Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronically Delivered

September 11, 2026

Licensee
Nextcare LLC
301 East Lake Street Suite 207
Minneapolis, MN 55408

RE: Initial License Number 417865
Health Facility Identification Number (HFID) 41460
Project Number(s) SL41460016

Dear Licensee:

On August 27, 2026, The Minnesota Department of Health (MDH) completed a follow-up survey of your agency to determine correction of orders found on the survey completed August 27, 2026. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective September 11, 2026.

This is your **official notice** that you have been **granted your comprehensive home care license**. Your license effective and expiration dates remain the same as on your temporary license. Your updated status will be listed on the license certificate at renewal and this **letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 45-days prior to your expiration date, please contact us at (651) 201-5273 or by email at: Health.homecare@state.mn.us.

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 Renee L. Anderson directly at: 651-201-5871.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

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Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF TEMPORARY EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

June 3, 2026

Licensee
Nextcare LLC
301 E Lake Street Suite 207
Minneapolis, MN 55408

RE: Temporary Conditional License Number 417865
Health Facility Identification Number (HFID) 41460
Project Number(s) SL41460016-0

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 7, 2026, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144A.

As a result, pursuant to Minn. Stat. § 144A.473, Subd. 3(a), MDH is extending the temporary license for 90 days and applying conditions necessary to bring the facility into substantial compliance. The temporary license extension and conditional license are due to expire **September 1, 2026.**

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144A.474 Subd. 11, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this survey at your agency**.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144A.474, Subd. 8(c), the temporary licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 business days of the correction order receipt date.

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

CONDITIONAL LICENSE ISSUED:

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

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

The following conditions apply on the conditional temporary basic license:

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

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

    ii. A list of all current clients including:
        1. Name and birthdate of each client
        2. Current payment source for services
        3. If Elderly Waiver, the name and contact information of the

care coordinator/case manager

4. If the client is not able to make informed decisions, the name of their representative and how to contact the representative

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

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

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

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL TEMPORARY LICENSE PERIOD:
MDH will determine if Nextcare 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 Nextcare LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Nextcare LLC's temporary basic home care license, grant the license, and Nextcare LLC will correct any violations identified during the survey. If MDH determines Nextcare LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144A.473, Subd. 3 (a).

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

To submit a reconsideration request, please visit:

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

INFORMAL CONFERENCE
In accordance with Minn. Stat. § 144A.475, Subd. 8, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Nextcare LLC. Please contact Renee Anderson at 651-201-5871 on or before Monday, June 8, 2026 to schedule the conference call.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact the survey Renee Anderson directly at: 651-201-5871 or email at: Renee.L.Anderson@state.mn.us.

Sincerely,

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H41460	A. BUILDING: _____ B. WING _____	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEXTCARE LLC	301 E LAKE ST STE 207 MINNEAPOLIS, MN 55408

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL41460016-0 On May 4, 2026, through May 7, 2026, the Minnesota Department of Health conducted an initial full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two clients receiving services under the provider's temporary comprehensive license. Correction orders 1115 and 1170 were rescinded on June 8, 2026. Amended results were provided to the licensee via email.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL USED PURSUANT TO 144A.474 SUBD. 11 (b) (1) (2).	
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring	0 860		

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0 860	Continued From page 1 (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90 days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure 90-day assessments were completed on time for one of one client (C1) This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:	0 860		

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0 860	Continued From page 2 C1 was admitted for comprehensive home care on June 11, 2025. C1's service plan, dated June 11, 2025, indicated C1 received services including wound care. C1's record included a Comprehensive Physical Assessment 90 Day Assessment dated September 11, 2025. C1's record lacked a subsequent nursing assessment not to exceed 90 days from the date of the last assessment. On May 5, 2026, at 1:40 p.m., registered nurse/owner (RN/O)-A stated they had not done additional 90-day assessments because C1 had not had a change in condition. RN/O-A further stated she thought the next assessment due was the annual assessment. The licensee's undated Comprehensive Client Assessment policy indicated "ongoing assessment will be completed based on client needs, change in condition or client request. Reassessments must be done no more than 90 days after the previous assessment." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
01245 SS=F	144A.4798, Subd. 1 TB Infection Control (a) A home care provider must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control	01245		

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01245	Continued From page 3 and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The home care provider must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a comprehensive tuberculosis (TB) infection control program according to the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) to include TB history and symptom screening, and TB baseline testing for two of two employees (office manager/unlicensed personal (OM/ULP)-B, registered nurse (RN)-C). 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). The findings include: The licensee's facility TB risk assessment completed on January 2, 2026, indicated the licensee was at low risk for TB transmission. OM/ULP-B	01245		

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01245	Continued From page 4 OM/ULP-B was hired on April 22, 2025, to work as an office manager and ULP. On May 6, 2026, at 9:45 a.m., OM/ULP-B stated she had attended all the intake meetings with the licensee's clients receiving home and community-based services (services that allow individuals to receive long-term care and support in their homes or communities instead of institutional settings). OM/ULP-B's employee record lacked evidence that a TB history and symptom screen and baseline TB testing was completed upon hire, prior to working with the clients. RN-C RN-C was hired on April 22, 2025, and provided home care services for the licensee. RN-C's employee record included evidence of a negative first-step tuberculin skin test (TST) dated November 22, 2024, greater than 90 days prior to working for the licensee. The record lacked documentation of baseline screening completed upon hire, and evidence that a second-step TST had been completed. On May 5, 2026, at 12:41 p.m., office manager/unlicensed personnel (OM/ULP)-B stated none of the ULP working with the licensee's identified HCBS clients had completed TB testing because she did not think they needed to since they were not working with the licensee's comprehensive home care clients. On May 5, 2026, at 2:45 p.m., RN-C stated she had only completed a one-step TB test, and the clinic did not ask her to come back for a second test.	01245		

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01245	Continued From page 5 The licensee's undated Tuberculosis Screening Policy indicated all employees providing direct care to clients would have been tested for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or a single TB blood test. The policy included a flow chart that indicated if the initial TST is negative, a second TST would be administered one to three weeks later. The CDC Baseline Tuberculosis Screening and Testing for Health Care Personnel guidance dated December 19, 2023, indicated the Two-Step TB skin test process required: if the result of the initial TB test is negative, a second TB test would be given one to three weeks after the first TB skin test result was read. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01245		
0 000	Integrated License (HCBS) Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, 144A.484 Integrated Licensure; Home and Community Based Service Designation, these correction orders have been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state	

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0 000	Continued From page 6 indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#41460016-0 On May 4, 2026, through May 7, 2026, a surveyor of this Department's staff, visited the above provider and the following correction orders are issued. At the time of the survey, the licensee indicated 6 clients, with 4 clients receiving services under the Home and Community Based Service Designation.	0 000	requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
08000 SS=F	144A.484, Subd. 4 Applicability of Home,Community-based Serv Rq A home care provider with a home and community-based services designation must comply with the requirements for home care services governed by this chapter. For the provision of basic support services, the home care provider must also comply with the following home and community-based services licensing requirements: (1) service planning and delivery requirements in section 245D.07; (2) protection standards in section 245D.06; (3) emergency use of manual restraints in section 245D.061; and (4) protection-related rights in section 245D.04,	08000		

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08000	Continued From page 7 subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b). A home care provider with the integrated license-home and community-based services designation may utilize a bill of rights which incorporates the service recipient rights in section 245D.04, subdivision 3, paragraph (a), clauses (5), (7), (8), (12), and (13), and paragraph (b) with the home care bill of rights in section 144A.44. This STANDARD is not met as evidenced by: Based on interview and record review, the licensee did not provide at least one home care service for four (4) of six (6) clients identified as clients who received services under the home and community-based service (HCBS) integrated license designation, that would otherwise require (separate) licensure under chapter 245D. This 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). The findings include: The licensee's (initial) application for Integrated License: Home and Community-Based Services (HCBS) Designation was signed on August 9, 2024, by registered nurse/owner (RN/O)-A. Under the section 245D Basic Support Services Offered the application directed, "A licensed home care provider with an integrated license: HCBS designation (designation) must comply with the requirements for home care providers governed	08000		

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08000	Continued From page 8 by Minnesota Statutes, sections 144A.43 - 144A.484." The licensee was also directed to indicate with a check mark any basic support services (as defined in 245D.03) that they would provide. The licensee indicated they were enrolled to provide eight (8) basic support services. The licensee's undated Admission and Discharge Register client roster indicated four (4) clients received "basic" services, described as night supervision, homemaking, 24-hour emergency assistance, and "IHS" (individualized home supports) without training, which are 245D services. On May 5, 2026, at 8:30 a.m., RN/O-A, stated the licensee was currently serving a total of 6 clients, 2 of which received comprehensive services and 4 of which received only 245D.03 supportive services. On May 5, 2026, at 12:41 p.m., office manager/unlicensed personnel (OM/ULP)-B provided Department of Human Services (DHS) billing statements beginning March 2, 2026, through April 25, 2026. The billing statements indicated the following billing codes were used for the licensee's 245D clients: - S5130- Homemaking; - S5135 Adult Companionship Care; and - T2034- 24-hour emergency assistance. The records lacked evidence the licensee provided at least the minimum qualifying comprehensive or basic services to each client served. No further information was provided.	08000		

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08000	Continued From page 9 TIME PERIOD FOR CORRECTION: Sixty (60) days	08000		