Electronically Delivered

September 28, 2026

Licensee
Home Instead Senior Care #161
2480 White Bear Avenue, Suite 101
Maplewood, MN  55109

RE:  Project Number(s) SL23592020

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 14, 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.

MDH concludes the licensee is in substantial compliance. State law requires the agency must take action to correct the state correction orders and document the actions taken to comply in the agency's records. The Department reserves the right to return to the agency at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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

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

**DOCUMENTATION OF ACTION TO COMPLY**
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**

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.

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,

Stacy Line

Stacy Line, Supervisor
State Evaluation Team
Email: stacy.line@state.mn.us
Telephone: 218-332-5159 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 |
|---|---|---|---|
| | H23592 | A. BUILDING: _____ B. WING _____ | 11/14/2025 |

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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>HOME CARE PROVIDER LICENSING CORRECTION ORDER<br><br>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction orders have been issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>Project #: SL23592020<br><br>On November 12, 2025, through November 14, 2025, a surveyor of this Department's staff visited the above Comprehensive licensed provider and the following correction orders were issued. At the time of the survey, there were 36 clients receiving services under the Comprehensive license. | 0 000 | | |
| 0 810 SS=D | 144A.479, Subd. 6(b) Individual Abuse Prevention Plan<br><br>(b) Each home care provider must develop and implement an individual abuse prevention plan for each vulnerable minor or adult for whom home care services are provided by a home care provider. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults or minors; the | 0 810 | | |

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| 0 810 | Continued From page 1<br><br>person's risk of abusing other vulnerable adults or minors; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults or minors. For purposes of the abuse prevention plan, the term abuse includes self-abuse.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed two of four clients (C1, C2).<br><br>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 widespread 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 only occurred occasionally).<br><br>The findings include:<br><br>C1 was admitted to the agency on 12/22/22, and had diagnoses of coronary artery disease, diabetes, mild cognitive delay.<br><br>C1's current care plan was signed 8/18/25.<br><br>C2 was admitted to the agency on 12/22/22, and had diagnoses of stroke with left sided weakness, seizures post stroke, chronic lung disease, and was oxygen dependent.<br><br>C2's current care plan was signed 8/18/25. | 0 810 | | |

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| 0 810 | Continued From page 2<br><br>C1 and C2's IAPP dated 8/18/25, was a combined IAPP and was not individualized to ensure vulnerabilities were identified for each individual client.<br><br>When interviewed on November 14, 2025, at 10:20 a.m., registered nurse (RN)-A verified a combined IAPP was done for C1 and C2. RN-A further stated even though C1 and C2 resided together, they should each have their own IAPP.<br><br>When interviewed on November 14, 2025, at 11:20 a.m., the operations manager (OM) expected C1 and C2 to have separate IAPP. OM further stated even though the agency provides staff for both clients in one household, each client would have their own individual assessments completed.<br><br>A licensee policy titled Vulnerable Adults and Maltreatment dated December 2016, directed staff to develop an individualized abuse prevention plan for each home care client. The plan will contain a review of<br>-the client's susceptibility to abuse by another individual (including other vulnerable adults),<br>-the client's risk of abusing other vulnerable adults, and<br>-actions, measures, or approaches [Name of company] will take to minimize the risk of abuse to the client and other vulnerable adults.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 810 | | |

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| 0 870 | Continued From page 3 | 0 870 | | |
| 0 870 SS=D | 144A.4791, Subd. 9(f) Content of Service Plan<br><br>(f) The service plan must include:<br>(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;<br>(2) the identification of the staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring reviews or assessments of the client;<br>(4) the schedule and methods of monitoring staff providing home care services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided;<br>(ii) information and a method for a client or client's representative to contact the home care provider;<br>(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<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review the licensee failed to ensure the service plan included all the required content for two of four clients (C1, C2,).<br><br>This practice resulted in a level two violation (a violation that did not harm a client's health or | 0 870 | | |

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| 0 870 | Continued From page 4<br><br>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).<br><br>The findings include:<br><br>C1 was admitted to the agency on 12/22/22, and had diagnoses of coronary artery disease, diabetes, mild cognitive delay.<br><br>C1's current care plan was signed 8/18/25<br><br>C2 was admitted to the agency on 12/22/22 and had diagnoses of stroke with left sided weakness, seizures post stroke, chronic lung disease, and was oxygen dependent.<br><br>C2's current care plan was signed 8/18/25.<br><br>C1 and C2's assessments and care plan lacked the following required content:<br><br>-Information regarding how to contact the Minnesota Office of the Ombudsman for Long-Term Care<br><br>- a contingency plan that includes:<br>- the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided<br>- 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<br>- the circumstances in which emergency | 0 870 | | |

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| 0 870 | Continued From page 5<br><br>medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.<br><br>On November 14, 2025, at 11:20 a.m., the operations manager (OM) verified the missing information on C1 and C2's service plan. OM stated the staff who completed the latest service plan had used old forms that did not include all the required information. Furthermore, the OM stated C1 and C2 should have separate service plans as each client receives slightly different services and may have separate circumstances of when emergency services would be notified.<br><br>A licensee policy titled Service Plans dated July 2019, directed the service plan must include information regarding how to contact the Minnesota Office of the Ombudsman for Long-Term Care and a contingency plan that includes:<br><br>-the action to be taken by the home care provider and by the client or client's representative if the scheduled service<br>cannot be provided<br><br>-information and method for a client or client's representative to contact the home care provider<br><br>-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<br><br>-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. | 0 870 | | |

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| 0 870 | Continued From page 6<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 870 | | |
| 0 940 SS=D | 144A.4792, Subd. 9 Documentation of Medication Setup<br><br>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure medication set up was completed as prescribed for one of one client (C2).<br><br>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).<br><br>The findings include:<br><br>C2 was admitted to the agency on 12/22/22, and had diagnoses of stroke with left sided weakness, seizures post stroke, chronic lung disease, and was oxygen dependent. | 0 940 | | |

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| 0 940 | Continued From page 7<br><br>C2's current service agreement dated 8/18/25, indicated C2 received registered nurse (RN) services for medication set up.<br><br>C2's provider order dated 4/15/25, indicated C2 required Lamotrigine (medication to treat epilepsy) 150 milligrams (mg) daily for one week and then 150mg twice daily.<br><br>C2' medication set up record dated November 2025, indicated C2 had Lamotrigine 50 mg and 100 mg tablets had been set up for November 1-12th.<br><br>An observation on November 13, 2025, at 10:30 a.m., RN-A was competing medication set up for C2. C2 had not yet taken their morning medications and RN-A then prompted to take them. When removing from the medication set up container, the medications spilled out onto the counter. During verification, the medications were all accounted for, RN-A realized Lamotrigine 100mg pill was missing. RN-A then checked the remaining 2 days of medications that were set up prior and realized Lamotrigine 100mg tablet was missing for both the morning and evening medication compartments. RN-A verified the missed doses and stated it looks like for the prior two weeks the Lamotrigine 100mg tablet was missed. RN-A stated C2 has takes two Lamotrigine pills, 100mg and a 50mg pill to make the full dose. RN-A verified this was a medication error and needed to follow up on it.<br><br>When interviewed on November 14, 2025, at 11:20 a.m., Operations Manager (OM) expected nursing staff to ensure medication set up was accurate and documented. | 0 940 | | |

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| 0 940 | Continued From page 8<br><br>A facility policy titled Medication Record/Documentation no date, directed staff to create an accurate and correct medication record for each client.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 940 | | |
| 01080 SS=D | 144A.4794, Subd. 3 Contents of Client Record<br><br>Contents of a client record include the following for each client:<br>(1) identifying information, including the client's name, date of birth, address, and telephone number;<br>(2) the name, address, and telephone number of an emergency contact, family members, client's representative, if any, or others as identified;<br>(3) names, addresses, and telephone numbers of the client's health and medical service providers and other home care providers, if known;<br>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;<br>(5) client's advance directives, if any;<br>(6) the home care provider's current and previous assessments and service plans;<br>(7) all records of communications pertinent to the client's home care services;<br>(8) documentation of significant changes in the client's status and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;<br>(9) documentation of incidents involving the client | 01080 | | |

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| 01080 | Continued From page 9<br><br>and actions taken in response to the needs of the client including reporting to the appropriate supervisor or health care professional;<br>(10) documentation that services have been provided as identified in the service plan;<br>(11) documentation that the client has received and reviewed the home care bill of rights;<br>(12) documentation that the client has been provided the statement of disclosure on limitations of services under section 144A.4791, subdivision 3;<br>(13) documentation of complaints received and resolution;<br>(14) discharge summary, including service termination notice and related documentation, when applicable; and<br>(15) other documentation required under this chapter and relevant to the client's services or status.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure the client record included documentation of incidents involving the client and actions taken in response, for one of one client (C1) reviewed for medication set up.<br><br>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). | 01080 | | |

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| 01080 | Continued From page 10<br>The findings include:<br><br>C2 was admitted to the agency on 12/22/22, and had diagnoses of stroke with left sided weakness, seizures post stroke, chronic lung disease, and was oxygen dependent.<br><br>C2's current service agreement dated 8/18/25, indicated C2 received registered nurse (RN) services for medication set up.<br><br>C2's incident/Accident report dated 4/29/25, indicated C2 had a fall in their living room. The incident report lacked any client follow up assessment or prevention of further occurrence.<br><br>C2's medical record reviewed 11/13/25 at 10:00 a.m., lacked indication a medication error that was discovered on 11/12/25 was documented. The medical record further lacked indication the incident was communicated to family, provider or supervisor.<br><br>An observation on November 12, 2025, at 10:30 a.m., RN-A was competing medication set up for C2. C2 had not yet taken their morning medications and RN-A then prompted to take them. When removing from the medication set up container, the medications spilled out onto the counter. During verification, the medications were all accounted for, RN-<br>A realized Lamotrigine 100mg pill was missing. RN-A then checked the remaining 2 days of medications that were set up prior and realized Lamotrigine 100mg tablet was missing for both the morning and evening medication compartments. RN-A verified the missed doses and stated it looks like for the prior two weeks the Lamotrigine 100mg tablet was missed. RN-A stated C2 has takes two Lamotrigine pills, 100mg | 01080 | | |

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| 01080 | Continued From page 11<br><br>and a 50mg pill to make the full dose. RN-A verified this was a medication error and needed to follow up on it.<br><br>When interviewed on November 14, 2025, at 10:20 a.m., RN-A stated any incident involving the client would have an incident report filled out that day. The incident report documents what happened, who was notified and any follow up. RN-A verified C2's fall incident report from 4/29/25 lacked follow up. RN-A further stated she did not get copies of incident reports for follow up. However, usually all incident report were reviewed during monthly safety committee meetings. RN-A further stated due to staffing; the safety meetings have not been done for a while. RN-A further stated they had not filled out an incident report or made any notifications of C2's medication error as it just happened yesterday.<br><br>When interviewed on November 14, 2025, at 11:20 a.m., Operations Manager (OM) expected staff to complete incident reports as soon as possible and even when onsite at the clients' house. The client coordinators were responsible for any new follow up that would be needed and that would also be documented on the report. OM was not aware the lack of follow up from C2's fall or the medication error yesterday. OM expected staff to have documented follow up from the fall and to have reported and notified the provider of the medication error the day it was found.<br><br>A policy for reporting client involved incidents was requested however was not provided.<br><br>The licensee's policy titled Medication Incidents/Errors dated November 21, 2019, directed staff identifying medication errors will be | 01080 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | H23592 | A. BUILDING: _____ B. WING _____ | 11/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOME INSTEAD SENIOR CARE #161 | 2480 WHITE BEAR AVENUE, STE 101 MAPLEWOOD, MN 55109 |

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| 01080 | Continued From page 12<br>notified of the medication error and internal reported within 48 hours of the occurrence. No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01080 | | |
| 01245 SS=F | 144A.4798, Subd. 1 TB Infection Control<br><br>(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 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.<br>(b) The home care provider must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure a tuberculosis (TB) risk assessment was completed and TB testing was completed for one of two staff reviewed (registered nurse (RN)-B).<br><br>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 | 01245 | | |

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|---|---|---|---|---|
| 01245 | Continued From page 13<br><br>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).<br><br>The findings include:<br><br>The licensee's current TB risk assessment was requested however was not received.<br><br>RN-B's TB screen and test was requested however was not received.<br><br>On November 13, 2025, Operations Manager (OM) stated RN-B's TB screen and test was not found. Upon hire, RN-B had notified the licensee a test was recently done, but had not turned in the results.<br><br>On November 14, 2025 at 11:20 a.m., the OM stated they were not familiar with a TB risk assessment. Upon review of their TB book, their TB risk assessment was last completed in 2023. OM stated there was staff changes and completing a TB risk assessment was missed.<br><br>The Minnesota Department of Health (MDH) TB FAQ dated October 13, 2025, indicated each provider licensed by MDH is required to complete a TB risk assessment annually. It further indicated, TB screening was required at the time of hire for all health care personnel in Minnesota to include:<br>-assessing for current symptoms of active TB disease; and<br>-assessing TB history.<br><br>A licensee's policy titled Infection Control dated July 2019, directed staff to complete a community TB risk assessment and update it annually. The policy further directed newly hired staff to have a | 01245 | | |

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| 01245 | Continued From page 14<br>TB screening and IGRA blood test or a two step mantoux test.<br><br>No further information was provided. | 01245 | | |