



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

June 18, 2026

Licensee

Caring Hearts At Home LLC
2000 Balsam Lane
Rockford, MN 55373

RE: Conditional License Number 421512
Health Facility Identification Number (HFID) 28793
Project Number(s) SL28793010

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on April 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.475, MDH is issuing a 90-day conditional license, pending appeal.

In accordance with Minn. Stat. § 144A.474, Subd. 11, state licensing orders issued pursuant to the last survey, completed on February 3, 2026, found not corrected at the time of the April 23, 2026, follow-up survey and/or subject to penalty assessment are as follows:

0645 - 144a.475, Subd. 1 - Conditions - \$500.00

MDH is imposing this \$500.00 fine against your license at this time.

The details of the violations noted at the time of this follow-up survey completed on April 23, 2026 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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 \$8,000.00. **MDH is not imposing these fines against your license at this time.**

0265 - Up-To-Date Plan/accepted Standards Practice - 144a.44, Subd. 1(a)(2) - \$1,000.00

0790 - Quality Management - 144a.479, Subd. 3

0815 - Employee Records - 144a.479, Subd. 7

- 0860 - Comprehensive Assessment And Monitoring - 144a.4791, Subd. 8 - \$1,000.00
- 0865 - Service Plan, Implementation & Revisions - 144a.4791, Subd. 9(a-E)
- 0870 - Content Of Service Plan - 144a.4791, Subd. 9(f)
- 0900 - Medication Management; Comprehensive - 144a.4792, Subd. 1
- 0905 - Provision Of Medication Mgt Services - 144a.4792, Subd. 2
- 0920 - Individualized Medication Mgt Plan - 144a.4792, Subd. 5
- 0930 - Delegation Of Medication Administration - 144a.4792, Subd. 7 - \$3,000.00
- 0935 - Documentation Of Administration Of Medication - 144a.4792, Subd. 8 - \$3,000.00
- 0965 - Prescriptions - 144a.4792, Subd. 13
- 1030 - Policies And Procedures - 144a.4793, Subd. 2
- 1035 - Individualized Treatment/therapy Mgt Plan - 144a.4793, Subd. 3
- 1040 - Administration Of Treatments/therapy - 144a.4793, Subd. 4
- 1045 - Documentation Of Treatment/therapy - 144a.4793, Subd. 5
- 1050 - Treatment And Therapy Orders - 144a.4793, Subd. 6
- 1110 - Unlicensed Personnel - Basic-144a.4795, Subd. 3(a)
- 1115 - Unlicensed Personnel - Comprehensive - 144a.4795, Subd. 3(b)
- 1165 - Orientation Of Staff And Supervisors - 144a.4796, Subd. 1
- 1185 - Alzheimer's/dementia Training Required - 144a.4796, Subd. 5
- 1190 - Required Annual Training - 144a.4796, Subd. 6
- 1225 - Supervision Of Staff - Comp - 144a.4797, Subd. 3

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders. It is not necessary to develop a plan of correction.

Therefore, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 for widespread violations;

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.

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 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>

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. If you request a hearing, please note whether you are appealing the assessed fines, imposed conditions, or both.

CONDITIONAL LICENSE ISSUED:

MDH will issue Caring Hearts At Home LLC a conditional comprehensive home care license for 90 calendar days, pending appeal. 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 Caring Hearts At Home LLC is in substantial compliance.

The following conditions apply on the conditional comprehensive license, pending appeal:

- a. No new substantiated maltreatment allegations:** If any new investigations

begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

- b. No new admissions:** Caring Hearts At Home LLC will not admit any new clients under its conditional home care license until MDH removes the “no new admissions” condition. Caring Hearts At Home LLC must provide the Department:
- i. A list of the names and birthdates of any individuals Caring Hearts At Home 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
- c. Consultant:** Caring Hearts At Home LLC will contract with an RN to provide consultation concerning all clients to whom Caring Hearts At Home LLC provides licensed comprehensive home care services under the conditional license. The consultant must have access to all clients receiving services from Caring Hearts At Home LLC. The consultant will conduct initial and ongoing evaluations of the provider. Direct client observation may be required based on the consultant’s judgement or at the discretion of MDH. The RN must not have any affiliation with Caring Hearts At Home LLC and MDH must review the RN’s credentials and approve the selection. Caring Hearts At Home LLC is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Caring Hearts At Home LLC in an effort to help Caring Hearts At Home LLC align their practices with the requirements of Minn. Stat. §§ 144A.43 – 144A.484 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. Caring Hearts At Home LLC will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.
- d. Reports:** The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies Caring Hearts At Home LLC and the RN consultant about a change. Each report will be

electronically submitted to: HRDConsultantReports.MDH@state.mn.us. The content of the reports will include information such as:

- i. Progress towards correction of orders;
 - ii. Observations of staff delivering home care services and the level of competency observed;
 - iii. Conversations with clients and family members about satisfaction with home care services;
 - iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
 - v. Overall impressions about the quality of the home care services delivered;
 - vi. Overall impressions about the dignity with which the clients and their family members are treated;
 - vii. Concerns; and
 - viii. Any other information requested by the Department or considered important by the RN consultant(s).
- e. Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Caring Hearts At Home LLC to correct the violations cited during the follow-up survey as well as to determine the overall practice of Caring Hearts At Home 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.
- f. 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.
- g. Corrective Action Plan:** Caring Hearts At Home 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 LICENSE PERIOD:

MDH will determine if Caring Hearts At Home 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 Caring Hearts At Home LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Caring Hearts At Home LLC's comprehensive home care license, and Caring Hearts At Home LLC will correct violations identified during the survey to come into substantial compliance. If MDH determines Caring Hearts At Home LLC is not in substantial compliance, MDH may take additional enforcement action against Caring Hearts At Home LLC, including placement of additional conditions, issuing an extension to the conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144A.475 up to and including immediate temporary suspension and revocation.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144A.475, Subd. 3c(c), the licensee may appeal an action against the license. The appeal must be in writing and must be mailed or delivered to the department or the commissioner's designee, contain a brief and plain statement describing every matter or issue contested, and must contain a brief and plain statement of any new matter that the applicant or home care provider believes constitutes a defense or mitigating factor. The request for a hearing must be submitted no later than 15 calendar days after the date of this letter. If you request a hearing, please note whether you are appealing the assessed fines, imposed conditions, or both.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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 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**

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28793	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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(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
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{0 000}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) have been issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL28793010-1</p> <p>On April 20, 2026, through April 23, 2026, the Minnesota Department of Health conducted a follow-up survey pursuant to a survey completed on February 3, 2026. At the time of the follow-up, there were 18 clients receiving services under the provider's Comprehensive license. As a result of the follow-up survey, the following correction order(s) are reissued/issued.</p> <p>On April 23, 2026, immediate orders were issued for tag identifications 0265, 0860, 0930, and 0935.</p> <p>During the course of the survey, the licensee failed to take action to mitigate the imminent risk related to tag identifications 0265, 0860, 0930, and 0935.</p>	{0 000}	<p>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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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).</p>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 265	Continued From page 1	0 265		
0 265 SS=I	<p>144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice</p> <p>receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure care and services were provided according to acceptable health care and medical, or nursing standards with an assistive device for one of one client (C2) with hospital style side rails (also commonly called bedrails).</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, or a violation that had the potential to cause more than minimal harm to the client), 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).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:11 p.m., the surveyor observed C2 utilized a hospital bed with side rails attached. C2's bed was positioned by a walkout glass door with the side rail nearest the glass door in the up position and the side facing the room in the down position. Co-owner/unlicensed personnel (CO/ULP)-B assisted C2's partner (C1) with positioning the bed and oxygen tubing around the room for C2 to use while in their bed.</p>	0 265	During the course of the survey, the licensee failed to take action to mitigate the imminent risk.	

Minnesota Department of Health

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0 265	<p>Continued From page 2</p> <p>C2 was admitted on January 17, 2025.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Nursing Assessment document dated January 7, 2026, was signed by CO/ULP-A (who is not an RN) and lacked identification of C2's hospital style side rails use and need. The assessment read, "[C2] is tired and sleeps more some days and needs 100% assist with transfers."</p> <p>C2's record included a pamphlet titled, A Guide to Bed Safety, revised April 2010, distributed by the Food and Drug Administration (FDA) which read, "When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients."</p> <p>C2's record lacked an assessment by a registered nurse (RN) to address C2's physical and mental status, safe use of the side rails, and measurements of safety zones to prevent entrapment, injury, and/or death.</p> <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee had completed C2's assessment but it was not completed by an RN. The assessment completed by CO/ULP-A did not address the physical and mental status to ensure the side rails were safe for C2 to use and no measurements were completed and documented in C2's record. CO/ULP-B stated</p>	0 265		
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0 265	<p>Continued From page 3</p> <p>they had reviewed the FDA's pamphlet included in C2's record with C2's family and explained the risk and benefits of the side rails, but documentation was not included in C2's record.</p> <p>The licensee's Assessing Client Needs policy dated June 1, 2021, indicated nursing assessments would be conducted and include the physical, medical, social, and emotional aspects of a person's condition. The licensee did not have a policy directly related to the management of hospital style side rails.</p> <p>The Minnesota Department of Health's Home Care Resources for Providers website dated June 2, 2025, indicated documentation about a client's bed rails should include: -the client's bed rail assessment; -risk vs. benefits discussion individualized to each client's risks; -specific measurements of zones of entrapment; and -the bed rails were FDA compliant.</p> <p>Minnesota Statute 144A.471, subdivision 7 dated 2025, indicated comprehensive home care services included hands-on assistance with transfers and mobility and specialty diets.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p>	0 265		
{0 645} SS=F	<p>144A.475, Subd. 1 Conditions</p> <p>(a) The commissioner may refuse to grant a temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose</p>	{0 645}		

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{0 645}	<p>Continued From page 4</p> <p>a conditional license if the home care provider or owner or managerial official of the home care provider:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482;</p> <p>(2) permits, aids, or abets the commission of any illegal act in the provision of home care;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a client;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;</p> <p>(6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees;</p> <p>(7) interferes with or impedes a representative of the department in contacting the home care provider's clients;</p> <p>(8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department;</p> <p>(9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter;</p> <p>(10) refuses to initiate a background study under section 144.057 or 245A.04;</p> <p>(11) fails to timely pay any fines assessed by the department;</p> <p>(12) violates any local, city, or township ordinance relating to home care services;</p> <p>(13) has repeated incidents of personnel performing services beyond their competency level; or</p> <p>(14) has operated beyond the scope of the home</p>	{0 645}		
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{0 645}	<p>Continued From page 5</p> <p>care provider's license level. (b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting that the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules within the licensee's scope of practice. This had the potential to affect all clients, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee's license renewal form dated June 9, 2025, was signed by co-owner/unlicensed personnel (CO/ULP)-A and included the following language: "I certify I have read and understand the following: [a check mark was placed before each of the following]:</p> <ul style="list-style-type: none"> - Home Care Laws, Chapter 144A, Sections 144A.43 through 144A.484 - Housing with Services Establishment, Chapter 144D (if applicable) 	{0 645}		
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{0 645}	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Assisted Living Services, Chapter 144G (if applicable) - Reporting of Maltreatment of Minors, MN Statute Section 626.556 - Reporting of Maltreatment of Vulnerable Adults, MN statute Section 626.557 - I understand that Pursuant to Minnesota Statute 13.04, The Commissioner will use information provided in this application to determine if the applicant meets Minnesota Statute sections 144A.43 through 144A.484 requirements for temporary licenses and licenses. You are not legally required to supply the requested information; however failure to provide the information or the submission of false or misleading information may delay the processing of your application or may be grounds for denying your application .Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, Offices of the Ombudsman, health licensing boards, Department of Human Services, county or city attorneys' offices, police and local or county public health offices. - I understand that in accordance with Minnesota Statute 144.051, all data submitted on this application shall be classified as public information upon issuance of a temporary license or license. All data submitted are considered private until you are licensed. 	{0 645}		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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{0 645}	<p>Continued From page 7</p> <p>- I declare that I have examined this application and all attachments and, to the best of my knowledge and belief, this information is true, correct, and complete. I will notify the Minnesota Department of Health, in writing, of any changes to this information as required. I understand that misstatement of facts may result in denial or revocation of this license."</p> <p>On April 23, 2026, at 12:00 p.m., CO/ULP-A stated the licensee had not fully understood the requirements for the comprehensive home care license held by the licensee. CO/ULP-A stated the licensee was happy the survey was conducted as the licensee had multiple areas which required correction and now the licensee knew what areas would need corrections. CO/ULP-A stated the licensee was more focused on providing care to clients than ensuring documentation and statutory requirements were met. CO/ULP-A stated the licensee believed when an outside hospice company was providing services, the licensee would operate under the guidance of the hospice company's nurses and not the licensee own nurses as required per statute.</p> <p>The licensee's Service Delivery Process policy dated June 1, 2021, outlined the licensee would provide services, document, conduct nursing assessments, and ensure all services were provided as required. The policy cross-references multiple policies related to the provision and implementation of services.</p> <p>No further information was provided.</p>	{0 645}		
0 790 SS=F	<p>144A.479, Subd. 3 Quality Management</p> <p>The home care provider shall engage in quality</p>	0 790		

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0 790	<p>Continued From page 8</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activities appropriate to the size of the home care provider and relevant to the type of services the licensee provided.</p> <p>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 the potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>On April 20, 2026, at 10:00 a.m. during the entrance conference, co-owner/unlicensed personnel (CO/ULP)-B stated the licensee did not have a written quality improvement or quality management program in place. CO/ULP-B stated</p>	0 790		
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0 790	<p>Continued From page 9</p> <p>the two (2) owners communicated frequently and if changes or improvements were needed, they would discuss them in the moment.</p> <p>The licensee's Continuous Quality Improvement policy dated June 1, 2021, indicated the licensee would engage in a quality improvement program, document tracking of the program, and would implement improvements based on the data.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 790		
0 815 SS=F	<p>144A.479, Subd. 7 Employee Records</p> <p>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:</p> <p>(1) evidence of current professional licensure, registration, or certification, if licensure, registration, or certification is required by this statute or other rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff providing supervision;</p> <p>(4) documentation of annual performance reviews which identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing home care services, verification that any health screenings required by infection control programs established under</p>	0 815		

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0 815	<p>Continued From page 10</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure each employee record contained all the required content for two of two employees (co-owner/unlicensed personnel (CO/ULP)-B, ULP-C).</p> <p>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).</p> <p>The findings include:</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's record lacked orientation, required annual training, infection control training, competency evaluations, and annual performance reviews.</p>	0 815		
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0 815	<p>Continued From page 11</p> <p>ULP-C was hired on June 17, 2025.</p> <p>ULP-C's record lacked orientation, infection control training, and competency evaluations.</p> <p>On April 23, 2026, at 12:00 p.m., CO/ULP-A stated the licensee would need to have employees complete the required training and competencies and document them in each employee's record. CO/ULP-A stated the licensee would need to audit each employee record in order to assign the appropriate class to be documented in the employee record.</p> <p>The licensee's Personnel Records dated June 1, 2021, indicated all missing required content would be maintained in each employee's record.</p> <p>After reviewing the employee records, the surveyor was unable to determine which orientation, training, and competencies were completed and which were not provided to each employee.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 815		
0 860 SS=I	<p>144A.4791, Subd. 8 Comprehensive Assessment and Monitoring</p> <p>(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</p>	0 860		

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0 860	<p>Continued From page 12</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>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) conducted assessments when clients received comprehensive services for four of five clients (C2, C3, C4, C5).</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, or a violation that had the potential to cause more than minimal harm to the client), 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).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home.</p>	0 860	<p>During the course of the survey, the licensee failed to take action to mitigate the imminent risk.</p>	
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0 860	<p>Continued From page 13</p> <p>CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (an anti-psychotic medication) which was pre-setup C2's outside hospice (end of life services) company. CO/ULP-B stated C2's hospice company set up all of C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record or medication management plan developed by the licensee to administer C2's medication.</p> <p>C2 C2 was admitted on January 17, 2025.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications (not provided medication reminders per the service plan) which included Haldol, trazodone (a prescription strength sleep aide), and morphine (a Schedule II controlled substance medication also used to treat shortness of breath and severe pain).</p> <p>C2's Nursing Assessment dated January 7, 2026, indicated C2 took medications for sleep and anxiety and was signed as completed by CO/ULP-A (who is not an RN).</p> <p>C2's record lacked an individualized assessment completed by the licensee's RN to address the comprehensive home care service of medication</p>	0 860		
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0 860	<p>Continued From page 14</p> <p>administration C2 received.</p> <p>C3 C3 was admitted on February 15, 2026.</p> <p>C3's Service Plan/Care Plan dated February 15, 2026, indicated C3 received assistance with dressing, oral care, toileting, transferring, walking, exercising, medication reminders, and eye drops two times daily.</p> <p>C3's Time and Assignment Record dated April 2026, indicated on April 6, 7, 13, 14, and 20, ULP-C administered eye drops to C3.</p> <p>The Progress Notes document, which lacked identification for C3, was identified by ULP-C as C3's progress notes for April 13, 2026, indicated ULP-C applied Biofreeze (a common over-the-counter topical pain-relieving gel, spray, or patch) to C3's back.</p> <p>C3's 14-day Nursing Assessment dated March 10, 2026, was identified by ULP-C as C3's most recent assessment and was signed as completed by ULP-C (who is not an RN).</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3.</p> <p>C3's record lacked an individualized assessment completed by the licensee's RN to address the comprehensive home care service of medication administration C3 received.</p> <p>C4</p>	0 860		
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0 860	<p>Continued From page 15</p> <p>C4 was admitted on October 2, 2014.</p> <p>C4's Service Plan/Care Plan dated October 2, 2024, indicated C4 received the comprehensive home care service of, "Med [medication] Setup by RN," every week, as well as requiring assistance with housekeeping, laundry, mail assistance, transportation, and medication reminders.</p> <p>The Progress Notes document, which lacked identification for C4, was identified by CO/ULP-A at C4's progress notes indicated on March 30, April 6, 13, and 20, 2026, C4's medications were set up by RN-E.</p> <p>C4's Nursing Assessment dated February 15, 2026, was identified as C4's most recent assessment and was completed by CO/ULP-A (who is not an RN).</p> <p>C4's record lacked an individualized assessment completed by an RN to address the comprehensive home care service of medication setup C4 received.</p> <p>C5 C5 was admitted on October 12, 2022.</p> <p>C5's Service Plan/Care Plan dated October 12, 2024, indicated C5 received the comprehensive home care service of "Medication Assistance" every visit and assistance with housekeeping, laundry, shopping transportation, dressing, toileting, medication reminder, and standby assistance with transferring and walking.</p> <p>C5's Nursing Assessment dated February 15, 2026, was identified as C5's most recent assessment and was completed by CO/ULP-A (who is not an RN).</p>	0 860		

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0 860	<p>Continued From page 16</p> <p>C5's Time and Assignment Record dated April 2026, indicated on April 6, 13, and 20, RN-E set up C5's medications.</p> <p>C5's record lacked an individualized assessment completed by an RN to address the comprehensive home care service of medication setup C5 received.</p> <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee often admitted clients who would progress to needing more services and the licensee would provide the services but not update the assessments or service plans to match. CO/ULP-A stated the licensee believed since hospice would set up medications and provide treatments, the licensee could allow their employees to provide those services without having to involve the licensee's RN. CO/ULP-A stated the licensee would need to have the licensee's nurse review the service plans for each client and update the assessments as required.</p> <p>The licensee's Assessing Client Needs policy dated June 1, 2021, indicated the licensee would have nursing assessments conducted to identify the needs and levels of care for each client. The policy cross referenced the licensee's Service Delivery Process policy date June 1, 2021, which indicated a nurse would conduct an initial assessment, 14-day assessment, and ongoing 90-day assessments to determine an appropriate match for the scope of service the licensee would provide.</p> <p>Minnesota Statute 144A.471, subdivision 7 dated 2025, indicated comprehensive home care</p>	0 860		

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0 860	Continued From page 17 services included medication administration, hands-on assistance with transfers and mobility, and specialty diets. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	0 860		
0 865 SS=D	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 informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	0 865		

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0 865	<p>Continued From page 18</p> <p>review, the licensee failed to update and obtain authentication from a client or client's representative to agree on services to be provided when services were changed for one of five clients (C2).</p> <p>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 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).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (an anti-psychotic medication) which was pre-setup by C2's outside hospice (end of life services) company. CO/ULP-B stated C2's hospice company set up all of C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record or medication management plan developed by the licensee to administer C2's medication.</p> <p>C2 was admitted on January 17, 2025.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty</p>	0 865		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28793	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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(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
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0 865	<p>Continued From page 19</p> <p>swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping. The service plan indicated that overnight support and daily support for safety and comfort would be approximately 20 hours each day.</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications (not provided medication reminders per the service plan) which included Haldol, trazodone (a prescription strength sleep aide), and morphine (a Schedule II controlled substance medication also used to treat shortness of breath and severe pain).</p> <p>C2's Time and Assignment Record dated April 2026, included services which were provided to C2 by the licensee. The following services were documented as provided, but were not included in C2's current authenticated service plan:</p> <ul style="list-style-type: none"> - Assist with walker/wheelchair - Clean bathroom - Empty trash - Clean kitchen - Wash dishes - Back rub/lotion - Meal preparation/assist <p>Additionally, C2's service plan indicated daily vital signs would be obtained each a.m. shift. C2's Time and Assignment Record dated April 2026, included a line for vital signs but lacked documentation the service was provided on the April 17th, 18th, and 20th. The list lacked documentation for April 17th as to whether a staff member delivered any services after 1:30 p.m. that day. The next services documented as provided resumed on April 18th at 9:00 a.m. No overnight or services approximating 20 hours</p>	0 865		
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0 865	<p>Continued From page 20</p> <p>daily for April 17th were documented.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee would need to update C2's service plan to ensure all services were included and would need to review documentation with staff to capture all service and hours required were accurate. CO/ULP-A stated the licensee would have their registered nurses review all service plans and update any that would not accurate.</p> <p>The licensee's Service Plan policy dated June 1, 2021, indicated all client service plans would be authenticated and include each service to be provided and would be updated and authenticated if services changed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 865		
0 870 SS=F	<p>144A.4791, Subd. 9(f) Content of Service Plan</p> <p>(f) The service plan must include:</p> <p>(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;</p> <p>(2) the identification of the staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring reviews or assessments of the client;</p> <p>(4) the schedule and methods of monitoring staff providing home care services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken by the home care</p>	0 870		

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0 870	<p>Continued From page 21</p> <p>provider and by the client or client's representative if the scheduled service cannot be provided;</p> <p>(ii) information and a method for a client or client's representative to contact the home care provider;</p> <p>(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</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a client service plan which included all required content to agree on services for five of five clients (C1, C2, C3, C4, C5).</p> <p>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).</p> <p>The findings include:</p> <p>C1 was admitted on January 17, 2025.</p> <p>C1's Service Plan/Care Plan was dated March 12, 2026.</p>	0 870		

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0 870	<p>Continued From page 22</p> <p>C2 was admitted on January 17, 2025.</p> <p>C2's Service Plan/Care Plan was dated October 13, 2025.</p> <p>C3 was admitted on February 15, 2026.</p> <p>C3's Service Plan/Care Plan was dated February 15, 2026.</p> <p>C4 was admitted on October 2, 2014.</p> <p>C4's Service Plan/Care Plan was dated October 2, 2024.</p> <p>C5 was admitted on October 12, 2022.</p> <p>C5's Service Plan/Care Plan was dated October 12, 2022.</p> <p>C1, C2, C3, C4, and C5's service plans lacked the following required service plan content:</p> <ul style="list-style-type: none"> - the identification of the staff or categories of staff who will provide the services; - the schedule and methods of monitoring reviews or assessments of the client; - the schedule and methods of monitoring staff providing home care services; and - a contingency plan with required content. <p>On April 23, 2026, at 12:00 p.m., during an interview with co-owner/unlicensed personnel (CO/ULP)-A and CO/ULP-B, CO/ULP-A stated the licensee used the same service plan template for all clients and would need to update the licensee's service plan template to include all the required missing content. CO/ULP-A stated the licensee's registered nurse would review each client's service plan to ensure the content and all</p>	0 870		

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0 870	Continued From page 23 services provided would be included. The licensee's Service Plan policy dated June 1, 2021, indicated each client service plan would include the missing content and each client service plan would be updated and provided to each client before services would be provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 870		
0 900 SS=F	144A.4792, Subd. 1 Medication Management; Comprehensive (a) This subdivision applies only to home care providers with a comprehensive home care license that provide medication management services to clients. Medication management services may not be provided by a home care provider who has a basic home care license. (b) A comprehensive home care provider who provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication	0 900		

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0 900	<p>Continued From page 24</p> <p>errors; communicating with the prescriber, pharmacist, and client and client representative, if any; disposing of unused medications; and educating clients and client representatives about medications. When controlled substances are being managed, stored, and secured by the comprehensive home care provider, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 22.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to implement the licensee's policy and procedure for medication management when the licensee provided medication management services for two of two clients (C2, C3).</p> <p>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).</p> <p>The findings include:</p> <p>C2 On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip</p>	0 900		
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0 900	<p>Continued From page 25</p> <p>lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice care to manage terminal delirium, severe agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record (MAR) or a medication management plan developed by the licensee to administer C2's medication, or document administration of the Haldol medication.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Nursing Assessment dated January 7, 2026, indicated C2 took medications for sleep and anxiety and was signed as completed by CO/ULP-A (who is not an RN).</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications which included Haldol, trazodone (a prescription strength sleep aide), lorazepam (a Schedule IV controlled substance medication used for treating anxiety and agitation) and morphine (a Schedule II controlled substance medication also used to treat shortness of breath, anxiety, and agitation).</p>	0 900		
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0 900	<p>Continued From page 26</p> <p>C3 C3 was admitted on February 15, 2026.</p> <p>C3's Service Plan/Care Plan dated February 15, 2026, indicated C3 received eye drops two times daily.</p> <p>C3's Time and Assignment Record dated April 2026, indicated on April 6, 7, 13, 14, and 20, ULP-C administered eye drops to C3.</p> <p>The Progress Notes document, which lacked identification for C3, was identified by ULP-C as C3's progress notes for April 13, 2026, indicated ULP-C applied Biofreeze (a common over-the-counter topical pain-relieving gel, spray, or patch) to C3's back.</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3. ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them. ULP-C indicated no MAR was created for ULP-C to review and document when medications were administered or if PRN medications were effective when used. Additionally, ULP-C stated no documentation was present for if the RN was contacted or updated when PRN medications were used and effectiveness.</p>	0 900		

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0 900	<p>Continued From page 27</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee had a medication management policy and procedure, but the licensee believed they were not providing medication management services as the clients received hospice services from an outside provider. CO/ULP-A stated had the licensee believed they were providing medication management services, the policy and procedure would have been implemented as written.</p> <p>The licensee's Medication Management policy dated June 1, 2021, indicated the licensee considered Medication Support (identified as reminding, prompting, and assisting with open medications) and Medication Administration (identified as giving, storing, opening, and verifying clients took their medications) as indicators to implement the licensee's medications management policy and procedure.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 900		
0 905 SS=F	<p>144A.4792, Subd. 2 Provision of Medication Mgt Services</p> <p>(a) For each client who requests medication management services, the comprehensive home care provider shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how</p>	0 905		

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0 905	<p>Continued From page 28</p> <p>the services will be provided. This assessment must be conducted face-to-face with the client. The assessment must include an identification and review of all medications the client is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must:</p> <p>(1) identify interventions needed in management of medications to prevent diversion of medication by the client or others who may have access to the medications; and</p> <p>(2) provide instructions to the client or client's representative on interventions to manage the client's medications and prevent diversion of medications.</p> <p>"Diversion of medications" means the misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have the licensee's registered nurse (RN) conduct a face-to-face assessment to determine the medication management services to be provided to a client when the licensee provided medication management services for two of two clients (C2, C3).</p> <p>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</p>	0 905		
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0 905	<p>Continued From page 29</p> <p>a large portion or all of the clients).</p> <p>The findings include:</p> <p>C2 On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice care to manage terminal delirium, severe agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record (MAR) or a medication management plan developed by the licensee to administer C2's medication, or document administration of the Haldol medication.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Nursing Assessment dated January 7, 2026, indicated C2 took medications for sleep and anxiety and was signed as completed by CO/ULP-A (who is not a registered nurse (RN)).</p>	0 905		
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0 905	<p>Continued From page 30</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications which included Haldol, trazodone (a prescription strength sleep aide), lorazepam (a Schedule IV controlled substance medication used for treating anxiety and agitation) and morphine (a Schedule II controlled substance medication also used to treat shortness of breath, anxiety, and agitation).</p> <p>C3 C3 was admitted on February 15, 2026.</p> <p>C3's Service Plan/Care Plan dated February 15, 2026, indicated C3 received eye drops two times daily.</p> <p>C3's 14-day Nursing Assessment dated March 10, 2026, was identified by ULP-C as C3's most recent assessment and was signed as completed by ULP-C (who is not a registered nurse (RN)).</p> <p>C3's Time and Assignment Record dated April 2026, indicated on April 6, 7, 13, 14, and 20, ULP-C administered eye drops to C3.</p> <p>The Progress Notes document, which lacked identification for C3, was identified by ULP-C as C3's progress notes for April 13, 2026, indicated ULP-C applied Biofreeze (a common over-the-counter topical pain-relieving gel, spray, or patch) to C3's back.</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3.</p>	0 905		
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0 905	<p>Continued From page 31</p> <p>ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them. ULP-C indicated a MAR was not created for ULP-C to review and document when medications were administered or if as needed (PRN) medications were effective when used. Additionally, ULP-C stated no documentation was present for when of if the RN was contacted or updated when PRN medications were used and their effectiveness.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee believed they were not providing medication management services as the clients received hospice services from an outside provider. CO/ULP-A stated had the licensee believed they were providing medication management services to C2 and C3, the licensee's RN would have completed a medication management assessment.</p> <p>The licensee's Medication Management policy dated June 1, 2021, indicated the licensee considered Medication Support (identified as reminding, prompting, and assisting with open medications) and Medication Administration (identified as giving, storing, opening, and verifying clients took their medications) as indicators to implement the licensee's medications management policy and procedure which included the RN completing medication management assessments.</p> <p>No further information was provided.</p>	0 905		
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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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0 905	Continued From page 32 TIME PERIOD FOR CORRECTION: Seven (7) days	0 905		
0 920 SS=F	144A.4792, Subd. 5 Individualized Medication Mgt Plan (a) For each client receiving medication management services, the comprehensive home care provider must prepare and include in the service plan a written statement of the medication management services that will be provided to the client. The provider must develop and maintain a current individualized medication management record for each client based on the client's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the client's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific client instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any client-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse	0 920		

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0 920	<p>Continued From page 33</p> <p>reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement an individualized medication management plan (IMMP) when the licensee provided medication administration for two of two clients (C2, C3).</p> <p>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).</p> <p>The findings include:</p> <p>C2 On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice care to manage terminal delirium, severe</p>	0 920		
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0 920	<p>Continued From page 34</p> <p>agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record (MAR) or a medication management plan developed by the licensee to administer C2's medication, or document administration of the Haldol medication.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Nursing Assessment dated January 7, 2026, indicated C2 took medications for sleep and anxiety and was signed as completed by CO/ULP-A (who is not a registered nurse (RN)).</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications which included Haldol, trazodone (a prescription strength sleep aide), lorazepam (a Schedule IV controlled substance medication used for treating anxiety and agitation) and morphine (a Schedule II controlled substance medication also used to treat shortness of breath, anxiety, and agitation).</p> <p>C3 C3 was admitted on February 15, 2026.</p>	0 920		

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0 920	<p>Continued From page 35</p> <p>C3's Service Plan/Care Plan dated February 15, 2026, indicated C3 received eye drops two times daily.</p> <p>C3's Time and Assignment Record dated April 2026, indicated on April 6, 7, 13, 14, and 20, ULP-C administered eye drops to C3.</p> <p>The Progress Notes document, which lacked identification for C3, was identified by ULP-C as C3's progress notes for April 13, 2026, indicated ULP-C applied Biofreeze (a common over-the-counter topical pain-relieving gel, spray, or patch) to C3's back.</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3. ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them. ULP-C indicated no MAR was created for ULP-C to review and document when medications were administered or if as needed (PRN) medications were effective when used. Additionally, ULP-C stated no documentation was present for if the RN was contacted or updated when PRN medications were used and effectiveness.</p> <p>C2 and C3's records lacked an IMMP with the required content and an IMMP was not included in either client's service plan.</p>	0 920		

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0 920	<p>Continued From page 36</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not believe they had engaged in medication management as the licensee was providing the medication administration under an outside hospice company. CO/ULP-A stated had the licensee understood they were engaged in an IMMP for C2 and C3, the licensee would have developed and implemented all the required content for an IMMP.</p> <p>The licensee's Medication Management policy dated June 1, 2021, indicated that when the licensee engaged in medication administration, the licensee would develop an IMMP will all the required content for each client and include it on the client's service plans.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 920		
0 930 SS=L	<p>144A.4792, Subd. 7 Delegation of Medication Administration</p> <p>When administration of medications is delegated to unlicensed personnel, the comprehensive home care provider must ensure that the registered nurse has:</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each client and documented those instructions in the client's records; and</p>	0 930		

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0 930	<p>Continued From page 37</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the client.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the licensee's registered nurse (RN) had instructed the unlicensed personnel (ULP) in the proper methods to administer medications and the ULP had demonstrated competency for the delegated the task of medication administration for two of two employees (co-owner/ULP (CO/ULP)-B, ULP-C).</p> <p>This practice resulted in a level four violation (a violation that harmed a client's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> <p>CO/ULP-B & C2 On April 20, 2026, at 1:55 p.m., the surveyor observed CO/ULP-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice care (end of life services) to manage terminal delirium, severe agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all of C2's medications for the licensee's staff to administer. CO/ULP-B</p>	0 930	During the course of the survey, the licensee failed to take action to mitigate the imminent risk.	
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0 930	<p>Continued From page 38</p> <p>did not use a medication administration record to administer C2's medication.</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's employee record lacked any record of medication administration training and competency testing completed by the licensee's RN to ensure medications were safely and accurately administered.</p> <p>C2 was admitted on January 17, 2025.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Nursing Assessment dated January 7, 2026, indicated C2 took medications for sleep and anxiety and was signed as completed by CO/ULP-A (who is not an RN).</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications which included Haldol, trazodone (a prescription strength sleep aide), lorazepam (a Schedule IV controlled substance medication used for treating anxiety and agitation), and morphine (a Schedule II controlled substance medication also used to treat pain, shortness of breath, anxiety, and agitation).</p> <p>The National Library of Medicine website for Lorazepam last updated May 25, 2024, indicated</p>	0 930		

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0 930	<p>Continued From page 39</p> <p>lorazepam was a central nervous system (CNS) depressant and required close monitoring of the respiratory system for adverse effects, particularly when given with other sedative medications.</p> <p>The National Library of Medicine website for Morphine last updated September 29, 2025, indicated morphine was a high-risk medication and read, "Morphine can cause severe respiratory depression, especially in older, debilitated patients or those with preexisting respiratory conditions." The website indicated drug to drug interactions with CNS depressants and could increase the risk of respiratory depression or coma and required close monitoring of respirations for signs of overdoses.</p> <p>The MedlinePlus website dated March 15, 2026, indicated older adults with dementia may have an increased chance of death if treated with Haldol.</p> <p>ULP-C & C3 ULP-C was hired on June 17, 2025.</p> <p>ULP-C's employee record lacked any record of medication administration training and competency testing completed by the licensee's RN to ensure medications were safely and accurately administered.</p> <p>C3 was admitted on February 15, 2026.</p> <p>C3's Service Plan/Care Plan dated February 15, 2026, indicated C3 received assistance with dressing, oral care, toileting, transferring, walking, exercising, medication reminders, and eye drops two times daily.</p> <p>C3's Time and Assignment Record dated April</p>	0 930		

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0 930	<p>Continued From page 40</p> <p>2026, indicated on April 6, 7, 13, 14, and 20, ULP-C administered eye drops to C3.</p> <p>The Progress Notes document which lacked identification for C3, was identified by ULP-C as C3's progress notes for April 13, 2026, indicated ULP-C applied Biofreeze (a common over-the-counter topical pain-relieving gel, spray, or patch) to C3's back.</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3. ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them.</p> <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not train CO/ULP-B and ULP-C as they knew the two had been administrating medications for a long time and already knew how to complete the task. CO/ULP-A stated the licensee's RN would need to train, competency test, and then delegate the task of medication administration to each ULP. CO/ULP-A stated medication administration training was not completed and no documentation of training would be located in the employee records.</p> <p>The licensee's Competency Validation &</p>	0 930		

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0 930	<p>Continued From page 41</p> <p>Evaluation policy dated June 1, 2021, indicated the licensee's RN was responsible for training, competency testing, and documenting in each employee's record evidence of the training.</p> <p>The licensee's Medication Management policy dated June 1, 2021, indicated the licensee's RN may delegate administration of medication if the person had met the training and competency requirements.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p>	0 930		
0 935 SS=L	<p>144A.4792, Subd. 8 Documentation of Administration of Medication</p> <p>Each medication administered by comprehensive home care provider staff must be documented in the client's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the client's needs when medication was not administered as prescribed and in compliance with the client's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure each medication administered included all of the licensee's "seven rights" of medication</p>	0 935	<p>During the course of the survey, the licensee failed to take action to mitigate the imminent risk.</p>	

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0 935	<p>Continued From page 42</p> <p>administration for two of two clients (C2, C3).</p> <p>This practice resulted in a level four violation (a violation that harmed a client's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury 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).</p> <p>The findings include:</p> <p>The Fundamentals of Nursing textbook (Ostendorf, Patricia A. Potter, Anne G. Perry, Patricia A. Stockert, Amy Hall, Wendy R. Fundamentals of Nursing. Available from: VitalSource Bookshelf, (12th Edition). Elsevier Health Sciences (US), 2025.) indicated in order to prevent medication errors, the seven rights of medication administration must be applied consistently every time medication was administered. The seven rights included: -right medication; -right dose; -right patient (client); -right route; -right time; -right documentation; and -right indication.</p> <p>C2 On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice</p>	0 935		

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0 935	<p>Continued From page 43</p> <p>care to manage terminal delirium, severe agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record (MAR) or a medication management plan developed by the licensee to administer C2's medication, or document administration of the Haldol medication.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Nursing Assessment dated January 7, 2026, indicated C2 took medications for sleep and anxiety and was signed as completed by CO/ULP-A (who is not an RN).</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications which included Haldol, trazodone (a prescription strength sleep aide), lorazepam (a Schedule IV controlled substance medication used for treating anxiety and agitation) and morphine (a Schedule II controlled substance medication also used to treat shortness of breath, anxiety, and agitation).</p> <p>On April 10, 2026, ULP-D administered the following medications to C2:</p>	0 935		

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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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(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
0 935	<p>Continued From page 44</p> <ul style="list-style-type: none"> - 8:30 a.m. - morphine 0.25 ml (milliliter) and documented, "SOB [short of breath]"; - 9:00 a.m. - lorazepam 50 mg (milligrams) with the 50 mg crossed out (as it would have been a medication error and potentially be a severe overdose) and replaced with 0.5 mg; - 11:00 a.m. - lorazepam 50 mg, again 50 mg crossed out and replaced with 0.5mg; - 1:00 p.m. - morphine 0.25 ml; and - 1:00 p.m. - lorazepam 0.5 mg. <p>C2's record lacked documentation as to indication for the administration of high-risk as needed (PRN) medications, no effectiveness of the administration of medication, and no documentation if the nurse was consulted for direction when the medication appeared to not be effective was included in C2's record. Additionally, C2's record lacked documentation of administration of Haldol on April 20, 2026.</p> <p>The National Library of Medicine website for Lorazepam last updated May 25, 2024, indicated lorazepam was a central nervous system (CNS) depressant and required close monitoring of the respiratory system for adverse effects, particularly when given with other sedative medications.</p> <p>The National Library of Medicine website for Morphine last updated September 29, 2025, indicated morphine was a high-risk medication and read, "Morphine can cause severe respiratory depression, especially in older, debilitated patients or those with preexisting respiratory conditions." The website indicated drug to drug interactions with CNS depressants and could increase the risk of respiratory depression or coma and required close monitoring of respirations for signs of overdoses.</p>	0 935		

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0 935	<p>Continued From page 45</p> <p>The MedlinePlus website dated March 15, 2026, indicated older adults with dementia may have an increased chance of death if treated with Haldol.</p> <p>C3 C3 was admitted on February 15, 2026.</p> <p>C3's Service Plan/Care Plan dated February 15, 2026, indicated C3 received eye drops two times daily.</p> <p>C3's Time and Assignment Record dated April 2026, indicated on April 6, 7, 13, 14, and 20, ULP-C administered eye drops to C3.</p> <p>The Progress Notes document, which lacked identification for C3, was identified by ULP-C as C3's progress notes for April 13, 2026, indicated ULP-C applied Biofreeze (a common over-the-counter topical pain-relieving gel, spray, or patch) to C3's back.</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3. ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them. ULP-C indicated no MAR was created for ULP-C to review and document when medications were administered or if PRN medications were effective when used.</p>	0 935		
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0 935	<p>Continued From page 46</p> <p>Additionally, ULP-C stated no documentation was present for if the RN was contacted or updated when PRN medications were used and effectiveness.</p> <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not create a medication management program and did not create MARs with the required content for staff to know adverse symptoms, indications, and documentation for each medication. CO/ULP-A stated the licensee's RN would need to complete a medication management assessment and create a medication management plan for clients who the licensee was providing medication management services to.</p> <p>The licensee's Medication Management policy dated June 1, 2021, indicated each client who received medication management services would have a complete medication management plan with included all medications, indications, adverse reactions, and any client specific information required to safely administer and document administered medications. Additionally, the medication management plan would include instruction for contacting a health care professional when problems would arise and actions taken to address changes in the client's needs.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p>	0 935		
0 965 SS=F	<p>144A.4792, Subd. 13 Prescriptions</p> <p>There must be a current written or electronically</p>	0 965		

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0 965	<p>Continued From page 47</p> <p>recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the comprehensive home care provider is managing for the client.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a client's primary care provider's (PCP) orders when the licensee provided medication administration for two of two clients (C2, C3).</p> <p>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).</p> <p>The findings include:</p> <p>C2 On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice care to manage terminal delirium, severe agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all C2's medications for the licensee's staff to administer. CO/ULP-B did not</p>	0 965		
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0 965	<p>Continued From page 48</p> <p>use a medication administration record (MAR) or a medication management plan developed by the licensee to administer C2's medication, or document administration of the Haldol medication.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, indicated C2 required assistance with bathing, oral care, dressing, toileting, medication reminders, thickened liquids (for use with difficulty swallowing to prevent choking or aspiration), transferring, repositioning, laundry, and grocery shopping.</p> <p>C2's Nursing Assessment dated January 7, 2026, indicated C2 took medications for sleep and anxiety and was signed as completed by CO/ULP-A (who is not a registered nurse (RN)).</p> <p>C2's Medication Log dated April 2026, indicated the licensee's staff had administered C2's medications which included Haldol, trazodone (a prescription strength sleep aide), lorazepam (a Schedule IV controlled substance medication used for treating anxiety and agitation) and morphine (a Schedule II controlled substance medication also used to treat shortness of breath, anxiety, and agitation).</p> <p>C3 C3 was admitted on February 15, 2026.</p> <p>C3's Service Plan/Care Plan dated February 15, 2026, indicated C3 received eye drops two times daily.</p> <p>C3's Time and Assignment Record dated April</p>	0 965		

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0 965	<p>Continued From page 49</p> <p>2026, indicated on April 6, 7, 13, 14, and 20, ULP-C administered eye drops to C3.</p> <p>The Progress Notes document, which lacked identification for C3, was identified by ULP-C as C3's progress notes for April 13, 2026, indicated ULP-C applied Biofreeze (a common over-the-counter topical pain-relieving gel, spray, or patch) to C3's back.</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3. ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them. ULP-C indicated no MAR was created for ULP-C to review and document when medications were administered or if as needed (PRN) medications were effective when used. Additionally, ULP-C stated no documentation was present for if the RN was contacted or updated when PRN medications were used and effectiveness.</p> <p>C2 and C3's records lacked any authenticated PCP orders for medication administered by the licensee.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not believe they had engaged in medication management as</p>	0 965		

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0 965	<p>Continued From page 50</p> <p>the licensee was providing the medication administration under an outside hospice company. CO/ULP-A stated had the licensee understood they were engaged in an IMMP for C2 and C3, the licensee would have obtained and maintained PCP orders for all medications managed by the licensee.</p> <p>The licensee's Medication Management policy dated June 1, 2021, indicated that when the licensee's staff administered medication, the accuracy of the provider's orders would be reviewed by the licensee's registered nurse prior to administration of any medication to clients.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 965		
01030 SS=F	<p>144A.4793, Subd. 2 Policies and Procedures</p> <p>(a) A comprehensive home care provider who provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines.</p> <p>(b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting of treatment or therapy activities, educating and communicating with clients about treatments or therapy they are receiving, monitoring and</p>	01030		

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01030	<p>Continued From page 51</p> <p>evaluating the treatment and therapy, and communicating with the prescriber.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement policies and procedures for an individualized treatment management plan (ITMP). This had the potential to affect all clients who received treatment services.</p> <p>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).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:40 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B assist C2 with their oxygen (O2) needs and obtained C2's O2 saturation (sats). CO/ULP-B assisted C2 to their chair and then stated C2's concentrator (a device that concentrates O2 from room air to deliver to a person via plastic tubing and a nasal cannula or mask) needed to be moved and O2 tubing repositioned around the room to C2's bed for use. CO/ULP-B and C1 (C2's partner) moved C2's concentrator to a different outlet and positioned the tubing around the outside of the room to prevent a tripping hazard. CO/ULP-B then stated they needed to obtain C2's O2 sats and would apply O2 via nasal cannula if indicated.</p>	01030		
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01030	<p>Continued From page 52</p> <p>CO/ULP-B obtained C2's O2 sats with a result greater than 90% and stated C2 did not need O2 but would have applied it if C2's O2 reading was below 90%.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>On April 21, 2026, at 2:00 p.m., CO/ULP-A provided the licensee's policy and procedure 3-ringed binder for review and no ITMP policy or procedure was noted.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not have an ITMP policy and procedure in the licensee's policy and procedure 3-ringed binder. CO/ULP-A stated the licensee may have a policy and procedure for ITMP somewhere but one was not available for immediate review.</p> <p>The licensee lacked a policy and procedure related to ITMP for review.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01030		
01035 SS=F	<p>144A.4793, Subd. 3 Individualized Treatment/Therapy Mgt Plan</p> <p>For each client receiving management of ordered or prescribed treatments or therapy services, the comprehensive home care provider must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the client. The provider</p>	01035		

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01035	<p>Continued From page 53</p> <p>must also develop and maintain a current individualized treatment and therapy management record for each client which must contain at least the following:</p> <ul style="list-style-type: none"> (1) a statement of the type of services that will be provided; (2) documentation of specific client instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any client-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have licensee's registered nurse (RN) develop and implement an individualized treatment management plan (ITMP) for one of one client (C2) who had a treatment.</p> <p>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</p> 	01035		
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01035	<p>Continued From page 54</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:40 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B assist C2 with their oxygen (O2) needs and obtained C2's O2 saturation (sats). CO/ULP-B assisted C2 to their chair and then stated C2's concentrator (a device that concentrates O2 from room air to deliver to a person via plastic tubing and a nasal cannula or mask) needed to be moved and O2 tubing repositioned around the room to C2's bed for use. CO/ULP-B and C1 (C2's partner) moved C2's concentrator to a different outlet and positioned the tubing around the outside of the room to prevent a tripping hazard. CO/ULP-B then stated they needed to obtain C2's O2 sats and would apply O2 via nasal cannula if indicated. CO/ULP-B obtained C2's O2 sats with a result greater than 90% and stated C2 did not need O2 but would have applied it if C2's O2 reading was below 90%.</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's record lacked evidence CO/ULP-B was trained, competency tested, and delegated the task of O2 management by the licensee's RN.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, lacked indication C2 had an ITMP related</p>	01035		
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01035	<p>Continued From page 55 to C2's O2 needs.</p> <p>C2's Nursing Assessment dated January 7, 2026, completed by CO/ULP-A (not an RN), lacked indication C2 required O2 management.</p> <p>C2's record lacked an ITMP with all required content.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not have the licensee's RN develop an ITMP for C2 as the licensee believed one was not needed. CO/ULP-A stated C2's O2 was being managed under an outside hospice company, and the licensee did not realize an ITMP including RN delegation to a ULP would be required for C2's O2 management.</p> <p>The licensee lacked a policy and procedure related to ITMP for review.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01035		
01040 SS=F	<p>144A.4793, Subd. 4 Administration of Treatments/Therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment</p>	01040		

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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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(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
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01040	<p>Continued From page 56</p> <p>or therapy is delegated or assigned to unlicensed personnel, the home care provider must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each client and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each client and documented those instructions in the client's record; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the client.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the prior to delegating the treatment of oxygen therapy to unlicensed personnel (ULP), the licensee's registered nurse has instructed the ULPs in the proper methods and the ULPs have demonstrated the ability to competently follow the procedures. This deficient practice had the potential to affect all staff.</p> <p>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).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:40 p.m., the surveyor observed co-owner/ULP (CO/ULP)-B assist C2</p>	01040		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28793	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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01040	<p>Continued From page 57</p> <p>with their oxygen (O2) needs and obtained C2's O2 saturation (sats). CO/ULP-B assisted C2 to their chair and then stated C2's concentrator (a device that concentrates O2 from room air to deliver to a person via plastic tubing and a nasal cannula or mask) needed to be moved and O2 tubing repositioned around the room to C2's bed for use. CO/ULP-B and C1 (C2's partner) moved C2's concentrator to a different outlet and positioned the tubing around the outside of the room to prevent a tripping hazard. CO/ULP-B then stated they needed to obtain C2's O2 sats and would apply O2 via nasal cannula if indicated. CO/ULP-B obtained C2's O2 sats with a result greater than 90% and stated C2 did not need O2 but would have applied it if C2's O2 reading was below 90%.</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's employee record lacked any record of treatment administration training and competency testing completed by the licensee's RN to ensure treatments were safely and accurately provided.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee's RN did not delegate to a ULP management of C2's O2. CO/ULP-A stated C2's O2 was being managed under an outside hospice company, and the licensee did not realize delegation would be required for C2's O2 management.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	01040		

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01040	Continued From page 58 days	01040		
01045 SS=F	<p>144A.4793, Subd. 5 Documentation of Treatment/Therapy</p> <p>Each treatment or therapy administered by a comprehensive home care provider must be documented in the client's record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document administration of a treatment for one of one client (C2) who had a treatment.</p> <p>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).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:40 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B assist C2 with their oxygen (O2)</p>	01045		

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01045	<p>Continued From page 59</p> <p>needs and obtained C2's O2 saturation (sats). CO/ULP-B assisted C2 to their chair and then stated C2's concentrator (a device that concentrates O2 from room air to deliver to a person via plastic tubing and a nasal cannula or mask) needed to be moved and O2 tubing repositioned around the room to C2's bed for use. CO/ULP-B and C1 (C2's partner) moved C2's concentrator to a different outlet and positioned the tubing around the outside of the room to prevent a tripping hazard. CO/ULP-B then stated they needed to obtain C2's O2 sats and would apply O2 via nasal cannula if indicated. CO/ULP-B obtained C2's O2 sats with a result greater than 90% and stated C2 did not need O2 but would have applied it if C2's O2 reading was below 90%.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, lacked indication C2 had an individualized treatment management plan (ITMP) related to C2's O2 needs.</p> <p>C2's Nursing Assessment dated January 7, 2026, completed by CO/ULP-A (not a registered nurse), lacked indication C2 required O2 management.</p> <p>C2's record lacked the required documentation of the administration of O2 to C2 or if treatments were ever not administered.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee's RN did not develop an ITMP and the corresponding required documentation for C2's O2. CO/ULP-A stated C2's O2 was being managed under an outside</p>	01045		
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01045	<p>Continued From page 60</p> <p>hospice company, and the licensee did not realize documentation for the administration of C2's O2 was required to be maintained.</p> <p>The licensee's Documentation and Client Record policy dated June 1, 2021, indicated documentation of all services rendered would be included in each client's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01045		
01050 SS=F	<p>144A.4793, Subd. 6 Treatment and Therapy Orders</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the client, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain written or electronically recorded treatment prescriber's orders for one of one client (C2) who had a treatment.</p> <p>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</p>	01050		

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01050	<p>Continued From page 61</p> <p>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).</p> <p>The findings include:</p> <p>On April 20, 2026, at 1:40 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B assist C2 with their oxygen (O2) needs and obtained C2's O2 saturation (sats). CO/ULP-B assisted C2 to their chair and then stated C2's concentrator (a device that concentrates O2 from room air to deliver to a person via plastic tubing and a nasal cannula or mask) needed to be moved and O2 tubing repositioned around the room to C2's bed for use. CO/ULP-B and C1 (C2's partner) moved C2's concentrator to a different outlet and positioned the tubing around the outside of the room to prevent a tripping hazard. CO/ULP-B then stated they needed to obtain C2's O2 sats and would apply O2 via nasal cannula if indicated. CO/ULP-B obtained C2's O2 sats with a result greater than 90% and stated C2 did not need O2 but would have applied it if C2's O2 reading was below 90%.</p> <p>C2 was admitted on January 17, 2025, and received services from the licensee.</p> <p>C2's Service Plan/Care Plan dated October 13, 2025, lacked indication C2 had an individualized treatment management plan (ITMP) related to C2's O2 needs.</p> <p>C2's Nursing Assessment dated January 7, 2026, completed by CO/ULP-A (not a registered nurse), lacked indication C2 required O2 management.</p>	01050		
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01050	<p>Continued From page 62</p> <p>C2's record lacked provider authenticated prescriber's orders with the required content for the administration and management of O2.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee's RN did not obtain prescriptions for C2's O2. CO/ULP-A stated C2's O2 was being managed under an outside hospice company, and the licensee did not realize provider prescriptions were required to be maintained by the licensee for the administration of C2's O2.</p> <p>The licensee's In-Home Orders policy dated June 1, 2021, indicated provider prescriptions would be obtained for all treatments prior to the licensee providing the treatment management service.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01050		
01110 SS=F	<p>144A.4795, Subd. 3(a) Unlicensed Personnel - Basic</p> <p>(a) Unlicensed personnel providing basic home care services must have: (1) successfully completed a training and competency evaluation appropriate to the services provided by the home care provider and the topics listed in subdivision 7, paragraph (b); or (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and in the topics listed in subdivision 7, paragraph (b); and successfully demonstrated competency of topics</p>	01110		

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01110	<p>Continued From page 63</p> <p>in subdivision 7, paragraph (b), clauses (5), (7), and (8), by a practical skills test. Unlicensed personnel providing home care services for a basic home care provider may not perform delegated nursing or therapy tasks.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure unlicensed personnel (ULP) who provided basic home care services received training and competency evaluations in all the required areas for two of two employees (co-owner/ULP (CO/ULP)-B, ULP-C).</p> <p>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).</p> <p>The findings include:</p> <p>CO/ULP-B On April 20, 2026, at 1:00 p.m., the surveyor observed CO/ULP-B provide the basic services of meal preparation, therapeutic communication, and maintenance of a clean environment for C1 and C2 who lived together.</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>ULP-C On April 21, 2026, at 9:30 p.m., the surveyor</p>	01110		
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01110	<p>Continued From page 64</p> <p>observed ULP-C provide the basic services of basic infection control, therapeutic communication, and maintenance of a clean environment for C3.</p> <p>ULP-C was hired on June 17, 2025.</p> <p>CO/ULP-B and ULP-C's records lacked evidence they were trained and competency tested in the following required areas by the registered nurse (RN) prior to prior to the provision of services:</p> <ul style="list-style-type: none"> - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the home care provider; - basic infection control, including blood-borne pathogens; - maintenance of a clean and safe environment; - appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> -- hair care and bathing; -- care of teeth, gums, and oral prosthetic devices; -- care and use of hearing aids; and -- dressing and assisting with toileting; - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; - awareness of confidentiality and privacy; 	01110		

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01110	<p>Continued From page 65</p> <ul style="list-style-type: none"> - understanding appropriate boundaries between staff and clients and the client's family; - procedures to utilize in handling various emergency situations; and - awareness of commonly used health technology equipment and assistive devices. <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not train CO/ULP-B and ULP-C as they knew the two already had knowledge of the services to be provided. CO/ULP-A stated the licensee's RN did not provide the training or competency testing prior to CO/ULP-B and ULP-C provided services to clients.</p> <p>The licensee's Personal Care Provider Training policy dated June 1, 2021, indicated all required areas of training would be provided to each ULP prior to the provision of services. Evidence of the training and competencies would be maintained in each employee's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01110		
01115 SS=F	<p>144A.4795, Subd. 3(b) Unlicensed Personnel - Comprehensive</p> <p>(b) Unlicensed personnel performing delegated nursing tasks for a comprehensive home care provider must:</p> <p>(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in subdivision 7, paragraphs (b) and (c), and a</p>	01115		

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01115	<p>Continued From page 66</p> <p>practical skills test on tasks listed in subdivision 7, paragraphs (b), clauses (5) and (7), and (c), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;</p> <p>(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or</p> <p>(3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure unlicensed personnel (ULP) who provided comprehensive home care services received training and competency evaluations in all the required areas for two of two employees (co-owner/ULP (CO/ULP)-B, ULP-C).</p> <p>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).</p> <p>The findings include:</p> <p>CO/ULP-B On April 20, 2026, at 1:55 p.m., the surveyor observed co-owner/unlicensed personnel (CO/ULP)-B access C2's medications from a steel lockbox in C2's dining area of their home.</p>	01115		
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01115	<p>Continued From page 67</p> <p>CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice care to manage terminal delirium, severe agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record (MAR) or a medication management plan developed by the licensee to administer C2's medication, or document administration of the Haldol medication.</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>ULP-C On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3. ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them.</p> <p>ULP-C was hired on June 17, 2025.</p> <p>CO-ULP-B and ULP-C's record lacked evidence they were trained and competency tested in the</p>	01115		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28793	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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(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
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01115	<p>Continued From page 68</p> <p>following required areas by the registered nurse (RN) prior to the provision of services:</p> <ul style="list-style-type: none"> - observation, reporting, and documenting of client status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the client; - recognizing physical, emotional, cognitive, and developmental needs of the client; - safe transfer techniques and ambulation; - range of motioning and positioning; and - administering medications or treatments as required. <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not train CO/ULP-B and ULP-C as they knew the two already had knowledge of the services to be provided. CO/ULP-A stated the licensee's RN did not provide the training or competency testing prior to CO/ULP-B and ULP-C provided services to clients.</p> <p>The licensee's Personal Care Provider Training policy dated June 1, 2021, indicated all required areas of training would be provided to each ULP prior to the provision of services. Evidence of the training and competencies would be maintained in each employee's record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01115		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28793	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/23/2026
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01165	Continued From page 69	01165		
01165 SS=F	<p>144A.4796, Subd. 1 Orientation of Staff and Supervisors</p> <p>All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. The orientation may be incorporated into the training required under subdivision 6. The orientation need only be completed once for each staff person and is not transferable to another home care provider.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation was provided and documented for two of two employees (co-owner/unlicensed personnel (CO/ULP)-B, ULP-C).</p> <p>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).</p> <p>The findings include:</p> <p>CO/ULP-B CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's record lacked evidence orientation with the required content was provided and</p>	01165		

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01165	<p>Continued From page 70</p> <p>documented.</p> <p>ULP-C ULP-C was hired on June 17, 2025.</p> <p>ULP-C's record lacked evidence orientation with the required content was provided and documented.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not provide and document orientation for CO/ULP-B and ULP-C. CO/ULP-A stated the licensee believed both staff members were able to provide services without the required orientation as both had provided services in the past. CO/ULP-A stated the licensee would need to assign all the required orientation to each employee.</p> <p>After reviewing the employee records, the surveyor was unable to determine which orientation, training, and competencies were completed and which were not provided to each employee.</p> <p>The licensee's Training - Orientation policy dated June 1, 2021, indicated all employees would complete orientation but lacked identification of the specific 144A orientation requirements. The policy indicated documentation of the orientation would be maintained in each employee record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01165		

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01185	Continued From page 71	01185		
01185 SS=D	<p>144A.4796, Subd. 5 Alzheimer's/Dementia Training Required</p> <p>For home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors working with those clients must receive training that includes a current explanation of Alzheimer's disease and related disorders, effective approaches to use to problem-solve when working with a client's challenging behaviors, and how to communicate with clients who have Alzheimer's or related disorders.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training with the current explanation of Alzheimer's disease and related disorders was provided and documented for one of two employees (co-owner/unlicensed personnel (CO/ULP)-B).</p> <p>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 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).</p> <p>The findings include:</p> <p>The licensee's Current Client List dated 2026, identified five (5) clients who had a diagnosis which included dementia.</p> <p>CO/ULP-B was hired on November 1, 2011, and</p>	01185		

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01185	<p>Continued From page 72</p> <p>self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's undated Training document was identified by CO/ULP-A as CO/ULP-B's current training record. The document indicated CO/ULP-B was assigned dementia training but was not completed.</p> <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did assign dementia training, but CO/ULP-B has not completed it. CO/ULP-B stated they had forgotten to complete the dementia training after it was assigned to them.</p> <p>The licensee lacked a policy and procedure related to the required dementia training and content of training.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01185		
01190 SS=D	<p>144A.4796, Subd. 6 Required Annual Training</p> <p>(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:</p> <p>(1) training on reporting of maltreatment of minors under chapter 260E and maltreatment of vulnerable adults under section 626.557,</p>	01190		

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01190	<p>Continued From page 73</p> <p>whichever is applicable to the services provided;</p> <p>(2) review of the home care bill of rights in section 144A.44;</p> <p>(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</p> <p>(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.</p> <p>(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:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(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.</p>	01190		

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01190	<p>Continued From page 74</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure annual training was provided and documented for one of two employees (co-owner/unlicensed personnel (CO/ULP)-B).</p> <p>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 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).</p> <p>The findings include:</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's undated Training document was identified by CO/ULP-A as CO/ULP-B's current training record. The document indicated CO/ULP-B did not complete any required annual training.</p> <p>On April 21, 2026, at 2:30 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee did not assign the required annual training to CO/ULP-B and no annual training would be documented as completed in CO/ULP-B's record.</p> <p>The licensee's Annual Training policy dated June 1, 2021, indicated all employees would complete annual training but the policy lacked identification</p>	01190		
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01190	Continued From page 75 of the specific required content to be completed annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		
01225 SS=F	144A.4797, Subd. 3 Supervision of Staff - Comp (a) Staff who perform delegated nursing or therapy home care tasks must be supervised by an appropriate licensed health professional or a registered nurse periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the client. (b) The direct supervision of staff performing delegated tasks must be provided within 30 days after the date on which the individual begins working for the home care provider and first performs delegated tasks for clients and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. 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 supervision of a delegated task within 30 days of delegating a task to two of	01225		

Minnesota Department of Health

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01225	<p>Continued From page 76</p> <p>two employees (co-owner/unlicensed personnel (CO/ULP)-B, ULP-C).</p> <p>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).</p> <p>The findings include:</p> <p>CO/ULP-B On April 20, 2026, at 1:55 p.m., the surveyor observed CO/ULP-B access C2's medications from a steel lockbox in C2's dining area of their home. CO/ULP-B obtained one syringe from a clear zip lock plastic bag which contained multiple syringes and stated the medication was C2's scheduled Haldol (commonly used medication in hospice care (end of life services) to manage terminal delirium, severe agitation, and intractable nausea or vomiting) which was pre-setup by C2's outside hospice company. CO/ULP-B stated C2's hospice company set up all of C2's medications for the licensee's staff to administer. CO/ULP-B did not use a medication administration record to administer C2's medication.</p> <p>CO/ULP-B was hired on November 1, 2011, and self-identified as a currently assigned ULP to provide services to clients for the licensee.</p> <p>CO/ULP-B's record lacked evidence that a registered nurse completed supervision within 30 days of being delegated a nursing task.</p>	01225		

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01225	<p>Continued From page 77</p> <p>ULP-C ULP-C was hired on June 17, 2025.</p> <p>ULP-C's record lacked evidence that a registered nurse completed supervision within 30 days of being delegated a nursing task.</p> <p>On April 21, 2026, at 9:30 a.m., ULP-C stated they administered C3's eye drops each shift. ULP-C stated they administered the eye drops per the care plan for C3 the licensee developed. ULP-C stated C3's family instructed ULP-C on how eye drops were to be administered to C3. ULP-C was asked who trained them on medication administration other than C3's family, ULP-C stated that since they were in school for nursing, the licensee stated training was not needed as ULP-C had received training in their nursing program. ULP-C stated the licensee's RN did not provide medication administration training to them.</p> <p>On April 23, 2026, at 12:00 p.m., during an interview with CO/ULP-A and CO/ULP-B, CO/ULP-A stated the licensee believed the medication administration completed by CO/ULP-B and ULP-C did not require the licensee's RN to complete supervision. CO/ULP-A stated the licensee believed both employees were working under an outside hospice provider's RN and the licensee's RN was not required to train, delegate, and supervise the licensee's ULP in that situation.</p> <p>The licensee's Supervision of Services policy dated June 1, 2021, indicated that when an RN delegated a nursing task to a ULP, the RN would conduct supervision of the delegated task within 30 days.</p>	01225		
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01225	Continued From page 78 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01225		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 24, 2026

Licensee

Caring Hearts at Home LLC

2000 Balsam Lane

Rockford, MN 55373

RE: Project Number(s) SL28793010

Dear Licensee:

The Minnesota Department of Health (MDH) completed a on February 3, 2026, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

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 . . ."

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.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, the following fines are assessed pursuant to this survey:

St - 0 - 0645 - 144a.475, Subd. 1 - Conditions - \$500.00

The total amount you are assessed is \$500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with 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 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 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.

Caring Hearts at Home LLC

February 24, 2026

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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.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Stacy Line".

Stacy Line, Supervisor

State Evaluation Team

Email: stacy.line@state.mn.us

Telephone: 218-332-5159 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H28793	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2026
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NAME OF PROVIDER OR SUPPLIER CARING HEARTS AT HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BALSAM LANE ROCKFORD, MN 55373
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(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
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0 000	<p>Initial Comments</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL28220011-0</p> <p>On February 3 2026, the Minnesota Department of Health attempted to conduct a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were an unknown amount of clients receiving services under the provider's comprehensive license.</p>	0 000		
0 645 SS=F	<p>144A.475, Subd. 1 Conditions</p> <p>(a) The commissioner may refuse to grant a temporary license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the home care provider or owner or managerial official of the home care provider:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in sections 144A.471 to 144A.482;</p> <p>(2) permits, aids, or abets the commission of any</p>	0 645		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 645	<p>Continued From page 1</p> <p>illegal act in the provision of home care; (3) performs any act detrimental to the health, safety, and welfare of a client; (4) obtains the license by fraud or misrepresentation; (5) knowingly made or makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the home care provider's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the home care provider's clients; (8) interferes with or impedes a representative of the department in the enforcement of this chapter or has failed to fully cooperate with an inspection, survey, or investigation by the department; (9) destroys or makes unavailable any records or other evidence relating to the home care provider's compliance with this chapter; (10) refuses to initiate a background study under section 144.057 or 245A.04; (11) fails to timely pay any fines assessed by the department; (12) violates any local, city, or township ordinance relating to home care services; (13) has repeated incidents of personnel performing services beyond their competency level; or (14) has operated beyond the scope of the home care provider's license level. (b) A violation by a contractor providing the home care services of the home care provider is a violation by the home care provider.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	0 645		

Minnesota Department of Health

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0 645	<p>Continued From page 2</p> <p>licensee impeded a representative of the Minnesota Department of Health (MDH) in the enforcement of this chapter and failed to fully cooperate with a full survey on February 3 2026. This had the potential to affect any current clients and/or staff.</p> <p>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).</p> <p>The findings include:</p> <p>On February 3 2026, at 8:48 a.m., an entrance email announcing survey started on this day was sent to the licensee.</p> <p>On February 3 2026, at 8:53 a.m., the surveyor attempted to contact the comprehensive home care provider to arrange for someone to be available at the survey site by the listed phone number on file with the Minnesota Department of Health (MDH) and indicated on the licensee's website at 8:53a.m., and 8:54 a.m. The phone calls went unanswered. A voicemail announcing beginning of survey with an arrival time of 11 a.m., was left at 8:54 a.m. A message requesting a call back was left at 8:54 a.m. At 8:57 a.m. a return call was received from the licensee's administrator. The administrator indicated was unavailable today, and no one would be available to complete the survey. A phone call was made to supervisor at 8:59 a.m.</p>	0 645		
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0 645	<p>Continued From page 3</p> <p>On February 3 2026, at 9:06 a.m. surveyor spoke to supervisor who incidated they would call the licensee. At 9:16 a.m. the supervisor returned call and indicated the administrator stated she would prefer to receive licensing orders indicating she was not willing to participate in survey today. As a result, the survey was terminated.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 645		