Electronically Delivered

March 9, 2026

Licensee
Secured Health and Home Care Inc
4519 104th Avenue North
Brooklyn Park, MN 55443

RE: Project Number SL35364002

Dear Licensee:

On February 24, 2026, the Minnesota Department of Health completed a follow-up survey of your agency to determine correction of orders from the survey completed on November 25, 2025. This follow-up survey verified that the agency is back in compliance. You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Electronically Delivered

December 31, 2025

Licensee
Secured Health and Home Care Inc
4519 104th Avenue North
Brooklyn Park, MN 55443

RE: Project Number(s) SL35364002

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 25, 2025, 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 - 0715 - 144a.476, Subd. 2 - Employees, Contractors, And Volunteers - $1,000.00

The total amount you are assessed is $1,000.00. 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.

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,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

CLN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	H35364	A. BUILDING: _____ B. WING _____	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECURED HEALTH AND HOME CARE INC	4519 104TH AVENUE NORTH BROOKLYN PARK, MN 55443

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** HOME CARE PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482, and State Home Care Integrated 245D Statutes, these correction orders have been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35364002-0 On November 24, 2025, through November 25, 2025, a surveyor of this Department's staff, visited the above Comprehensive home care licensed provider and the following correction orders were issued. At the time of the survey, there were two (2) active clients receiving services under the Comprehensive license. An immediate correction order was identified on November 24, 2025, issued for SL35364002-0, tag identification 0715.	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 surveyor's 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 subd. 11 (b) (1) (2)	
0 715 SS=I	144A.476, Subd. 2 Employees, Contractors, and Volunteers (a) Employees, contractors, and volunteers of a	0 715		

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0 715	Continued From page 1 home care provider are subject to the background study required by section 144.057, and may be disqualified under chapter 245C. Nothing in this section shall be construed to prohibit a home care provider from requiring self-disclosure of criminal conviction information. (b) Termination of an employee in good faith reliance on information or records obtained under paragraph (a) or subdivision 1, regarding a confirmed conviction does not subject the home care provider to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees had a cleared Department of Human Services (DHS) background study, including fingerprinting for employees with an expired Covid-19 Study, for one of three employees (licensed practical nurse (LPN)-C). This resulted in an immediate order issued November 24, 2025. 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). The findings include: LPN-C had a hire date of November 7, 2020, and provided cares and services to comprehensive home care clients.	0 715	An immediate correction order was identified on November 24, 2025, issued for SL35364002-0, tag identification 0715. The licensee documented actions to address the immediate risk.	

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0 715	Continued From page 2 LPN-C's employee record included a cleared DHS background study notice dated January 12, 2021, however the DHS NETStudy 2.0 website indicated LPN-C's background study was completed during the COVID-19 waiver period, and the study was expired as of December 31, 2022. On November 24, 2025, at approximately 1:00 p.m., owner (O)-A stated she was not aware LPN-C's NETStudy 2.0 did not include fingerprinting, and that the Covid-19 background study for LPN-C had expired, requiring LPN-C to now be fingerprinted. O-A stated she would follow-up with DHS regarding fingerprinting. The licensee's undated Background Studies policy indicated licensee would complete background screenings on all final candidates for employment, and those that provide direct care to client. Moreover, employees would not work until the results of their background study had been received, unless a background study is pending, and the employee was working under continuous direct supervision of the employer. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 715		
0 790 SS=F	144A.479, Subd. 3 Quality Management The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client	0 790		

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0 790	Continued From page 3 services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the 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 home care provides. This had the potential to affect all clients and staff. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The findings include: On November 25, 2025, at 12:39 p.m., owner (O)-A stated licensee lacked quality management meeting documentation. O-A stated the licensee conducted periodic meetings with the staff and discussed the day-to-day operations within the facility. O-A further stated licensee was unaware quality management meetings needed to be documented.	0 790		

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0 790	Continued From page 4 The licensee's undated Quality Management Program policy indicated licensee would develop a continuous quality management program to identify, support, and maintain the agency's quality improvement efforts, and provide quality services to their clients. Furthermore, all staff would be involved in the implementation of performance improvement activities. Moreover, methods of organizational review and data collection would include, but not limited to: - clinical records; - client satisfaction surveys; - utilization review; - incident reports; - medication errors; - falls with injury; - client complaints; and - evaluation of clinical competence. Furthermore, retention of reports and findings of the quality team would be retained in the agency files for two (2) years and would be made available to the Minnesota Department of Health (MDH) upon request. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
01245 SS=D	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 and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. This program must	01245		

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01245	Continued From page 5 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 TB (tuberculosis) prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) guidelines, to include a completion of a baseline screening including a two-step TST or other evidence of TB screening such as a blood test for one of two employees (licensed practical nurse (LPN)-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 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). The findings include: The licensee's facility TB risk assessment dated June 7, 2025, indicated licensee was at a low risk for TB transmission. LPN-C was hired on November 11, 2020, and provided cares and services to licensee's clients.	01245		

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01245	Continued From page 6 LPN-C's employee's record included a baseline TB screening tool for healthcare workers dated November 1, 2020, and evidence of a first-step TST skin test dated November 11, 2020. LPN-C's employee record lacked a second-step TST or other evidence of TB screening such as a blood test. On November 25, 2025, at 12:36 p.m., owner (O)-A sated LPN-C's employee record lacked a second TST test. O-A further stated, licensee may have misplaced LPN-C's second TST test result. Moreover, O-A indicated that all the staff were nurses, and they should have known the TB requirement at hire. The licensee's undated Tuberculosis Screening policy indicated each employee or volunteer having direct contact with clients would have documentation of baseline health screening prior to providing care to clients. This would include, at a minimum, TB skin testing via Mantoux (skin test) method, and would include the pre-placement evaluation, administration and interpretation of TB Mantoux skin tests and periodic evaluation based on agency risk assessment or a negative IGRA (blood) test. The MDH guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the health care worker (HCW)	01245		

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01245	Continued From page 7 starts working with patients. Baseline TB screening should be documented in the employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01245		