license to the above mentioned provider. Based on the survey, MDH found that you have not provided basic home care services during the temporary license year.

Pursuant to Minn. Stat. § 144A.473, Subd. 2 (c), if the temporary licensee does not provide home care services during the temporary license period, then the temporary license expires at the end of the license period and the applicant must reapply for a temporary home care license. The temporary basic license for Life Jornee Home Health Care LLC, with license number 418423, expired on November 11, 2025, without basic home care services being provided under the license. As a result, services may no longer be provided under this license.

REQUEST FOR RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144A.473, Subd. 3 (b) and (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.**

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, Kelly Thorson, Supervisor, via email at: Kelly.Thorson@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 **November 21, 2025.** 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.

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 Kelly Thorson, Supervisor, at Kelly.Thorson@state.mn.us. Kelly Thorson can also be reached by office phone at 320-223-7336.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF INITIAL LICENSE DENIAL

Electronically Delivered

November 18, 2025

Licensee
Life Jornee Home Health Care LLC
12411 Jackson Street Northeast
Minneapolis, MN 55443

RE: Denial of License Number 418423
Health Facility Identification Number (HFID) 41634
Initial Full Survey; Project Number(s) SL41634016

Dear Licensee:

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Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

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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: SL41634016-0 On October 15, 2025, the Minnesota Department of Health (MDH) visited the above temporary Basic Home Care provider. Upon initiation of the survey, the records indicated the licensee was only providing home and community-based services (HCBS). There were zero (0) clients receiving services under the temporary Basic Home Care license. The survey was aborted.	0 000		
0 000	Integrated License (HCBS) Initial Comments On October 15, 2025, the Minnesota Department of Health began an initial full survey at the above home and community-based service (HCBS) designation provider, but the survey was aborted as the licensee lacked evidence of providing basic home care services.	0 000		

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